

# Schlotzsky's Deli

## EMPLOYMENT APPLICATION

Please type or print. If you need additional space, please attach a 2<sup>nd</sup> sheet.

Date: \_\_\_\_\_

I can work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
Times I can work:	Monday: _____	Tuesday: _____	Wednesday: _____	Thursday: _____
	Friday: _____	Saturday: _____	Sunday: _____	
Full Name: _____		SSN: _____		
Present Address: _____				
Permanent Address: _____				
Personal Phone # _____		Other Phone #: _____		
Have you ever worked here under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name				

### Employment Record – Record last position first.

Failure to accurately account for all employment and school periods during the last 7 years may lead to your application to not be considered. If omissions of falsifications are discovered subsequent to your employment, such omissions or falsifications will be sufficient cause for discharge. List periods of school as follows: School name under "Company Name" and list dates attended.

Start Date / /	Company Name and Address	Supervisor
Leave Date / /		Phone #
Wage	Job Title & Duties	Reason for Leaving
Start                      End		
\$                                      \$		

Were you unemployed between positions?  Yes  No If yes, how long? \_\_\_\_\_ Why? \_\_\_\_\_

Start Date / /	Company Name and Address	Supervisor
Leave Date / /		Phone #
Wage	Job Title & Duties	Reason for Leaving
Start                      End		
\$                                      \$		

Were you unemployed between positions?  Yes  No If yes, how long? \_\_\_\_\_ Why? \_\_\_\_\_

Start Date / /	Company Name and Address	Supervisor
Leave Date / /		Phone #
Wage	Job Title & Duties	Reason for Leaving
Start                      End		
\$                                      \$		

Were you unemployed between positions?  Yes  No If yes, how long? \_\_\_\_\_ Why? \_\_\_\_\_

Start Date / /	Company Name and Address	Supervisor
Leave Date / /		Phone #
Wage	Job Title & Duties	Reason for Leaving
Start                      End		
\$                                      \$		

Were you unemployed between positions?  Yes  No If yes, how long?\_\_\_\_\_ Why?\_\_\_\_\_

Have you ever been asked to resign, or been fired for cause?  Yes  No

Have you ever worked for this company before?  Yes  No If yes, when?\_\_\_\_\_

Have you ever applied to this company before?  Yes  No

May we contact your previous employers?  Yes  No

Please list any employers you wish us not to contact\_\_\_\_\_

**Educational Record**

Please check one – total number of years completed:  
 Less than 8  8 to 12  High School Graduate  College (enter # of years)\_\_\_\_\_

	Name	Degree Received	Course Work
High School			
Trade School(s)			
College(s)			

Please list outside activities or hobbies\_\_\_\_\_

Are you older than 18?  Yes  No Are you older than 21?  Yes  No

Do you have reliable means to get to and from work?  Yes  No

Have you ever been convicted of a felony or misdemeanor other than a traffic violation?  Yes  No

List additional names of people working here that you know well\_\_\_\_\_

**On the back side of this page please write a paragraph stating why you would like to work here and how you would be an asset to this business.**

**References**

Name	Title	Phone Number	Years Known

**\*\*IMPORTANT – PLEASE READ CAREFULLY\*\***

I hereby authorize investigation of all statements contained in this application, including inquiry of any and all of my former employers or references as indicated elsewhere in the application, and hold said former employers and/or references harmless from liability arising therefrom. I affirm that all the information contained in this application is true and correct; and that if there is any misrepresentation the company reserves the right to modify or terminate my employment at any time with or without cause, and without prior notice. I further understand that the duration, hours, nature, compensation and benefits of my employment may be changed or modified from time to time without limitation or condition. I understand that no representative of the company has any authority to make any assertions to the contrary. I hereby agree to abide by all policies and rules of the company that govern dress, hair, grooming and attitude.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature