

STORE STAMP:



7-ELEVEN INDEPENDENT FRANCHISEE STORE SALES ASSOCIATE APPLICATION

NOTICE:

Some positions may require completion of a multiple choice job related test.
Please indicate if you need accommodations to complete the application process. ☐ YES ☐ NO

PERSONAL INFORMATION

Name (Last, First, Middle)			Social Security Number		Phone No. ()	
Street Address		City	State	Zip	E-Mail Address	
Have you ever worked for 7-Eleven or a 7-Eleven Franchisee? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where and when?		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a criminal offense? (Except minor traffic offenses). <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, give details.		Are you over 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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, give details.			
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?	
In case of emergency, notify the following person:						
Name		Address			Phone	

EMPLOYMENT INTERESTS

Position for which you are applying:			Hourly Wage Expected		Date Available		
With regard to initial work location, do you have any preferences? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, specify.			# of hours desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Are there any hours, shifts, or days you cannot or will not work? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain.					
(STORE POSITIONS ONLY) Please indicate the days and hours you are available to work.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

EDUCATION – IF MORE ROOM IS NEEDED, PLEASE ATTACH SEPARATE PAGE.

	SCHOOL NAME / CITY, STATE	HIGHEST GRADE, DIPLOMA OR DEGREE	COURSE/ MAJOR
High School			
College, Business, Vocational, or Other Training			

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, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE.**

1. Company Name		Dates of Employment		Start Salary	End Salary
Address		Start Month ____ Yr ____	End Month ____ Yr ____	Total Months Worked	
City _____ State _____ Zip _____					
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"/> Layoff <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Return to school <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Other, Explain:		

AN EQUAL OPPORTUNITY EMPLOYER – M / F / D / V

2. Company Name _____ Address _____ City _____ State _____ Zip _____			Dates of Employment Start Month ____ Yr ____ End Month ____ Yr ____		Start Salary	End Salary
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"/> Layoff <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
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"/> Layoff <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> Return to school <input type="checkbox"/> Better Opportunity <input type="checkbox"/> Other, Explain:	

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 the franchisee 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 the store operator'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 the store and recognize that my employment and compensation can be terminated, with or without cause, and without notice at any time. I acknowledge that I am applying for employment with an independent operator Franchisee of 7-Eleven and not with 7-Eleven, Inc.

Applicant'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.

Applicant's Signature _____ Date _____

Basic Math Skills

BASIC MATH

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| 1. A customer purchased items in your store totaling \$12.64. They hand you three \$5.00 bills. How much change would you owe them? | 1. _____ |
| 2. You owe a customer \$1.38 in change. What bills and coins would you give back to the customer as correct change? | 2. _____ |
| 3. You currently have 12 bottles of water on your shelf, and want to keep a minimum level of 6 bottles at all times. You average sales of 2 bottles per day. What is the minimum number you would order for enough bottles for 7 days? | 3. _____ |
| 4. Your store sells 6 hot dogs per day. How many hot dogs would you order for a two weeks supply? | 4. _____ |
| 5. A customer asks for two money orders. The first is for the amount of \$437.24 and the second is for \$25.76. If there is a \$1.00 charge for each money order, what is the total amount the customer would owe you? | 5. _____ |

Each 7-Eleven Franchisee is an independent business person and a Franchisee of 7-Eleven, Inc. All employment matters are controlled solely by each Franchisee.