



## 7-ELEVEN INDEPENDENT FRANCHISEE STORE EMPLOYMENT APPLICATION

### NOTICE

**Some positions may require completion of a multiple choice, typing or other job-related test.  
Please indicate if you need accommodations to complete the application process.     YES     NO**

### PERSONAL INFORMATION – INFORMATION WILL BE VERIFIED

Name (Last, First, Middle)		Social Security Number		Phone No.	
Street Address			City	State	Zip
E-Mail Address					
Have you ever worked for 7-Eleven? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where and when?			
Have you ever applied for a job with 7-Eleven <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where and when?			
Do you have any unrestricted right to work for any employer in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain		
Will you at some point in the future require sponsorship for employment authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain		
Have you or anyone under your supervision, ever been cited for a violation of age-restricted product sales laws (e.g., sales of tobacco, alcohol, or lottery tickets to underage customers)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, explain		
Can you upon employment, submit verification of your legal right to work in the United States and documentation verifying your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No				How did you hear about us?	
Were you referred by a 7-Eleven employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please write the employee name and location here. _____					

### EMPLOYMENT INTERESTS

Position for which you are applying?		Hourly Wage Expected		Date Available	
In regard to initial work location, do you have any preference? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain		<input type="checkbox"/> Full-Time – 32+ hours <input type="checkbox"/> Part-Time – Less than 32 hours	
Are there any hours, shifts or days you cannot or will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain			
<b>STORE POSITIONS ONLY</b>					
Please indicate which shift you are interested in working. Please also indicate your second choice. Shift hours may vary, please select the one that most closely matches the hours you are available. (1 <sup>st</sup> shift 7a.m.-3p.m.; 2 <sup>nd</sup> shift 3p.m.-11p.m.; 3 <sup>rd</sup> shift 11p.m.-7a.m.)					
<b>First Choice:</b> _____ 1 <sup>st</sup> shift    _____ 2 <sup>nd</sup> shift    _____ 3 <sup>rd</sup> shift <b>Second Choice:</b> _____ 1 <sup>st</sup> shift    _____ 2 <sup>nd</sup> shift    _____ 3 <sup>rd</sup> shift					

### EDUCATION – INFORMATION WILL BE VERIFIED

	SCHOOL NAME/ CITY, STATE	HIGHEST GRADE, DIPLOMA OR DEGREE	COURSE MAJOR
High School			
College, Business, Vocational or Other Training (If more room needed, attach separate page)			



**EMPLOYMENT HISTORY – INFORMATION WILL BE VERIFIED; COMPLETE TELEPHONE NUMBERS WITH AREA CODE ARE NECESSARY**

Please list ALL JOBS, beginning with your present or last employer. Account for ALL time periods, including UNEMPLOYMENT, -EMPLOYMENT, and U.S. MILITARY SERVICE.

1. Company Name _____ Address _____ City _____ State ____ Zip _____		Dates of Employment Start Month ____ Yr ____   End Month ____ Yr ____		Start Salary	End Salary
				Total Months Worked	
Job Title	Department	Supervisor	If currently employed, may we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number ( )	
Duties and Responsibilities		Type of Business	Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Return to School <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Other, Explain: _____		
2. Company Name _____ Address _____ City _____ State ____ Zip _____		Dates of Employment Start Month ____ Yr ____   End Month ____ Yr ____		Start Salary	End Salary
				Total Months Worked	
Job Title	Department	Supervisor	If currently employed, may we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number ( )	
Duties and Responsibilities		Type of Business	Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Return to School <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Other, Explain: _____		
3. Company Name _____ Address _____ City _____ State ____ Zip _____		Dates of Employment Start Month ____ Yr ____   End Month ____ Yr ____		Start Salary	End Salary
				Total Months Worked	
Job Title	Department	Supervisor	If currently employed, may we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number ( )	
Duties and Responsibilities		Type of Business	Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Return to School <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Other, Explain: _____		

7-Eleven Inc. is committed to diversity within its work force which includes full consideration to the qualifications for employment of applicants who (a) have a physical or mental health condition which may be regarded as a disability (b) are disabled veterans; or (c) are veterans of the Vietnam era. If you wish to be considered under one of these programs, you are invited to volunteer this information to the employment representative when you submit this application. You may also provide information on the skills and/or procedures you use or intend to use to perform the job for which applying and the nature and type of accommodations which you feel an employer may need to make in order to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

I certify the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements in this application may be considered sufficient cause for dismissal. I authorize 7-Eleven's attempt to verify all statements contained in this application and to contact schools, former employers, and to otherwise investigate my personal and professional background, as necessary and as limited above for my present employer. I authorize and release any and all former and/or present employers from any liability whatsoever in connection with 7-Eleven's attempts to verify my past employment. I also understand that, if employed, I will be required to complete the Immigration/Naturalization Service form I-9 for employment eligibility and show required supporting documentation.

If employed, I agree to conform to all of the policies and procedures of 7-Eleven Inc. and recognize that my employment and compensation can be terminated, with or without cause, and without notice at any time. I understand that no employee of 7-Eleven Inc. other than an Officer of the Corporation has authority to enter into any agreement for employment for a specified period of time. Any agreement for a specified period of time must be in writing and signed and dated by the Officer and Employee.

Application's Signature \_\_\_\_\_ Date \_\_\_\_\_

MARYLAND APPLICANTS: Under Maryland law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

Application's Signature \_\_\_\_\_ Date \_\_\_\_\_