

Receipt and Acknowledgement of Asseff Enterprises' Management Handbook

Please read the following statements, sign below and return to Management.

Acknowledgement and Receipt of Management Handbook

I, _____, have received and read a copy of Asseff Enterprises' Management Handbook. I understand that I will be held accountable for applying these regulations in the operation of any Subway restaurant that I am managing. I further understand that the policies and benefits described in it are subject to change at the sole discretion of Asseff Enterprises at any time.

At-Will Employment

I further understand that my employment is at will, and neither I nor Asseff Enterprises has entered into a contract regarding the duration of my employment. I am free to terminate my employment with Asseff Enterprises at any time, with or without reason. Likewise, Asseff Enterprises has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of Asseff Enterprises. No employee of Asseff Enterprises can enter into an employment contract for a specified period of time or make any agreement contrary to this policy without the written approval from Management.

Certification

I hereby certify that the information provided on this form is true and complete. I understand that any omission or false or misleading information provided on this form, my resume or in other aspects of the employment process may result in termination of my employment and/or personal liability for any damages caused by the submission of false information. A copy of this authorization shall have the same authority as the original.

Employee's Printed Name

Position

Employee's Signature

Date

Background Investigation Authorization

The information requested below is for the sole purpose of conducting a background investigation which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for employment. It is Asseff Enterprises' policy to evaluate any adverse information obtained in the background investigation based upon a range of factors including, but not limited to, employment history and time, nature and job-relatedness of the offense. This form along with the final report will be placed in a separate file and will not be made a part of your personnel file should you be hired.

This information will be used for purposes of identification and pre-employment only and will not be used for discriminatory purposes. Federal law prohibits discrimination in employment on the basis of age, race, color, creed, religion, sexual orientation, disability, or national origin. Many states also prohibit some or all of the above types of discrimination and may also include marital status or other categories.

I acknowledge that consideration for employment is contingent on the results of a reference check, criminal record check, background check, negative drug screen result, my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and upon verification of the information provided by me in my application, my resume or in other parts of the application process.

I understand that in making this application for employment, Asseff Enterprises or any agent acting on its behalf may request an investigative report, or other such information obtained through personal interviews with third parties such as neighbors, friends, business associates, financial sources and acquaintances. I authorize Asseff Enterprises, its affiliates and representatives to verify all information provided by me in the application process and to inquire into my character, general reputation, personal characteristics and mode of living. I expressly authorize all employers, personnel, schools, companies, corporations, and law enforcement agencies to supply any and all information concerning my qualifications for employment and to verify the information given by me herein or elsewhere in the application process. In consideration for being a candidate for employment, I release Asseff Enterprises, related entities, as well as any individual or entity providing information from any and all liability in connection with inquiries and investigations, information given, decisions made, or action taken concerning my employment based on such information. I further understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information concerning the nature and scope of the investigation.

I understand that employee screening or other tests, including drug screen, may be a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into written employment contracts on behalf of Asseff Enterprises. I hereby acknowledge that no verbal promises or contracts are authorized by Asseff Enterprises and upon my acceptance of employment. I expressly acknowledge that no such verbal promises, inducements, or verbal contracts have been made.

Employee Signature

Date

Disclosure/Release/Authorization Form

1. The undersigned hereby understands and agrees that by this document, Asseff Enterprises, Inc. (“Employer”) discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during the undersigned’s employment or affiliation.
2. The undersigned understands that this shall authorize the procurement of a consumer report by a credit reporting agency, or other sources as part of the pre-screening background investigation. If the undersigned is hired by Employer, this authorization shall remain on file and shall serve as an ongoing authorization for the Employer or its associates or other sources to procure consumer reports at any time during the undersigned’s affiliation or employment period.
3. The undersigned authorizes the procurement of an investigative consumer report and understands that it may contain information about the undersigned’s employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. The undersigned also understands Employer may make use of the internet including the undersigned’s social networking sites.
4. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
5. In connection with this request, the undersigned authorizes all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicles bureaus, medical facilities, and persons to release information, they may have about the undersigned to the person or company with which this form has been filed if required, or their agent. The undersigned further authorizes Employer to secure an investigative consumer report at any time, and any number of times, before, during and after the undersigned’s employment, if in the company’s (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.
6. The undersigned releases and holds harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information. The undersigned authorizes the Employer and its agent/credit reporting agency and all associated entities to receive any criminal history information or credit report pertaining to the undersigned in the files of any state or local criminal justice agency.

Print Name (Include Middle Name): _____

Other First Names Used: _____

Other Last Names Used: _____

DOB: _____ Social Security Number _____

Driver’s License Number & State: _____

Driver’s License Issue Date: _____ Phone # _____

Email Address: _____

Address for the last three years (include street address, city, state, and zip code):

1. _____

Start Date of Residency Month: _____ Year: _____

2. _____

Start Date of Residency Month: _____ Year: _____

3. _____

Start Date of Residency Month: _____ Year: _____

Applicant's Signature: _____ Date: _____