



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
------------	----------------	-----------

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
--------	---------	-----------	----------	--------	----------	--------

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:** _____

Personal Hygiene Policies

Customers frequently judge a restaurant by observing the appearance and behaviors of the employees serving them. Good personal hygiene is a critical protective measure against foodborne illness, and customer expects it. By following a personal hygiene program that includes specific policies, we can minimize the risk of foodborne illness.

Cleanliness: The outer clothing of all employees must be clean. Employees must maintain a high degree of personal cleanliness ~ Employees & Owners must bathe daily and have clean skin, hands, and teeth. Hair must also be clean, neatly combed; employee's hair may not touch the collar of the uniform shirt. An approved head cover must be worn by all employee engaged in the preparation and service of food to keep hair from food and food-contact surfaces. Mustaches and beards (if allowed by local regulation), must be clean, short and neatly trimmed.

Clothing: Any person functioning as an employee of this company, must wear the complete approved uniform at all times when working ~ this consists of Uniform Shirt, Apron, Pants/Short/Skirt, Head Cover, Shoes/Socks. The uniform must always look professional, clean and free from fading, holes and stains. It may not be modified in any way.

Fingernails: Employees must keep their fingernails short and clean. Nail polish/paint, colored or clear, is not allowed. Artificial or gel nails and / or nail ornamentation of any kind may not be worn.

Jewelry: Jewelry can harbor microorganisms which cause foodborne illness; so as to minimize the risk of causing foodborne illness employee must limit the amount of jewelry worn during their shift:

One plain Ring

One wristwatch or bracelet

Plain necklace, if worn, must be worn inside the uniform shirt

One set of stud earrings may be worn in the ears only – NO dangling earrings may be worn. Any other visible part of the body may not be adorned with a piercing.

Cleaning Procedures: Employees must clean their hands and exposed portions of their arms with soap and running water by vigorously rubbing together the surfaces of their lathered hands and arms for at least 20 seconds and thoroughly rinsing with clean running water. Employees must pay particular attention to the areas underneath the fingernails and between the fingers. After washing hands, dry using single-service towels.

Employees must wash their hands with soap and water thoroughly before starting work and repeatedly throughout the day; Employees should also wash their hands after the following activities (this list is not inclusive):

1. Before returning from the restroom
2. Before putting on gloves
3. After cleaning assignment such as sweeping and mopping
4. After coming in contact with any cleaning product and/or chemical
5. After handling money or any other non-food item
6. After touching hair, face, skin or clothes
7. After coughing, sneezing, using a handkerchief or disposable tissue
8. After using tobacco, eating or drinking
9. Before and After treating a cut or wound
10. After handling garbage
11. After touching anything else that may contaminate hands, such as un-sanitized equipment, work surfaces or wash cloth

Smoking: Employees must not smoke or use tobacco in any form while working in the preparation or service of food or while handling food service utensils or equipment. Smoking is not permitted in food storage and preparation areas or in areas where utensils are cleaned or stored. Cigarette lighting is also prohibited in all other areas of the restaurant.

Illness: Employees must report all illnesses to the manager of the restaurant before working with food. If employees become ill or injured while working, they must report their condition to the manager or supervisor immediately. If an employee's condition could possibly contaminate food or equipment, they must stop working and see a doctor. If an employee must take medication while working, then the medicine must be stored with their personal belongings away from areas where food is prepared, served and stored. Management must excuse an employee from working when diagnosed with a foodborne illness, or if they have one of the following symptoms (this list includes but is not limited to):

1. Fever
2. Diarrhea
3. Vomiting
4. Sore Throat
5. Jaundice (yellow skin and eyes)

Please check with your local guidelines for a complete list of symptoms.

Employees can contaminate food at every step in its flow through the restaurant. Good personal hygiene is a critical protective measure against contamination and foodborne illness.

Please read carefully the section below before signing

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 my 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, state, and local laws prohibit discrimination on account of race, color, religion, sex, age, national origin, disability or veteran's status. It is this franchisee 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: _____