



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

**Employment Form: For General Restaurant Work**

First Name	Middle Initial	Last Name
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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 16 year of age or over (proof of age or work permit may be required)? Yes:  No:   
 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:   
 Total hours available per week: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Date Available to Start Work: \_\_\_\_\_

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

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

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

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

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

References: (Please do not use family members):

Name: \_\_\_\_\_, Relation: \_\_\_\_\_, Telephone: ( ) \_\_\_\_\_, Years Known: \_\_\_\_\_  
 Name: \_\_\_\_\_, Relation: \_\_\_\_\_, Telephone: ( ) \_\_\_\_\_, Years Known: \_\_\_\_\_  
 Name: \_\_\_\_\_, Relation: \_\_\_\_\_, Telephone: ( ) \_\_\_\_\_, Years Known: \_\_\_\_\_