

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: (begin with most recent position)

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:**