



This document is provided by Doctor's Associates Inc. and is offered as a resource 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 restaurants.

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 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:

HOURS AVAILABLE	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	FROM						
TO							

Total hours available per week: _____
 Date available to start work: _____

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

Please 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 list family members)*

Name: _____, Relation: _____, Telephone: () _____, Years Known: _____
 Name: _____, Relation: _____, Telephone: () _____, Years Known: _____

EMPLOYMENT TEST *(No Calculators Please)*

SECTION 1: Calculate the following:

.89	10.00	35.25
.79	- 4.59	- 33.08
3.39		
<u>+ 2.79</u>		

SECTION 2: For Questions 1 and 2 below, please state your answers in terms of bills and coins. For example, \$4.58 would be 4 dollar bills, 2 quarters, 1 nickel and 3 pennies.

1. If the customer's order came to \$6.22 and he gave you \$20.25, what is his change?

2. When making a full batch of tuna, you will mix one pouch of tuna with 26oz (737g) of mayonnaise. How much tuna and mayonnaise would you need when making a double batch?

3. You need to count all of the loaves of bread in the front area. There are 22 loaves of white bread, 17 loaves of wheat bread, and 19 gourmet breads. What is the total number of loaves?

4. Lettuce is packaged four bags to a box. If there are 3.5 boxes of lettuce in the cooler, how many bags of lettuce would there be?

5. Your shift is over at 6PM and the individual who is scheduled to begin working at 6PM does not show up. What do you do?

Personal Hygiene Practices

Customers frequently judge a restaurant by observing the appearance and behaviors of the employees serving them. By having a personal hygiene program that includes specific practices, we can promote a strong brand image while minimizing 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 and 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 employees 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/Shorts/Skirt, Head Cover, and 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 clean, trimmed, filed and maintained so the edges and surfaces are cleanable. Polish/artificial nails are in good condition. Nails are free from additional adornments.

Jewelry: Jewelry can harbor microorganisms which cause foodborne illness. In order to minimize the risk of causing foodborne illness, employees must limit the amount of jewelry worn during their shift:

- o One plain ring
- o One wristwatch
- o Plain necklace, if worn, must be worn inside the uniform shirt
- o Non-dangling earrings may be worn in the ears only. Any other visible parts of the body may not be adorned with jewelry or piercings.

Cleaning Procedures: Employees must wash their hands with soap and water and dry them thoroughly before starting work, and repeatedly throughout the day. They need to vigorously rub together the surfaces of their lathered hands and arms for at least 20 seconds and thoroughly rinse 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 also wash their hands after the following activities (this list includes but is not limited to):

1. Before returning from the restroom
2. Before putting on gloves
3. After cleaning assignments 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. In between preparing different food products

Smoking: Employees must not smoke or use tobacco in any form while working in the food storage and preparation areas or in areas where utensils are cleaned or stored.

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, he/she must stop working and see a doctor. If an employee must take medication while working, 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): Fever, Diarrhea, Vomiting, Sore Throat, and Jaundice (yellow skin and eyes). Please check with your local Health Department or regulatory agency 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 form 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's responsibility to comply fully with these laws, as applicable.

I acknowledge that I am applying for employment with an independently owned and operated SUBWAY® franchise, a separate company and employer from Doctor's Associate Inc. and any of its affiliates.

Signature: _____ Date: _____