

Personal Information

Name of Employer:

Name (Last)	First	(Middle)	Date	/	/
Home Address		City	State	Zip	
Home Telephone ()	Cellular Phone ()	Business Phone ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
E-mail					

Position Applying For	Date Available	Are you interested in (check all that apply)							
	/ /	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer				
Days and hours available. Complete if applying for restaurant position.									
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From								Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (no one under age 16 may be hired)	
To									
How were you referred to us?									

Education

Type of School	Name and Location of School			Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
College	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Graduate School	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> No
	City	State	Zip			
Other	Name	Address				<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of company(ies) _____
Reason for discharge _____

(CONTINUED ON BACK)

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

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.

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?

If yes, explain. Yes No

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: _____ / _____ mo. yr.	Name _____ Address _____ To: _____ / _____ mo. yr.	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: _____ / _____ mo. yr.	Name _____ Address _____ To: _____ / _____ mo. yr.	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: _____ / _____ mo. yr.	Name _____ Address _____ To: _____ / _____ mo. yr.	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From: _____ / _____ mo. yr.	Name _____ Address _____ To: _____ / _____ mo. yr.	Your Job Title _____ Supervisor _____		Starting _____ Final _____	

Have you previously worked for Dunkin' Donuts or any of its subsidiaries or Franchisees? Yes No

Name _____ Location _____
City & State _____ Position Held _____
Supervisor _____ Dates Employed From: _____ To: _____
Reason for Leaving _____

References

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' Donuts.

I understand and agree that if employed, employment will be "AT WILL." That is, either I or the employer 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