



The Hub Convenience Stores, Inc. Schlotzsky's of Dickinson, LLC

## **APPLICATION FOR EMPLOYMENT**

## **Team Member Employment Application**

				Applicant I	nformation					
Full Name:					Date:					
Last Address: Street Address				First			M.I.			
				Apartment/Unit #						
	City					State	· Z	IP Code		
Phone: (	,			E-mail	Address:					
							y Range: <b>\$</b>			
Position Applied for: The Hub Convenience Stores Schlotzsky's Deli (Circle One)								cle One)		
Are you a citizen of the United States?  YES NO If no, are you authorized to work in the U.S.?  YES NO NO							NO			
Have you ever worked for this company?   ☐ If yes, when?										
Are you 18 years of age or older?  YES NO  Have you ever been convicted of a felony?  YES NO  The your specific and your specific and your specific and your specific and your s										
If yes, explain:										
Please list the start/end times that you are available to work, and indicate whether you are available to work overnight.  Note: Availability may not change within the first 90 days of employment, and is subject to approval thereafter.										
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday			
Start End								1		
Overnight	Y N	Y N	Y N	Y N	Y N	Y N	Y N	]		
Number of hours you would like to work each week:										
How were you referred to apply here?										
All applicants are subject to pre-employment, post-accident, and reasonable cause drug testing.										
				Educ	ation					
High School:				Address:						
From:	То	D:	Did you	graduate?	YES NO	Degree: _				
College:				Address:						
From:	To	D:	Did you	graduate?	YES NO	Degree: _				
Other:	Other: Address:									
From:	То	):	Did you	graduate?	YES NO	Degree:				

		References	;			
Please list three profe	essional references.					
Full Name:		Relation	ship: _			
Company:				Phone:	( )	
Address:						
		Relation				
Address:						
		Relation				
					( )	
Address:						
		Previous Employ				
Company:				Phone:	( )	
Address:				Supervisor:		
Job Title:		Starting Salary:	\$		Ending Salary:\$	
Responsibilities:						
From:	To:	Reason for Leaving:				
May we contact you	r previous superviso	or for a reference?	NC	]		
Company:				Phone:	( )	
Addross:				Supervisor:		
Job Title:		Starting Salary:	\$		Ending Salary:\$	
Responsibilities:						
From:	To:	Reason for Leaving:				
May we contact you	r previous superviso	or for a reference?	NC	7		

Company:	Phone:	( )				
Address:	Supervisor:					
Job Title: Starting Salary:	\$	Ending Salary: \$				
Responsibilities:						
From: To: Reason for Leaving:						
May we contact your previous supervisor for a reference?	NO					
Disclaimer and Signature						
I AUTHORIZE THE HUB CONVENIENCE STORES, INC AND/OR SCHLOTZSKY'S OF DICKINSON, LLC TO MAKE ANY INVESTIGATION ON MY PERSONAL OR EMPLOYMENT HISTORY AND AUTHORIZE ANY FORMER EMPLOYER, PERSON, FIRM, CORPORATION, OR GOVERNMENT AGENCY TO GIVE THE HUB CONVENIENCE STORES, INC. ANY INFORMATION THEY MAY HAVE REGARDING ME. IN CONSIDERATION OF THE HUB CONVENIENCE STORES, INC. AND/OR SCHLOTZSKY'S OF DICKINSON, LLC REVIEW OF THIS APPLICATION, I RELEASE THE HUB CONVENIENCE STORES, INC. AND/OR SCHLOTZSKY'S OF DICKINSON, LLC REVIEW OF THIS APPLICATION, I RELEASE THE HUB CONVENIENCE STORES, INC. AND/OR SCHLOTZSKY'S OF DICKINSON, LLC REVIEW OF THE ABOVE INFORMATION PROVIDED BY ME TO THE HUB CONVENIENCE STORES, INC. AND/OR SCHLOTZSKY'S OF DICKINSON, LLC. IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL. I UNDERSTAND THAT MY FINAL ACCEPTANCE FOR EMPLOYMENT IS DEPENDENT ON MY BEING ABLE TO PERFORM THE DUTIES OF THE JOB FOR WHICH I AM APPLYING AND UPON RECEIPT OF FAVORABLE REPORTS ON MY QUALIFICATIONS. I UNDERSTAND THAT RECEIPT OF THIS APPLICATION BY THE HUB CONVENIENCE STORES, INC. AND/OR SCHLOTZSKY'S OF DICKINSON, LLC IN NO WAY IMPLIES THAT I WILL BE EMPLOYED. I UNDERSTAND AND ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE HUB CONVENIENCE STORES, INC. AND/OR SCHLOTZSKY'S OF DICKINSON, LLC, THE CONTINUATION OF MY EMPLOYMENT WILL SOLELY BE AT THE DISCRETION OF THE COMPANY. I ALSO UNDERSTAND THAT THE COMPANY'S POLICIES, PRACTICES, BENEFIT PROGRAMS, AND OTHER TERMS AND CONDITIONS OF MY EMPLOYMENT ARE SUBJECT TO REVISION OR TERMINATION, AT THE DISCRETION OF THE COMPANY. I UNDERSTAND THAT THE COMPANY. I UNDERSTAND THAT THE OBSCRETION OF THE COMPANY. I UNDERSTAND THAT THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO END OUR WORK RELATIONSHIP AT ANY TIME WITH OR WITHOUT REASON.						
Signature:		Date:				