



APPLICATION FOR EMPLOYMENT

It is important for us to gain as much relevant information about you as possible so that the needs of Quizno's can be matched with your particular talents and expectations. Please complete this form as accurately and honestly as you can as it is an important part of our selection procedure. So pick up a pen and fill out this form (Less the white lies we'll only find out later).

GENERAL INFORMATION

What position are you applying for?
How did you hear about this vacancy?

Location?
Expected salary (if applicable)

PERSONAL DETAILS

Surname: Mr/Mrs/Miss/Ms
Address:
City/Town:
Post Code:
National Insurance No

First Names:		
Previous names (if applicable)		
Telephone:	Home	
	Mobile	
Date of Birth:		

Have you ever been convicted of a criminal offence that you need to declare?
If ' YES' give details

EMERGENCY CONTACT

In case of emergency who do we contact?	Relationship
Address:	
Tel No	Home: Work: Mob:

EDUCATION AND QUALIFICATIONS (Secondary and above - include special qualifications and membership of professional bodies)

From	To	Name & Address of School, College etc	Qualifications

EMPLOYMENT List all employers, beginning with your current employer. For any period of unemployment please put dates and addresses of the Department of Employment where you registered

From	To	Name and Address of Employer	Position Held and Main Duties	Reason for leaving

MEDICAL

Name and address of your Doctor

Have you now, or over the last seven days, suffered from diarrhoea and/or vomiting
 YES NO

At present are you suffering from:

I. Skin trouble affecting hands, arms or face	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
II. Boils, styles and sceptic fingers	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
III. Discharge from eyes, ears or gums/mouth?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Do you suffer from:

I. Recurring skin or ear trouble?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
II. A recurring bowel disorder?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are you suffering from or have you ever suffered from

I. Fits, epilepsy or blackouts?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
II. Diabetes?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
III. Depressive illness or nervous trouble?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IV. Allergy (to any drugs or to handling any substance	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Have you within the last three years, had any accident or illness that caused you to be off work for two weeks or more? If yes what was the illness or accident?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Do you have a physical or mental impairment which has a substantial long term adverse affect on your ability to carry out	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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OTHER INFORMATION

Please state below any other information about yourself which you consider we ought to know, e.g. particular interest in the job applied for, your particular strengths, your ambitions and long term aims.

AVAILABILITY	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

DECLARATION

I confirm that the information contained in the application form is correct and true. I understand that if it is subsequently found that any statements are false or misleading, my application may be disqualified or I may be subsequently dismissed from my employment with Quizno's

Signature

Date

Thank you for taking the time to complete this form.

Interviewers Signature

Date