

EMPLOYMENT APPLICATION



PERSONAL INFORMATION

FRANCHISEE:

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	Are you willing to relocate? ☐ Yes ☐ No	
From								Are you 18 years or older? ☐ Yes ☐ No	
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				☐ 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

CUSTOMIZABLE

(CONTINUED ON BACK)

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.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	REASON FOR LEAVING
From: / mo. yr.	Name	Your Job Title		
To: / mo. yr.	Address	Supervisor		
	City & State Phone ()			
From: / mo. yr.	Name	Your Job Title		
To: / mo. yr.	Address	Supervisor		
	City & State Phone ()			
From: / mo. yr.	Name	Your Job Title		
To: / mo. yr.	Address	Supervisor		
	City & State Phone ()			
From: / mo. yr.	Name	Your Job Title		
To: / mo. yr.	Address	Supervisor		
	City & State Phone ()			

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

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

REFERENCES

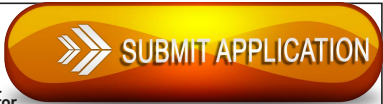
Business references: (do not list relatives)				
Name	Address	Work Phone No.	Title	Years Known

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

Dunkin' Donuts Franchisees are not required to use this template and franchisees remain solely responsible for designing and implementing their own human resource programs, running their day to day operations, and for complying with all applicable laws.