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Employment Form: For General Restaurant Work. This web page is maintained by Doctor's Associates Inc. and offered as a resource to participating Franchisee. Franchisees establish their own human resources policies and make their employment decisions based on information helpful to them in operating their restaurant.

First Name: _____ Middle Initial: _____ Last Name: _____	
Street Address: _____ Apartment Number: _____	
City _____ State: _____ Zip Code: _____	
Phone Number: _____ Cell Phone Number: _____	
Have you ever worked for a SUBWAY® Sandwich Shop before: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If YES, when/where: _____	
Are you 16 years of age or over (proof of age or work permit may be required?): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are legally able to be employed in this country (If hired, verification will be required by law)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of position are you seeking? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	
Are you able to meet the attendance requirement of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total hours available per week: _____	
Date available to start work: _____	
Monday Tuesday Wednesday Thursday Friday Saturday Sunday	
Date available to start work: _____	
School Name, City, State	
Years Attended	
Degree/Courses	
High School: _____	
College: _____	
Activities / Other Training: _____	
List below your most recent employers, beginning with the most recent one.	
Company: _____ Address: _____	
Job Title: _____ Supervisor: _____ Phone Number: _____	
Date Started: _____ Date Left: _____ Salary or Wage: Start _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Yearly	
Salary or Wage: End _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Yearly	
Reason for leaving: _____	
Company: _____ Address: _____	
Job Title: _____ Supervisor: _____ Phone Number: _____	
Date Started: _____ Date Left: _____ Salary or Wage: Start _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Yearly	
Salary or Wage: End _____ <input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> Yearly	
Reason for leaving: _____	
References (Please do not use family members):	
Name: _____ Relation: _____ Phone Number: _____ Years Known: _____	

Please read carefully the section below before signing

I certify that I have read and fully completed this form and that the information contained herein is correct to the best of my knowledge. I understand that any omission or false information is grounds for dismissal. I authorize the references listed on this application to give the franchisee any and all information concerning my previous employment and pertinent information they may have, personal and otherwise. I understand that as a part of the procedure for my employment application an investigative consumer report may be made by the franchisee concerning my character, general reputation, personal characteristics and mode of living. This independent SUBWAY® franchise is an Equal Opportunity Employer. Various federal, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veterans status. It is this franchisee responsibility to comply fully with these laws, as applicable.

Completing this field is required for your application to be considered. I acknowledge that I am applying for employment with an independently owned and operated SUBWAY® franchisee, a separate company and employer from Doctor's Associates Inc and any of its affiliates.

Signature: _____ Date: _____