

# Employee Application



independently owned and operated by Doblep

Social Security #: \_\_\_\_\_

NAME : LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL/BEEPER/OTHER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Availability Days / Hours

Summarize your Special Skills or Qualifications:	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	

Type of Employment desired:  Full-Time  Part Time  Temporary  Seasonal

ARE YOU AT LEAST 18 YEARS OF AGE?  YES  NO

Have you ever worked for or applied to Quiznos before?  YES  NO IF YES , when?  
Give Date , Location , and Type of Work:

Do you have any relatives in our employ?  YES  NO  
If YES , Give name(s),Relationship(s), and Work Location(s):

Is there any Legal Reason why you cannot be employed in this country?  YES  NO  
If YES , explain:

Have you ever pled "guilty", "no contest", or been convicted of a crime?  YES  NO  
If YES , explain the nature of the Offense, Date and Penalty:

*Answering "yes" to these questions does not constitute an automatic rejection for employment  
Date of the offense,seriousness and nature of the violation,rehabilitation, and position applied for will be considered*

Driver's License number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

**REFERENCES:** PLEASE furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed

NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_