

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

Sumarize 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:

NAME : PHONE:

ADDRESS: CITY: STATE: ZIP:

EDUCATION:				
High School:		Address:		
# of Years Completed:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	GPA:	Class Rank:
College/University:		Address:		
# of Years Completed:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	GPA:	Class Rank:
Degree:		Major:		
Other:		Address:		
# of Years Completed:	Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	GPA:	Class Rank:
Degree:		Major:		
PREVIOUS EMPLOYMENT: <i>(begin with most recent position)</i>				
Dates of Employment FROM / / TO / /			Position(s) Held:	
Company:		Address:		
Phone:	Supervisor Name & Title:			
Responsibilities:				
Starting Salary & Title:			Ending Salary & Title:	
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Dates of Employment FROM / / TO / /			Position(s) Held:	
Company:		Address:		
Phone:	Supervisor Name & Title:			
Responsibilities:				
Starting Salary & Title:			Ending Salary & Title:	
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Dates of Employment FROM / / TO / /			Position(s) Held:	
Company:		Address:		
Phone:	Supervisor Name & Title:			
Responsibilities:				
Starting Salary & Title:			Ending Salary & Title:	
Reason for Leaving				
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO				
I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge				
Signature of Applicant:			Date:	