

D.O.B. _____



This document is provided by Doctor's Associates Inc. and is offered as a resource to our participating Franchisees. Franchisees establish their own human resources policies and make their employment decisions based on information helpful to them in operating their restaurants.

Employment Form: For General Restaurant Work

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apartment Number: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Cell Phone Number: () _____
Have you ever worked for a SUBWAY® Sandwich shop before? Yes: No: If YES, when/where: _____
Are you legally able to be employed in this country (if hired, verification will be required by law)? Yes: No:

What type of position are you seeking? Part Time: Full Time: Seasonal: Temporary:
Are you able to meet the attendance requirement of the position? Yes: No:
HOURS AVAILABLE
Total hours available per week: _____
Date available to start work: _____
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
FROM
TO

School Name, City, State	Years Attended	Degree/Courses
High School: _____		
College: _____		
Graduate School: _____		
Technical School: _____		

Please list below your three most recent employers, beginning with the most recent one.

Company _____, Address _____, Phone Number _____
Job Title _____, Supervisor _____
Date Started _____, Date Left _____, Salary or Wage: Start _____ (Hour, Week, Year) – End _____ (Hour, Week, Year)
Reason for Leaving: _____

Company _____, Address _____, Phone Number _____
Job Title _____, Supervisor _____
Date Started _____, Date Left _____, Salary or Wage: Start _____ (Hour, Week, Year) – End _____ (Hour, Week, Year)
Reason for Leaving: _____

Company _____, Address _____, Phone Number _____
Job Title _____, Supervisor _____
Date Started _____, Date Left _____, Salary or Wage: Start _____ (Hour, Week, Year) – End _____ (Hour, Week, Year)
Reason for Leaving: _____

References: (Please do not list family members)

Name: _____, Relation: _____, Telephone: () _____, Years Known: _____
Name: _____, Relation: _____, Telephone: () _____, Years Known: _____