

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. \Box YES \Box NO

PERSONAL INFORMATI	ON – INFORMATION WIL	L BE	VERIFIED			
Name (First, Middle, Last)				Social Security Number		
Street Address		City		State	Zip	
Email Address:			Phone No.			
	v					
Have you ever worked for 7-Eleven? ☐ Yes ☐ No			If Yes, where and when?			
Have you or anyone under your supervision, even been cited for a violation of age-restricted product sales laws (e.g. sales of tobacco, alcohol, or lottery tickets to underage customers)?		If Yes, explain				
	omit verification of your legal rig tation verifying your identity?		vork in How did yo □ No	ou hear about us?		
Were you referred by a 7-Eleve If Yes, please write the employ			a	3		
EMPLOYMENT INTERES	STS					
Position for which you are applying? Hourly Wage E		Expe	oted	Date Available		
Please indicated which shift(s) 2pm-11pm, 3 rd shift 10pm-7am	you are available to work. Shift a) 1^{st} 2^{nd}	hours 3 rd	may vary but are listed he	ere as a reference only	. (1 st shift 6am-2pm, 2 nd shift	
Are there any days of the week If Yes, Explain:	that you cannot work? \square Yes	□ No				
EDUCATION- INFORMA	TION WILL BE VERIFIED					
High School	SCHOOL NAME / CITY. STATE			HIGHEST GRADE	, DIPLOMA OR DEGREE	
College, Business, Vocational or Other Training						

EMPLOYMENT HISTORY - INFORMATION CODE	WILL BE VERIFIED; COMPL	ETE TELEPHONE NUMBERS WITH AREA
Please list ALL JOBS, beginning with your present or EMPLOYMENT, and U.S. MILITARY SERVICE	last employer. Account for ALL time	e periods, including UMEMPLOYMENT,
1. Company Name	Dates of Employment Start Month Yr	
Address:, State:, Zip:	End Month Yr	
Duties & Responsibilities	Type of Business	Reason for Leaving: Quit Retired Discharged Return to School Better Opportunity Other, Explain:
2. Company NameAddress:	Start Month Yr	Earned
City:, State:, Zip:	End Month Yr	Total Months Worked
Duties & Responsibilities	Type of Business	Reason for Leaving: Quit Retired Discharged Return to School Better Opportunity Other, Explain:
3. Company Name	Dates of Employment Start Month Yr	Salary
Address:		Total Months Worked
City:, State:, Zip: Duties & Responsibilities	Type of Business	Reason for Leaving: Quit Retired Discharged Return to School Better Opportunity 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 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 the 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 this information will not jeopardize or adversely affect any considerations you may receive for employment.

I certify that 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 documents.

If employed, I agree to confirm to all 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 also further understand that, if employed, I will be on probation for a period of 90 days during which time I can be dismissed at any time without any cause or notice. 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 dated by the Officer and Employee.

Applicant's Signature	Date:
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Store / Location

EMPLOYMENT INQUIRY RELEASE

In connection with and for the duration of my employment (including contract for services) with 7-Eleven Inc, I understand that investigative background inquiries may be made about me. In connection with these inquiries, I understand that 7-Eleven may obtain consumer, criminal, driving education, employment and other reports at any time prior to and/or during my employment. These reports may include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of my past employment. Further, I understand that 7-Eleven Inc. will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities. These reports may relate to my driving record, credit, civil and other experiences as well as information in the files of insurance companies pertaining to claims involving me. 7-Eleven reserves the right to use any service provider to obtain this information that it deems necessary.

I authorize, without reservation, any party or agency contacted by 7-Eleven Inc, to furnish the above mentioned information; and also understand that any offer of employment made by 7-Eleven Inc., may be revoked if unacceptable information is found in an investigative background inquiry at any time after my employment has already begun.

Print Full Name:					
	Last,	Middle,	First	Aliases/Nicknames	
Social Security Number	ber:/	/	Date of Birth:		
Current Address:					
	Street Number and	Name	Apt No.	No. of years at this address	
		,			
City			State	Zip Code	
Driver's License No:				State:	
Applicant's Signature	e:			Date:	į.