



EMPLOYMENT APPLICATION

**Some positions may require completion of a multiple choice, typing or other job related test.
Please indicate if you need accommodation to complete the application process YES NO**

PERSONAL INFORMATION				
Name (Last, First, Middle)				
Street Address		City	State	Zip
Telephone no. where you can be contacted ()				
Have you ever worked for 7-Eleven/H.M.I. <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, where and when?		Date of 1 st Employment (if former Employee)	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 been convicted of a criminal offense within the past seven years? (Except minor traffic offenses). <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				Referred by:

EMPLOYMENT INTERESTS							
Position for which you are applying:				Salary Expected	Date Available <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
With regard to initial work location, do you have any geographic 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?		
Are there any hours, shifts, or day 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. Be sure to state AM or PM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Certain positions within the company may require use of a car or other motorized vehicle. If you use such a vehicle where required in the job for which you are applying....		A. Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO					
		B. Do you have access to a car or other motorized vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO					
		C. Do you have or can you get liability insurance on such a vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Your Driving Record will be checked if you drive a company vehicle.							
Other specialized skills or information you feel are pertinent to the job for which you are applying							

EDUCATION		
		HIGHEST GRADE, DIPLOMA OR DEGREE
		COURSE/MAJOR
High School		
College, Business, Vocational, or Other Training		

EMPLOYMENT HISTORY-INFORMATION WILL BE VERIFIED; TELEPHONE NUMBERS ARE VERY IMPORTANT

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. If space is insufficient, list on a separate page or additional application form.

1. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Dept.	Supervisor	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone Number	
Duties and Responsibilities			Type of Business		Reason for leaving or wishing to leave	
2. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Dept.	Supervisor	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone Number	
Duties and Responsibilities			Type of Business		Reason for leaving or wishing to leave	
3. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Dept.	Supervisor	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone Number	
Duties and Responsibilities			Type of Business		Reason for leaving or wishing to leave	
4. Name and Address			DATES OF EMPLOYMENT		SALARY	
			Start	End	Start	End
Job Title	Dept.	Supervisor	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Telephone Number	
Duties and Responsibilities			Type of Business		Reason for leaving or wishing to leave	

Handee Marts, Inc. d/b/a/ 7-Eleven is committed to programs of equal employment which include giving full consideration to the qualifications for employment of applicants who a) have a physical or mental or health condition which may be regarded as a disability; b) are disabled veterans; or c) are veterans of the Vietnam era. You may 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 you are 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 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 Service form I-9 for employment eligibility and show required supporting documentation.

I hereby authorize and direct the employer to withhold and deduct from my paycheck or from any monies owed me or held for me by said employer all or any portion thereof upon the amount of, and in payment of, any indebtedness I may have said employer at time of termination of employment.

Applicant's Signature _____ Date: _____