



APPLICATION FOR EMPLOYMENT GOOD FOR 90 DAYS

Please complete all requested information. Failure to provide the information requested may result in your application being declined. You may attach a resume; however, a resume will not be accepted in lieu of this form. If you require assistance to participate in the application/interview process, please indicate your requested accommodations below:

PERSONAL INFORMATION							
NAME (Please Print) LAST		FIRST		MIDDLE		Social Security Number	
Street Address			City	State	Zip	Telephone no. where you can be contacted ()	
Have you ever worked for Southwest Convenience Stores or any 7-Eleven?		If Yes, give date and location		Referred by:		Are you over 18 years of age? YES NO Are you over 21 years of age? YES NO	
Have you been convicted of a criminal offense? (Except minor traffic offenses). Answering yes to this question will not necessarily disqualify you from employment.		YES NO		If yes, give details.			

EMPLOYMENT							
Position for which you are applying:					Salary Expected:		Date Available Full-time Part-time
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
(STORE POSITIONS ONLY) Please indicate the days and hours you are available to work. Be sure to state A.M. or P.M.							
Certain positions within the company may require use of a car or other motorized vehicle. If use of such vehicle were required in the job for which you are applying...			A. Do you have or can you get a valid driver's license? YES NO A. Do you have access to a car or other motorized vehicle? YES NO A. Do you have or can you get liability insurance on such a vehicle? YES NO		Your Driving Record will be checked if you drive a Company Vehicle or apply for a Management Position		
Specialized Skills - Complete if applicable to the position for which you are applying.							
Typing - wpm		Dictation - wpm		Office machines operated		Other machines operated	
Other specialized skills or information you feel are pertinent to the job for which you are applying							

EDUCATION							
Name of School / Location		Course of Study		Circle Last Year Completed		Did You Graduate?	Degree
High School				1 2 3 4			
College				1 2 3 4			
Business or trade				1 2 3 4			
Other				1 2 3 4			

MILITARY					
Branch of Service		Date Entered	Date Discharged	Rank at Discharge	Reason for Discharge
Present draft, reserve or military status			Duties Performed / Special Training / Honors Received		

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

Name of Employer		Address		City	State	Zip	Telephone Number
Date Hired	Date Separated	Final Rate of Pay		Immediate Supervisor		Your Job Title	
Mo. Yr.	Mo. Yr.	S	Per				
Describe the nature of your duties:						May we contact our current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain	
Reason for Leaving:							

Please explain any gaps in employment:

Name of Employer		Address		City	State	Zip	Telephone
Date Hired	Date Separated	Final Rate of Pay		Immediate Supervisor		Your Job Title	
Mo. Yr.	Mo. Yr.	S	Per				
Describe the nature of your duties:							
Reason for Leaving:							

Please explain any gaps in employment:

Name of Employer		Address		City	State	Zip	Telephone
Date Hired	Date Separated	Final Rate of Pay		Immediate Supervisor		Your Job Title	
Mo. Yr.	Mo. Yr.	S	Per				
Describe the nature of your duties:							
Reason for Leaving:							

Please explain any gaps in employment:

Name of Employer		Address		City	State	Zip	Telephone
Date Hired	Date Separated	Final Rate of Pay		Immediate Supervisor		Your Job Title	
Mo. Yr.	Mo. Yr.	S	Per				
Describe the nature of your duties:							
Reason for Leaving:							

ATTENTION: READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT

I understand if an offer of employment is made: (1) SCS may require me to undergo drug testing by medical staff and/or agent selected by SCS; (2) I must successfully pass the drug test as a condition of my offer for employment with SCS. I release SCS, including all of its officers, agents, representatives, employees, and assigns, from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to a pre-employment drug test.

Initials

I certify the facts set forth in my application for employment are true, correct, and complete. I understand that, if employed, false statements in this application may be considered as a cause for dismissal. I authorize SCS to verify all statements contained in this application and to contact schools, former employers (workers comp history), and to otherwise investigate 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 SCS's attempts to verify my past employment.

Initials

If employed, I agree to conform to all of the policies, and procedures of SCS. I understand that my employment will be at-will and that my employment and compensation can be terminated, with or without cause and without notice at any time. I understand that no employee of SCS 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 must be in writing and signed and dated by the Officer and the Employee. I understand that all information that I receive from the Company, including employee handbooks, policy statements, and similar materials, shall never be considered as contract of employment with SCS.

Initials

I understand that this Application for Employment shall be considered active for a period of time not to exceed 90 days. If I wish to be considered for employment beyond this time, another application must be completed.

Applicant's Signature _____ Date _____