EMPLOYMENT APPLICATION



PERSONAL INFORMATION							Dunk	kin' Location:				
Name (Last)				First	First		(Middle)	Date				
										/	/	
Home A	ddress						City		State	Zip		
Home Telephone			Cellu	Cellular Phone			Business Phone		May we contact you at work?			
()			(()			()		🗌 Ye	s	🗌 No	
E-mail												
Position Applying For			Da	Date Available			Are you interested in (check all that apply)			oply)		
					/	/		🗌 Full-time	Part-time	🗌 Tei	nporary	Summer
				Are you willin	g to relocate?			🗌 Yes 🗌 No				
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun					
From								Are you 18 ye				🗌 Yes 🗌 No
					1			(no one unde	r age 16 may be	e hired)		

EDUCATION

How were you referred to us?

То

Type of School	Name and Location of S	School		Degree/Area of Study	Number of Years Attended	Graduated (Check One)
High School	Name	Address				
	City	State	Zip			🗌 Yes 🗌 No
	Name	Address				
College	City	State	Zip			🗌 Yes 🗌 No
Graduate School	Name	Address				
	City	State	Zip			🗌 Yes 🗌 No
Other	Name	Address				
	City	State	Zip	1		🗌 Yes 🗌 No

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? Reason for discharge	Yes No If yes, give name of company(ies)

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

	starting with your most recent position. I information relative to a different name i				a volunteer basis.	
DATES	NAME AND ADDRESS OF EMPLOYER		POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From: /	Name		Your Job Title		Starting	
<i>Month & Year</i> To:	Address		Supervisor		Final	
/ Month & Year	City & State Ph (none)				
From: /	Name		Your Job Title		Starting	
<i>Month & Year</i> To:	Address		Supervisor		 Final	
/ Month & Year	City & State Ph (ione)				
From: /	Name		Your Job Title		Starting	
<i>Month & Year</i> To:	Address		Supervisor		 Final	
/ Month & Year	City & State Ph (ione)				
Have you previous	sly 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 Leavin	g					

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