



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	Salary Expected	Date Available
Are you willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?
Certain positions within the company may require use of a car or other motorized vehicle. If use of such a vehicle were required in the job for which you are applying...	A. Do you have or can you get a valid drivers license? B. Do you have access to a car or other motorized vehicle? C. Do you have or can you get liability insurance on such a vehicle? Your Driving Record will be checked if you drive a company vehicle.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIALIZED SKILLS - COMPLETE IF APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING

What software have you used?		
Typing-WPM	Dictation - WPM	Other machines operated
Other specialized skills or information you feel are pertinent to the job for which you are applying		

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)			

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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 ____		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 ____		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 ____		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 1-9 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 _____

COMPLETE AND SCAN TO HRSC Button #6





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.