



This document is provided by Doctor's Associates Inc. and is offered as a source 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 restaurant.

## EMPLOYMENT FORM For General Restaurant Work

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever worked for a SUBWAY® Sandwich Shop before?  YES  NO

Are you 16 years 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

Which location(s) are you applying to work at:  
 104, 9837-116 Street, GP       105, 10320 - 111 Street, GP       105, 10012 - 99 Avenue, GP  
 10003 - 92 Street, GP       Prairie Mall, GP       11500 - 100 Street, GP       1020 - 1 Avenue, Beaverlodge

What type of position are you seeking?  Part-Time  Full-Time  Seasonal  Temporary

Are you able to meet the attendance requirement of this position?  YES  NO

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Total available hours per week: _____							
Date available to start work: _____							

School Name, City, Province	Years Attended	Degree / Courses
Highschool: _____	_____	_____
College: _____	_____	_____
Graduate School: _____	_____	_____
Technical School: _____	_____	_____

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

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

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

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

References (no family members, please)  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Years Known: \_\_\_\_\_

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 you 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 any employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. This independent SUBWAY franchise is an Equal Opportunity Employer. Various federal, provincial, and local laws prohibit discrimination on account of race, colour, religion, sex, age, national origin, disability or veteran's status. It is this franchisees responsibility to comply fully with these laws, as applicable. I acknowledge that I am applying for employment with an independently owned and operated SUBWAY franchisee, a separate company and employer from Doctor's Associate Inc and any of its affiliates.

Signature \_\_\_\_\_ Date \_\_\_\_\_