



7-ELEVEN INDEPENDENT AREA LICENSEE 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 #	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
Are you over 21 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details	
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?	If yes, specify:	# of hours desired					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Are there any hours, shifts, or day you cannot or will not work?	If yes, specify:						
<input type="checkbox"/> Yes <input type="checkbox"/> No							
(STORE POSITIONS ONLY)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Please indicate the days and hours you are available to work.	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM 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?	Telephone Number ()	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
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:			

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"/> 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 _____
					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"/> 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 licensee 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 manager's attempts to verify my past employment. I 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 with or without notice at any time. I acknowledge that I am applying for employment with an independent operator licensee of 7-Eleven and not 7-Eleven, Inc.

Applicant's Signature _____ Date _____

As part of the application process, Resort Retailers, Inc. may require a background check.

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 give 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 you 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 week 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 AREA LICENSEE IS AN INDEPENDENT BUSINESS FROM
7-ELEVEN, INC. ALL EMPLOYMENT MATTERS ARE CONTROLLED SOLELY BY EACH AREA LICENSEE.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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