**EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION Dunkin’ Location:**

|  |  |  |  |
| --- | --- | --- | --- |
|  Name (Last)       | First      | (Middle)      | Date     /    /      |
|  Home Address       | City      | State   | Zip      |
|  Home Telephone (     )       | Cellular Phone(     )       | Business Phone(     )       | May we contact you at work? |
|  [ ]  Yes |  [ ]  No |
|  E-mail         |
|  |
|  Position Applying For Date Available   /    /      | Are you interested in (check all that apply) [ ]  Full-time [ ]  Part-time [ ]  Temporary [ ]  Summer |
| Days and hours available. Complete if applying for restaurant position.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| From |       |       |       |       |       |       |       |
| To |       |       |       |       |       |       |       |

How were you referred to us?       | Are you willing to relocate? | [ ]  Yes | [ ]  No |
| Are you 18 years or older?(no one under age 16 may be hired) | [ ]  Yes | [ ]  No |

# EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of School | Name and Location of School | Degree/Area of Study | Number of Years Attended | Graduated (Check One) |
| High School | Name      | Address       |       |    |  [ ]  Yes [ ]  No |
| City       | State    | Zip       |
| College | Name       | Address       |       |    |  [ ]  Yes [ ]  No |
| City       | State    | Zip       |
| Graduate School | Name       | Address       |       |    |  [ ]  Yes [ ]  No |
| City       | State    | Zip       |
| Other | Name       | Address       |       |    |  [ ]  Yes [ ]  No |
| City       | State    | Zip       |

# U.S. MILITARY SERVICE

|  |  |  |
| --- | --- | --- |
| Branch of Service | Technical Specialization | Rank Attained |
|       |       |       |

# LEGAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you legally authorized to work in the United States? | [ ]  | Yes | [ ]  | No | (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Acts of 1986.) |
| Were you ever discharged by any company? | [ ]  | Yes | [ ]  | No | If yes, give name of company(ies) |  |
| Reason for discharge |        |
|       |
|       |

|  |
| --- |
| Federal, State, and local laws prohibit discrimination based on race, color, sex, religion, affectional or sexual orientation, national origin, ancestry, age, physical or mental disability that does not affect ability to perform essential job function(s) with or without reasonable accommodation, or any other protected status not listed in this statement. Your application will be considered in full accord with applicable Federal, State, and local requirements.(CONTINUE on second page) |

# EMPLOYMENT HISTORY

|  |
| --- |
| List employment starting with your most recent position. You may include a description of verified work performed on a volunteer basis. Is any additional information relative to a different name necessary to check your work record? [ ]  Yes [ ]  No If yes, explain.  |
| DATES |  NAME AND ADDRESS OF EMPLOYER | POSITION HELD AND SUPERVISOR | LIST MAJOR DUTIES | SALARY OR WAGES | REASON FOR LEAVING |
| From:**\_   /     \_***Month & Year*To:**\_   /     \_***Month & Year* |  Name       | Your Job Title     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor      |                                | Starting      \_\_\_\_\_\_\_\_\_\_\_\_Final      |                                |
|  Address       |
|  City & State          |  Phone  (     )       |
| From:**\_   /     \_***Month & Year*To:**\_   /     \_***Month & Year* |  Name       | Your Job Title     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor      |                                | Starting      \_\_\_\_\_\_\_\_\_\_\_\_Final      |                                |
|  Address       |
|  City & State          |  Phone  (     )       |
| From:**\_   /     \_***Month & Year*To:**\_   /     \_***Month & Year* |  Name       | Your Job Title     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor      |                                | Starting      \_\_\_\_\_\_\_\_\_\_\_\_Final      |                                |
|  Address       |
|  City & State          |  Phone  (     )       |
|  Have you previously worked for Dunkin’ Donuts or any of its subsidiaries or Franchisees? |  [ ]  Yes [ ]  No |
|  Name       | Location       |
|  City & State          | Position Held       |
|  Supervisor       | Date Employed From:    /    /      To:    /    /      |
|  Reason for Leaving       |

# BUSINESS REFERENCES (do not list relatives)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address | Work Phone No. | Title | Years Known |
|       |       | (     )       |       |    |
|       |       | (     )       |       |    |

# PLEASE READ CAREFULLY

|  |
| --- |
| In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Franchisee of Dunkin’. I understand and agree that if employed, employment will be “AT WILL.” That is, either the employer or I may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application does not imply employment and that this application and/or any other documents are not contracts of employment. I understand that I am applying for work with (one or more) Dunkin’ Donuts Franchisees, and not Dunkin’ Brands, Inc. or any of its affiliates. If hired, the Franchisee will be my only employer. Franchisees are independent business people who set their own wage and benefit programs that can vary among Franchisees. |

|  |  |  |
| --- | --- | --- |
|       |  |    /    /      |
| APPLICANT’S SIGNATURE |  | DATE SIGNED |