

Chicagoland Commissary is an Equal Opportunity Employer and we consider all applicants for employment without regard to race, color, sex, religion, age, national origin, disability, veteran status, or any other basis as prohibited by federal, state or local law. Chicagoland Commissary is committed to complying with the American with Disabilities Act. If you require a reasonable accommodation to apply for or to complete an application for employment or to perform the essential functions of the job for which you are applying due to a disability, please notify us of your specific needs for a reasonable accommodation so that we can assist you where appropriate.

Please	compl	ete e	entire	appl	ication
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PERSONAL INFORMATION (Please PRINT)					
Name: Last Fire	st	Middle	Today's Date		
Interested in: Part-time Full-time Are you Are you eligible for employment in the United States? Y Complete Address: Street Phone Number: Daytime Eve	es No (Proof will Apartment	be required, if hired.) City	u ever been involuntarily discharged? State It Chicagoland Commissary/Dunkin' Do	Zip	
EMPLOYMENT DESIRE What position are you applying for? Specify hours available for each day of the week. Monday Tuesday Wednesday Have you ever worked at Chicagoland Commissary? Yee	y Thursday	start? Friday hen? Wł	Salary or Hourly Wage desire Saturday Sunday nich location?	ed?	
EDUCATION Name of School High School: College: Other: List skills relevant to the position applied for		Zears Completed 1 2 3 4 1 2 3 4 1 2 3 4	Did You Graduate Yes No Yes No Yes No Yes No	e?	
ADDITIONAL QUESTIONS Have you ever visited Dunkin' Donuts? Where? Describe your experience					

FORMER EMPLOYERS Bel	ow list your current and last three employers, starting with the	e most recent one first. Please include	e any non-paid/vo	lunteer experience which
is related to the job for which you a	re applying. Please complete even if you attach a resume .			
From	Current Employer (Name and Address)	Salary or Hourly	Position	Reason For Leaving
		Starting		
То		Ending		
Duties Performed				
Supervisor's Name	Phone Number	May We Contact?	Yes 🗌	No
From	Previous Employer (Name and Address)	Salary or Hourly	Position	Reason For Leaving
		Starting		
То		Ending		
Duties Performed				
Supervisor's Name	Phone Number	May We Contact?	Yes	No
From	Previous Employer (Name and Address)	Salary or Hourly	Position	Reason For Leaving
		Starting		
То		Ending		
Duties Performed				
Supervisor's Name	Phone Number	May We Contact?	Yes	No

REFERENCES List names of three professional references, whom you have known at least one year. If not previously employed, list personal references.

Name	Phone Number	Name of Business	Years Acquainted
1.			
2.			
3.			

By signing this application, I promise that the following information in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date. I agree to immediately notify Chicagoland Commissary if I should be convicted of a felony, any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my job application is pending or during my period of employment, if hired.

I authorize Chicagoland Commissary, the company I am applying to work with, to investigate any of the information contained on this application, including the examination of past employment records, references, and other facts stated on this application. I waive any right I may have to be notified by any of the individuals and organizations named in this application prior to the release of any information to Chicagoland Commissary. I further authorize all individuals and organizations named in this application to provide Chicagoland Commissary all information relative to such verification. I hereby release such individuals and organizations and Chicagoland Commissary from any and all liability for any claim or damage resulting therefrom.

I understand that neither this application nor anything conveyed during the interview process, if granted, is intended to create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Chicagoland Commissary policies. I understand and agree that, if hired, my employment is at-will, meaning that it is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this employment and puplication and that no manager or representative of the Company, other than Chicagoland Commissary President or Ownership, have any authority to enter into an agreement with me for employment for a specified period of time. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and the Company's President or Ownership.

I also understand that as a condition of employment, if hired, I will be required to provide evidence of identity and employment eligibility in the United States.

I understand that as a part of my application for employment, I must sign a release of information authorization. This is to allow the Company to verify my references and, in the Company's discretion, to perform other background investigations to determine my qualification for employment. The Company may investigate my academic credentials, prior employment, personal/professional references, credit record, motor vehicle record and/or criminal record.

Date

Applicant Signature

Preparer and/or Translator Certification (*To be completed and signed if application is prepared by a person other than the applicant.*) I attest, under penalty of perjury, that I have assisted in completion of this application and that to the best of my knowledge the information is true and correct.

Date

Preparer and/or Translator Signature