



# SEVEN-ELEVEN HAWAII, INC.

7-ELEVEN Stores

**EMPLOYMENT APPLICATION  
FOR STORE PERSONNEL**

OFFICE USE ONLY
Date Received: _____

PERSONAL INFORMATION				
NAME (Last)		(First)	(Middle Initial)	Social Security Number (last 4 digits) XXX - XX -
Street Address		City	State	Zip
Telephone number where you can be contacted ( ) -				
Have you ever worked or applied for work with 7-Eleven?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where and when?	Date of First Employment (if former employee)	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to perform the essential functions of the job you are applying for as established on the job description for the position with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Reasonable accommodation is a feasible adjustment or modification to the work environment or manner or circumstances of performing a job That enables a qualified disabled person to perform the duties of the position without causing undue hardship on the employer.				
Only U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment.		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		
Referred to 7-Eleven by:	In case of emergency, notify the following person:	Name:	Phone: ( ) -	
		Address:		

EMPLOYMENT INTERESTS								
Position for which you are applying:			Salary Expected		Date Available for Work			
With regard to initial work location, do you have any geographical preferences? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, specify.			Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, what percentage?	
A Store Manager or Assistant Store Manager position 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 driver's 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?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Please indicate the days and hours which you prefer to work.								

EDUCATION				
	SCHOOL	LAST GRADE OR LEVEL COMPLETED	DIPLOMA OR DEGREE	COURSE/MAJOR
High School				
College, Business, Vocational, or Other Training				

EMPLOYMENT HISTORY							
Please list ALL JOBS, beginning with your present or last employer. Account for ALL time periods, including <b>UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE.</b> If space is insufficient, list on a separate page or additional application form.							
1. Name and Address			Type of Business	SALARY		DATE	
				Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving or wishing to leave	May we contact employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Department	Supervisor			Telephone number ( ) -			
2. Name and Address			Type of Business	SALARY		DATE	
				Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving or wishing to leave	May we contact employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Department	Supervisor			Telephone number ( ) -			
3. Name and Address			Type of Business	SALARY		DATE	
				Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving or wishing to leave	May we contact employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Department	Supervisor			Telephone number ( ) -			
4. Name and Address			Type of Business	SALARY		DATE	
				Start	End	Start	End
Job Title		Duties and Responsibilities	Reason for leaving or wishing to leave	May we contact employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Department	Supervisor			Telephone number ( ) -			

If employed, I agree to conform to all of the policies and procedures of Seven-Eleven (Hawaii), Inc., (7-Eleven), 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 other than an Officer of the Corporation has authority to enter into any agreement for employment for a specified period of time.

#### STATEMENT

I certify the facts set forth in my application for employment are true and complete. If employed, any false statements on this application shall be considered sufficient cause for dismissal. I authorize 7-Eleven to verify all statements contained in this application as necessary. I also understand that if employed I will be required to complete the Immigration/Naturalization Service form I9 for employment eligibility and show required supporting documentation.

Applicant's Electronic Signature

Date

This application is considered active for 90 days from the above date