Employee New Hire Packet

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7-ELEVEN FRANCHISEE STORE EMPLOYMENT APPLICATION

NOTICE

Please indicate if you need accommodations to complete the application process. ☐ Yes ☐ No

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PERSONAL INFORMATION			
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
Are you 21 years of age or older? ☐ Yes ☐ No	Primary Telephone Number	Email Address	
Have you ever worked at a 7-Eleven store? ☐ Yes ☐ No	If yes, where and when?		
Have you ever applied for a job with 7-Eleven? ☐ Yes ☐ No	If yes, where and when?		
Do you have the legal right to work in the United States? ☐ Yes ☐ No			
Will you now or in the future need sponsorship for an employment visa? ☐ Yes ☐ No			
How did you hear about the position?			

EMPLOYMENT INTEREST		
What position are you applying for?	Hourly wage expected	Date available to start
Preferred Hours: ☐ Full-Time – 32+ hours ☐ Part-Time – Less than 32 hours ☐ Temporary	Do you have reliable transportation to and from work? ☐ Yes ☐ No	
Are there are any hours or days that you are not available to work? ☐ Yes ☐ No	If yes, explain.	
Please indicate the work shifts that are your first and second choices. Shift hours may vary. (1st shift: 7:00 a.m.-3:00 p.m.; 2nd shift: 3:00 p.m.-11:00 p.m.; 3rd shift: 11:00 p.m.-7:00 a.m.) **First Choice:** ☐ 1st shift ☐ 2nd shift ☐ 3rd shift **Second Choice:** ☐ 1st shift ☐ 2nd shift ☐ 3rd shift		
Can you perform the essential job-related functions of the position you are applying for with or without accommodations? ☐ Yes ☐ No		

EDUCATION			
	Name of School/City, State	Highest Grade, Diploma, or Degree	Course Major
High School			
College, Business, Vocational, or Other Training			

WORK EXPERIENCE				
(1) Current or most recent employer				
Company Name		Type of Business		
Street Address		City	State	Zip
Job Title	Duties and Responsibilities			
Start Date	End Date	Reason for leaving	May we contact this employer? ☐ Yes ☐ No	
Name of Supervisor		Title of Supervisor	Supervisor's Telephone	
(2) Previous employer				
Company Name		Type of Business		
Street Address		City	State	Zip
Job Title	Duties and Responsibilities			
Start Date	End Date	Reason for leaving	May we contact this employer? ☐ Yes ☐ No	
Name of Supervisor		Title of Supervisor	Supervisor's Telephone	

(3) Previous employer					
Company Name			Type of Business		
Street Address			City	State	Zip
Job Title	Duties and Responsibilities				
Start Date	End Date	Reason for leaving		May we contact this employer? ☐ Yes ☐ No	
Name of Supervisor		Title of Supervisor		Supervisor's Telephone	

CERTIFICATION

I certify the information I have provided in this employment application is true and complete. I understand that providing false, misleading, or inaccurate information is sufficient grounds for refusal to hire or dismissal whenever discovered. I authorize 7-Eleven Inc., the 7-Eleven Franchisee, and any of their agents to verify all the information contained in this application, including my educational and work background. I release from liability anyone giving or obtaining information in the verification process.

I understand and agree that this employment application is not an offer of employment, a contract of employment, or an indication that any jobs are available. I agree that if I am hired, my employment with the Franchisee will be at-will, meaning that the employee or employer can end the employment relationship at any time with or without cause, and I will conform to all of the policies and procedures of the Franchisee.

Applicant's Signature _____ Date _____

EQUAL OPPORTUNITY EMPLOYER

The 7-Eleven Franchisee is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, religion, color, creed, gender, national origin, ancestry, citizenship, marital status, sexual orientation, disability, or any other status protected by law.

EMERGENCY CONTACT INFORMATION

Employee Name			
Street Address	City	State	Zip
Primary Telephone Number	Email Address		

Emergency Contacts

Primary contact person to be notified in case of emergency

Name		Relationship	
Street Address	City	State	Zip
Primary Telephone Number	Email Address		

Secondary contact person to be notified in case of emergency

Name		Relationship	
Street Address	City	State	Zip
Primary Telephone Number	Email Address		

WELCOME TO FRANCHISE STORE NO. _____

EMPLOYEE INFORMATION AND ACKNOWLEDGEMENT

You are an important part of the 7-Eleven team! To help build and maintain our store's success, employees must follow certain policies, procedures, and practices. Please read the following information carefully. If you have a question regarding any of the following items, you are welcome to ask any questions before signing this form. You will receive a copy of this form, and the original will be placed in your personnel file. You may request an additional copy should you need it.

Customer Service

- Employees must politely welcome customers when they enter the store, interact with customers in a friendly and courteous manner, be helpful, and thank the customers and invite them back when they are leaving the store.
- All food, drinks, and cigarettes of an employee must be kept away from the customer flow and in accordance with local health laws.
- Employees must be focused on providing customers a positive experience; avoid distractions. Use of smartphones, tablets, portable music devices, headphones, and other electronic devices while on-duty is prohibited, unless there is an emergency or the Store Franchisee has provided written authorization for use of the device.

Employee Duties and Responsibilities

All employees have job duties and responsibilities. Some important ones are noted below as examples, but the list is not intended to cover an Associate's entire job function or all duties and responsibilities an employee is expected to perform. New policies, procedures, and practices may be instituted at any time. The Store Franchisee and Store Manager (if applicable) are available to assist employees with questions about compliance with the store's policies, procedures, and practices.

Employee Safety

- 7-Eleven's robbery and violence prevention program must be followed at all times.
- Employees may not possess any type of weapon (e.g., firearm, knife, mace) while on store property.
- Only authorized, on-duty employees are permitted to perform any work in or around the store.
- Proper cash control procedures will be followed at all times. The register must be kept closed except when ringing up a sale, making change, or taking the required register readings.

Inventory Control

- Employees must be careful to correctly scan/ring up each sale.
- No credits or discounts may be given without written authorization from the Store Franchisee.
- No merchandise may be transferred from one store to another without written authorization from the Store Franchisee.
- Employees may not request or receive free merchandise from salespeople or vendors.
- Exchanging saleable merchandise at the store for merchandise or bottles with vendors is prohibited. A credit slip for returned merchandise must be obtained.
- Bad merchandise, which is to be written off, must be given to the Store Franchisee or Store Manager for verification. Write-offs are never to be consumed.

- In the event of any theft or attempted theft of store funds, assets, or merchandise, the Store Franchisee will prosecute the offending employee to regain all losses. Examples of theft or embezzlement include promissory notes (or IOUs) and personal checks held for future deposit or redemption.
- All merchandise, including food or drinks, consumed or taken home by an employee must be recorded on appropriate store records and paid in full, as required by store policy. For food and beverage items purchased while on-duty, the items must be rung up or scanned by another employee prior to consumption. If another employee is not on-duty, then the employee may ring up or scan the items consumed prior to consumption, initial the sales receipt, and place it into the shift pouch/envelope.

Timekeeping and Attendance

- All employees are expected to report to work at their scheduled time and work their entire scheduled shift.
- It is the responsibility of each Associate to properly and correctly record his or her own time worked, including meal periods.
- If an employee forgets or makes a mistake clocking in or out or believes his or her time records are not accurate, the employee must notify the Store Franchisee immediately so that the employee's work time can be correctly recorded and the employee can be properly paid for all hours worked.
- "Volunteer" time or "off the clock" work is not permissible under any circumstances. Employees must be paid for all time worked. Any time spent performing work on behalf of the store will be compensated.
- If an employee is going to be late or absent, the employee must provide advance notice to the Store Manager or, if there is no manager at the store, the Store Franchisee.
- Failure to provide notice of an absence from work for three consecutive shifts will be considered as the employee's voluntary resignation.
- Any questions about time sheets or pay stubs are to be directed to the Store Franchisee or, if permitted, to the payroll provider.

Confidentiality Statement

Employees are expected to use every effort, and to exercise utmost diligence, to protect and safeguard trade secrets and confidential and proprietary business information (the "Confidential Data") that they learn, or have access to, during their employment at the 7-Eleven store. The following, by way of inclusion but not limitation, describes the expectations regarding protecting the Confidential Data:

- 7-Eleven and the Store Franchisee have substantial proprietary interest in the computer hardware, software, data and associated documentation at the store. Any use of the computer hardware, software, data, or associated documentation for other than 7-Eleven business purposes, or in a manner contrary to 7-Eleven's security procedure, is prohibited.
- No employee may, either during employment or thereafter, directly or indirectly, use for his or her benefit or the benefit of another, or disclose to another, any Confidential Data (whether or not required, learned, obtained, or developed by an employee alone or in conjunction with others) or anyone with whom 7-Eleven or the Store Franchisee has a business relationship.
- All memoranda, notes, records, drawing, or other documents made or compiled by an employee or made available to an employee while employed for the Store Franchisee concerning any process, apparatus, or product manufactured, used, developed, investigated, or considered by 7-Eleven shall be the property of 7-Eleven and shall be returned to the Store Franchisee upon termination of the employee's employment or, at any time, upon request.

- In no case should an employee consent to an interview or provide any information to the media without prior consent from the Store Franchisee. Many times after a critical incident, the media may contact stores. Associates are not allowed to provide quotes, agree to interview, or allow media to film inside the store.
- Violation of this Confidentiality Statement shall subject an employee to disciplinary action, which may include the termination of employment and civil or criminal liability pursuant to applicable law.

Prohibited Conduct

- Overpricing merchandise or overcharging customers is prohibited.
- Employees shall not make false statements or misrepresentations or commit fraud in completing any store record.
- Employees are prohibited from any criminal, dishonest, immoral, or insubordinate conduct while on duty.
- Employees shall not possess or be under the influence of alcohol or illegal drugs while on duty.
- Employers shall not purchase or play any lottery games while on duty.
- Financial Services Cards should never be loaded over the phone, including, bot limited to, Green Dot (phone card scams), Vanilla Visa, Net Spend, and Western Union. 7-Eleven personnel and management will never call to request a card be loaded over the phone.
- Violation of any federal, state, or local ordinances and regulations, including selling alcohol to a minor and accepting food stamp benefits for the sale of unauthorized items.
- Any employee aware of or suspecting another employee of violating a store policy must report the violation to the Store Franchisee as soon as possible.

I agree to comply with all the policies, procedures, and practices of the store. I understand that failure to comply with all the policies, procedures, and practices of the store, I may be subject to disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

Print Name: _____

Franchisee Signature: _____ Date: _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. ***Head of household please note:*** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

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Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2019

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code	4 **If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.** ▶ ☐	

5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5	
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2019, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶	7	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (**Employer:** Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	9 First date of employment	10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at *www.irs.gov/W4App*. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at *www.irs.gov/W4App* to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to ***www.acf.hhs.gov/css/employers.***

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	
B	Enter "1" if you will file as married filing jointly	B	
C	Enter "1" if you will file as head of household	C	
D	Enter "1" if: • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	D	
E	**Child tax credit.** See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from $179,051 to $200,000 ($345,851 to $400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-"	E	
F	**Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $71,201 ($103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from $71,201 to $179,050 ($103,351 to $345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than $179,050 ($345,850 if married filing jointly), enter "-0-"	F	
G	**Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G	
H	Add lines A through G and enter the total here ►	H	

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work,** and the combined earnings from all jobs exceed $53,000 ($24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	$
2	Enter: $24,400 if you're married filing jointly or qualifying widow(er); $18,350 if you're head of household; $12,200 if you're single or married filing separately	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	$
5	**Add** lines 3 and 4 and enter the total	5	$
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	$
8	**Divide** the amount on line 7 by $4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, above	9	
10	**Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

1 Enter the number from the **Personal Allowances Worksheet,** line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't enter more than "3" . . . . . 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . . . 4 _____

5 Enter the number from line 1 of this worksheet . . . . . 5 _____

6 **Subtract** line 5 from line 4 . . . . . 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 $ _____

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . 8 $ _____

9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 $ _____

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000	0	$0 - $7,000	0
5,001 - 9,500	1	7,001 - 13,000	1
9,501 - 19,500	2	13,001 - 27,500	2
19,501 - 35,000	3	27,501 - 32,000	3
35,001 - 40,000	4	32,001 - 40,000	4
40,001 - 46,000	5	40,001 - 60,000	5
46,001 - 55,000	6	60,001 - 75,000	6
55,001 - 60,000	7	75,001 - 85,000	7
60,001 - 70,000	8	85,001 - 95,000	8
70,001 - 75,000	9	95,001 - 100,000	9
75,001 - 85,000	10	100,001 - 110,000	10
85,001 - 95,000	11	110,001 - 115,000	11
95,001 - 125,000	12	115,001 - 125,000	12
125,001 - 155,000	13	125,001 - 135,000	13
155,001 - 165,000	14	135,001 - 145,000	14
165,001 - 175,000	15	145,001 - 160,000	15
175,001 - 180,000	16	160,001 - 180,000	16
180,001 - 195,000	17	180,001 and over	17
195,001 - 205,000	18		
205,001 and over	19		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $24,900	$420	$0 - $7,200	$420
24,901 - 84,450	500	7,201 - 36,975	500
84,451 - 173,900	910	36,976 - 81,700	910
173,901 - 326,950	1,000	81,701 - 158,225	1,000
326,951 - 413,700	1,330	158,226 - 201,600	1,330
413,701 - 617,850	1,450	201,601 - 507,800	1,450
617,851 and over	1,540	507,801 and over	1,540

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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	ZIP Code

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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 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. *(See instructions)*

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.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*

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

STOP *Employer Completes Next Page* STOP

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

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				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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)*

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

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		
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				

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form **8850**
(Rev. March 2016)
Department of the Treasury
Internal Revenue Service

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ **Information about Form 8850 and its separate instructions is at *www.irs.gov/form8850.***

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  a. Received SNAP benefits (food stamps) for the past 6 months; **or**
  b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

7 ☐ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____ **Date** _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ▶ _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ **Title** **Date**

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . 6 hr., 27 min.

Learning about the law or the form . . . . . 24 min.

Preparing and sending this form to the SWA . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from *www.irs.gov/formspubs.* Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

Zero-Tolerance Discrimination, Harassment, and Retaliation Policy

It is the policy of the 7-Eleven Franchisee to provide employees a workplace free from discrimination and harassment based on national origin, race, color, religion, age, sexual orientation, pregnancy, disability, gender, veteran status, genetic information, or any other basis protected by law (referred to as a "protected characteristic") and a workplace free from retaliation for any unlawful reason. In other words, we prohibit illegal discrimination, harassment, and retaliation in the workplace. Violation of this policy may result in disciplinary action up to and including termination of employment.

What is harassment and discrimination? Harassment is unwanted and unwelcome conduct based on a protected characteristic, such as sex, that is severe, pervasive, and offensive and creates a hostile work environment or otherwise negatively affects the conditions of the employee's employment. Similarly, discrimination occurs when an employee is treated less favorably than others based on a protected characteristic.

Here are some examples of conduct that will be deemed a violation of the anti-discrimination and anti-harassment policy:

- Terminating an employee based on the protected characteristic of the employee.
- Making sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature.
- Verbally taunting (including racial and ethnic slurs) or otherwise making comments or jokes based on a protected characteristic that tend to harass, annoy, or inflame another and impair the employee's ability to perform his or her job.
- Distributing, displaying, or discussing photographs that ridicule, denigrate, insult, belittle, or show hostility or aversion toward someone because of a protected characteristic.
- Touching an employee in a manner that is offensive to him or her, or making lewd or suggestive gestures or comments in the presence of another employee.

What to do if an employee feels harassed or discriminated against? The employee should, but is not required to, tell the person to stop. If the employee does not feel comfortable telling the person to stop, the employee should report the harassment or discrimination, or any other unfair or inappropriate treatment, to the Store Franchisee. The Store Franchisee is available and ready to respond to any such complaint.

The employee should write down facts about the incident(s) and be prepared to share exactly what happened, when it happened, and whether there were any witnesses to the incident. The employee raising the concern, and any witnesses involved, are expected to fully cooperate in the investigation of the employee's concern. Failure to do so may limit the ability to adequately investigate the concern.

Any employee raising a complaint is assured that the matter will be fully and fairly investigated and that it will be dealt with promptly and in confidence to the extent possible. Only those persons who need to know will be involved with or informed of the complaint. If the Store Franchisee determines that unlawful discrimination or harassment has occurred, remedial action will be taken, including terminating an employee who is determined to be harassing or discriminating against another.

Retaliation is prohibited. Retaliation against employees who report workplace discrimination or harassment or otherwise exercise their rights under the law, or against witnesses who participate in the

investigation, is strictly prohibited. Employees who experience or witness any conduct that they feel is retaliatory are to follow the reporting procedure stated above.

I have received, read, and understood the Zero-Tolerance Discrimination, Harassment, and Retaliation Policy, and I fully understand my responsibilities. I agree to comply with the policy; and I further understand that if I do not comply with the policy, I may be subject to disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

Print Name: _____

Franchisee Signature: _____ Date: _____

FRANCHISEE CASH ACCOUNTABILITY POLICIES AND PROCEDURES

Every employee must comply with our cash accountability policies and procedures. All employees will be held accountable for cash variations that occur on their shift.

1. All sales must be rung up on the register and paid for at the time of purchase.

2. Each employee will be assigned to a specific register. Only the employee assigned to a specific register is permitted to operate that register. Employees may not operate another register without completing a shift change.

3. Every employee will sign on the register using a code assigned only to that employee. If an employee leaves a register at any time, the employee must sign off the register.

4. A transaction must be fully completed before the next customer is served. This includes subtotaling, receiving payment, issuing the customer's change and receipt, placing the money in the drawer or safe, and closing the drawer.

5. Each sale, regardless of size, must be treated separately and not grouped into a single register recording.

6. I understand that maintaining a safe level of cash is necessary for the safety and security of all store employees. Proper control of cash and inventory is critical to an employee's and store's success. Therefore, the following cash levels are to be maintained in the store:

   $_____ Maximum in bills during daylight hours

   $_____ Maximum in bills after dark

7. When an employee is designated as the "banker" that employee is accountable for the employee's assigned register and the safe. If the employee leaves the sales area for any reason, the employee must off the register and turn the safe off. At the time the employee returns to the sales area, the employee will need to log back on and activate the safe.

8. When completing a shift change, it is mandatory that the employee double verify funds in the register and safe with the incoming employee.

9. After completing the shift change, it is mandatory to calculate any cash variation. This will be verified the next day when the paperwork is completed. The goal on each shift is zero cash variation. It will be considered a performance issue for an employee, subject to discipline, if there is a variation of +/- $_____ or any trend of variation of any amount.

10. In the event of a cash or inventory variation, employees may be required to participate in an audit information interview.

I have received, read, and understood the Cash Accountability Policies and Procedures. I understand my responsibilities in providing accurate cash accountability. I further understand that if I do not

MEAL AND REST PERIOD POLICY AND ACKNOWLEDGEMENT

MEAL AND REST PERIODS

It is company policy that all non-exempt, hourly employees be provided meal and rest periods as follows:

Meal Periods:

Number of Hours Worked Per Shift	Number of Meal Periods
5 hours or less	No meal period
More than 5 hours up to 6 hours	1 unpaid 30-min. meal period (may be waived in writing)
More than 6 hours up to 10 hours	1 unpaid 30-min. meal period
More than 10 hours up to 12 hours	2 unpaid 30-min. meal periods – (may not be combined, 2nd meal period may be waived in writing)
More than 12 hours	2 unpaid 30-min. meal periods (may not be combined)

Note:
Employees should not work more than 5 consecutive hours without beginning a meal period.

You may take your meal period as scheduled unless requested not to do so by your supervisor. Depending on your specific company policy, you may receive additional time beyond the required 30 minutes for meal periods. Your Supervisor will notify you if this is the case.

If you do not take a meal period and you do not report this to your supervisor, the company will conclude, as permitted, that you voluntarily chose to forego your meal period that was provided to you.

Rest Periods:

Number of Hours Worked Per Shift	Number of Rest Periods
Less than 3 ½ hours	No rest period
3 ½ hours up to 6 hours	One, 10-min. rest period
6 hours up to 10 hours	Two, 10-min. rest periods
10 hours up to 14 hours	Three, 10-min. rest periods
14 hours up to 18 hours	Four, 10-min. rest periods

If you are entitled to two rest periods, one should be taken before the meal period and one should be taken after the meal period. They should not be combined with each other or with your meal period. Rest periods should be taken, as far as practical, in the middle of each work period. Depending on your specific company policy, you may receive additional time beyond the required 10 minutes for rest periods. Your Supervisor will notify you if this is the case.

If you do not take a rest period and you do not report this to your supervisor, the company will conclude, as permitted, that you voluntarily chose to forego your rest period.

I have read and understand the "Meal and Rest Period Policy" and agree to abide by it.

_____ _____

Print Name Date

_____

Employee Signature

MEAL BREAK WAIVER AGREEMENT FOR WORKDAY OF SIX HOURS OR LESS

I understand that under California law, I am entitled to a 30-minute, unpaid meal break before the start of my sixth hour of work. I also understand that my employer and I can mutually agree to waive my meal break if my workday is six hours or less. A meal break waiver is for my convenience, so that I do not have to take a half-hour meal and return to work for a short period of time to finish my work for the day.

I voluntarily agree to waive my meal break on all workdays when I work six hours or less. This means that I am giving up my right to a meal break whenever I work a shift of six hours or less.

This Meal Break Waiver Agreement will remain in effect during the entire period of my employment unless the Store Franchisee or I revoke it. I acknowledge and understand that to revoke my waiver for a particular shift or to revoke it entirely, I must provide written notice to the Store Franchisee. (You can either request a revocation form the Franchisee or create your own form.) The revocation will become effective on the business day after it is submitted to the Store Franchisee.

Employee Signature: _____ Date: _____

Print Name: _____

Approved by:

Franchisee Signature: _____ Date: _____

MEAL BREAK WAIVER AGREEMENT FOR SECOND MEAL PERIOD

I understand that under California law, I am entitled to a *second* 30-minute, unpaid meal break before the start of my tenth hour of work when I work a shift of more than 10 hours. I also understand that my employer and I can mutually agree to waive this second meal break if my workday is less than 12 hours and I took my first meal break.

I voluntarily agree to waive my second meal break on all workdays when I work at least 10 hours but less than 12 hours, provided that I have taken my first meal period. This means that I am giving up my right to take a second meal break under these circumstances.

This Meal Break Waiver Agreement will remain in effect during the entire period of my employment unless the Store Franchisee or I revoke it. I acknowledge and understand that to revoke my waiver for a particular shift or to revoke it entirely, I must provide written notice to the Store Franchisee. (You can either request a revocation form the Franchisee or create your own form.) The revocation will become effective on the business day after it is submitted to the Store Franchisee.

Employee Signature: _____ Date: _____

Print Name: _____

Approved by:

Franchisee Signature: _____ Date: _____

Employee Awareness Form for Selling Money Orders in Accordance with the Patriot Act of 2001

Store # _____

1. The following documentation is required for selling money orders under the Patriot Act of 2001.
   - Currency Transaction Reports (CTR) are required for cash receipts from or cash payments to a single customer, or on behalf of a single customer, which total more than $10,000 (inclusive of fees).
   - Money Order Logs are required for transaction amounts ranging from $3,000.00 to $10,000.00.
   - Suspicious Activity Reports (SAR) are required for any transaction that is $2,000 or more AND is suspicious.
2. Currently 7-Eleven's and this store's policy only allows Money Order sales up to $2,900 (in the aggregate) to any one customer in the same day. Accordingly, completion of Currency Transaction Reports and Money Order Logs are currently not required when following 7-Eleven policy. 7-Eleven policy requires that a Suspicious Activity Report be completed when, for any reason, a Sales Associate suspects that the money order is being purchased for illegal activities.
3. Suspicious activity includes, but is not limited to, possible attempts to launder money, structuring transactions to avoid record-keeping requirements, transactions that serve no business or apparent lawful purpose or are considered unusual for the customer, or any other transaction involving potential criminal activity in the view of the Sales Associate. The following rules apply to suspected suspicious activity:
   - Rule #1: It is illegal to tip off the customer that you are going to file a SAR.
   - Rule #2: If you strongly suspect that a transaction involves illegal activity, do not complete the transaction.
   - Rule #3: A SAR should be filed for suspicious transactions even if the transaction was not completed.

4. **The following information is required when filling out a Suspicious Activity Report**

   - **Obtain as much information as possible without breaking rule #1**
   - **Customer's name, address and telephone number**
   - **Customer's birth date**
   - **Customer's occupation, profession or business – be specific (i.e., "self-employed carpenter" instead of just "self-employed")**
   - **Customer's Social Security Number, Taxpayer Identification Number, or Employer Identification Number (SSN, TIN, EIN)**
   - **Dollar amount of the requested transaction**
   - **ID type, issuer and number**

5. **Sales Associate responsibilities for Suspicious Activity Reporting include the following**

   - **The Sales Associates selling the money order(s) fills out the SAR and the Sales Associate will attempt to obtain as much information about the customer and transaction as needed to complete the form. UNDER NO CIRCUMSTANCES MAY AN EMPLOYEE INFORM A CUSTOMER THAT A SAR IS BEING FILED.**

   - **The Sales Associate places the SAR in the shift envelope for the Franchisee to review for accuracy.**

The laws, regulations, and store policies have been explained to me. I have carefully read, fully understand, and agree to comply with these. I further understand that violation of any of the above may result in disciplinary actions up to and including separation.

Franchisee Employee Signature	Franchisee Signature
Franchisee Employee Name (Printed)	Franchisee Name (Printed)
Date	Date

ATTENTION FRANCHISEES: Each 7-Eleven Franchisee is an independent contractor, solely responsible for all employment matters in his or her store. 7-Eleven is providing this information as a service. Each Franchisee is responsible to make all employee-training decisions and comply with the Money Order Amendment to their Franchise Agreement and the Patriot Act of 2001.

Age-Restricted Products Sales Acknowledgement Form

Store # _____

This form is to be read, discussed, signed, and placed in the Associate's personnel file.

- The minimum age to purchase tobacco is _____
- The minimum age to purchase alcoholic beverages is _____
- The minimum age to purchase lottery tickets is _____

- Identification: Customers must present a photo ID ONLY when purchasing age-restricted products. Associates will require and accept only a valid government-issued photo identification as proof of age. If it is an out-of-state license, the Franchisee should be called to verify. Any questionable cards must be brought to management's attention.

- Associates will not be permitted to over-ride the system procedures.

- Associates must check anyone who looks 27 years or younger. When checking ID's, both the birth date (month, day, year) and the picture will be verified. In a group, the person buying the age-restricted product will be ID'd, and money taken only from that person. If another person hands money to that person, they must also show proof of identification.

- A conviction for the illegal sale of age-restricted products could result in a fine for the Associate. An Associate who sells age-restricted products without proper checking of ID will be subject to disciplinary action up to and including termination of employment.

- Any Associate who knowingly sells age-restricted products to a minor will be terminated. Any under-age associate that attempts to purchase alcohol, tobacco or other age-restricted products will be terminated.

Government regulations govern the use and sale of age-restricted products. 7-Eleven's and this store's policy is outlined above. Violation of this policy will result in disciplinary action up to and including termination of employment

I have read the above statement, understand what it means, and will comply with all store policies, as well as all federal, state and local laws.

_____	_____
Franchisee Employee Signature	Franchisee Signature
_____	_____
Franchisee Employee Name (Printed)	Franchisee Name (Printed)
_____	_____
Date	Date

CLERK'S AFFIDAVIT AND SIGN (Required by Section 25658.4 Business and Professions Code)

Instructions to the Licensee:

Section 25658.4 requires every person who sells alcoholic beverages in your store to read, understand and sign a *Clerk's Affidavit*. You may photocopy this form or create your own. If you create your own, its content must match parts 1 through 4 of this form. You must keep the signed *Clerk's Affidavits* on your licensed premises at all times and make them available for inspection by the Department.

If you have more than one store, you may keep the signed *Clerk's Affidavits* at a location other than your licensed stores. However, you must notify the Department in advance and in writing. If you decide to keep the signed *Clerk's Affidavits* at a location other than your licensed stores, you must maintain at each store a notice of where the signed *Clerk's Affidavits* are kept. In addition, you must provide any signed *Clerk's Affidavits* to the Department, upon its written demand, within 10 days.

Section 25658.4 also requires you to post a sign like the one shown on page 6 in your store. You must post it at your entrance, point of sale or any other location visible to your customers and employees. The sign should be at least 8-1/2 x 11 inches.

Failure to comply with the above may result in the suspension or revocation of your ABC license.

Part 1: REVIEW OF LAWS *(Clerk must read and understand these laws)*

(1) Sales to Minors (Section 25658 Business and Professions Code)

(a) Except as otherwise provided in subdivision (c), every person who sells, furnishes, gives, or causes to be sold, furnished, or given away, any alcoholic beverage to any person under the age of 21 years is guilty of a misdemeanor.

(b) Any person under the age of 21 years who purchases any alcoholic beverage, or any person under the age of 21 years who consumes any alcoholic beverage in any on-sale premises, is guilty of a misdemeanor.

(c) Any person who violates subdivision (a) by purchasing any alcoholic beverage for, or furnishing, giving, or giving away any alcoholic beverage to, a person under the age of 21 years, and the person under the age of 21 years thereafter consumes the alcohol and thereby proximately causes great bodily injury or death to himself, herself, or any other person, is guilty of a misdemeanor.

(e)(1) Except as otherwise provided in paragraph (2) or (3), any person who violates this section shall be punished by a fine of two hundred fifty dollars ($250), no part of which shall be suspended, or the person shall be required to perform not less than 24 hours or more than 32 hours of community service during hours when the person is not employed and is not attending school, or a combination of a fine and community service as determined by the court. A second or subsequent violation of subdivision (b) shall be punished by a fine of not more than five hundred dollars ($500), or the person shall be required to perform not less than 36 hours or more than 48 hours of community service during hours when the person is not employed and is not attending school, or a combination of a fine and community service as determined by the court. It is the intent of the Legislature that the community service requirements prescribed in this section require service at an alcohol or drug treatment program or facility or at a county coroner's office, if available, in the area where the violation occurred or where the person resides. (2) Except as provided in paragraph (3), any person who violates subdivision (a) by furnishing an alcoholic beverage, or causing an alcoholic beverage to be furnished, to a minor shall be punished by a fine of one thousand dollars ($1,000), no part of which shall be suspended, and the person shall be required to perform not less than 24 hours of community service during hours when the person is not employed and

is not attending school. (3) Any person who violates subdivision (c) shall be punished by imprisonment in a county jail for a minimum term of six months not to exceed one year, by a fine of one thousand dollars ($1,000), or by both imprisonment and fine.

(2) Attempt to Purchase by Minor (Section 25658.5 Business and Professions Code)

(a) Any person under the age of 21 years who attempts to purchase any alcoholic beverage from a licensee, or the licensee's agent or employee, is guilty of an infraction and shall be punished by a fine of not more than two hundred fifty dollars ($250), or the person shall be required to perform not less than 24 hours or more than 32 hours of community service during hours when the person is not employed or is not attending school, or a combination of fine and community service as determined by the court. A second or subsequent violation of this section shall be punished by a fine of not more than five hundred dollars ($500), or the person shall be required to perform not less than 36 hours or more than 48 hours of community service during hours when the person is not employed or is not attending school, or a combination of fine and community service, as the court deems just. It is the intent of the Legislature that the community service requirements prescribed in this section require service at an alcohol or drug treatment program or facility or at a county coroner's office, if available, in the area where the violation occurred or where the person resides.

(b) The penalties imposed by this section do not preclude prosecution or the imposition of penalties under any other provision of law, including, but not limited to, Section 13202.5 of the Vehicle Code.

(3) Documentary Evidence of Age and Identity (Section 25660 Business and Professions Code)

a) Bona fide evidence of majority and identity of the person is any of the following:

(1) A document issued by a federal, state, county, or municipal government, or subdivision or agency thereof, including, but not limited to, a valid motor vehicle operator's license, that contains the name, date of birth, description, and picture of the person.

(2) A valid passport issued by the United States or by a foreign government.

(3) A valid identification card issued to a member of the Armed Forces that includes a date of birth and a picture of the person.

(b) Proof that the defendant-licensee, or his or her employee or agent, demanded, was shown, and acted in reliance upon bona fide evidence in any transaction, employment, use, or permission forbidden by Section 25658, 25663, or 25665 shall be a defense to any criminal prosecution therefor or to any proceedings for the suspension or revocation of any license based thereon.

Note: The person accepting identification must make a reasonable inspection of the identification and act with due diligence to confirm that the identification presented is that of the person presenting it. The picture and physical description on the identification must match the customer. If the identification is altered or mutilated, it is not acceptable. It must be currently valid, in other words, not expired.

(4) Hours of Operation (Sections 25631, 25632 and 25633 Business and Professions Code)

25631. Any on- or off-sale licensee, or agent or employee of that licensee, who sells, gives, or delivers to any persons any alcoholic beverage or any person who knowingly purchases any alcoholic beverage between the hours of 2 o'clock a.m. and 6 o'clock a.m. of the same day, is guilty of a misdemeanor.

For the purposes of this section, on the day that a time change occurs from Pacific standard time to Pacific daylight saving time, or back again to Pacific standard time, "2 o'clock a.m." means two

hours after midnight of the day preceding the day such change occurs.

25632. Any retail licensee, or agent or employee of such licensee, who permits any alcoholic beverage to be consumed by any person on the licensee's licensed premises during any hours in which it is unlawful to sell, give, or deliver any alcoholic beverage for consumption on the premises is guilty of a misdemeanor.

25633. Except as otherwise provided in this section, no person licensed as a manufacturer, winegrower, distilled spirits manufacturer's agent, rectifier, or wholesaler of any alcoholic beverage shall deliver or cause to be delivered any alcoholic beverage to or for any person holding an on-sale or off-sale license on Sunday or except between the hours of 3 a.m. and 8 p.m. of any day other than Sunday. Any alcoholic beverage may be delivered at the platform of the manufacturing, producing, or distributing plant at any time. Nothing contained in this section prohibits the transportation or the carriage and delivery in transit at any time of any alcoholic beverage between the premises of a manufacturer, winegrower, wholesaler, distiller, importer, or any of them. Every person violating the provisions of this section is guilty of a misdemeanor.

Note: Some stores must stop selling alcoholic beverages earlier than 2:00 a.m. because of local laws or special conditions (restrictions) on the ABC license.

(5) Sales to Obviously Intoxicated Persons (Section 25602(a) Business and Professions Code)

(a) Every person who sells, furnishes, gives, or causes to be sold, furnished, or given away, any alcoholic beverage to any habitual or common drunkard or to any obviously intoxicated person is guilty of a misdemeanor.

(b) No person who sells, furnishes, gives, or causes to be sold, furnished, or given away, any alcoholic beverage pursuant to subdivision (a) of this section shall be civilly liable to any injured person or the estate of such person for injuries inflicted on that person as a result of intoxication by the consumer of such alcoholic beverage.

Note: It is illegal to sell alcohol to a person who is displaying obvious symptoms of intoxication.

(6) Civil Liability (Section 25602.1 Business and Professions Code)

Notwithstanding subdivision (b) of Section 25602, a cause of action may be brought by or on behalf of any person who has suffered injury or death against any person licensed, or required to be licensed, pursuant to Section 23300, or any person authorized by the federal government to sell alcoholic beverages on a military base or other federal enclave, who sells, furnishes, gives or causes to be sold, furnished or given away any alcoholic beverage, and any other person who sells, or causes to be sold, any alcoholic beverage, to any obviously intoxicated minor where the furnishing, sale or giving of that beverage to the minor is the proximate cause of the personal injury or death sustained by that person.

(7) ABC Off-Sale License Privileges (Sections 23393 and 23394 Business and Professions Code)

23393. A retail package off-sale beer and wine license authorizes the sale, to consumers only and not for resale, of beer in containers, and wine in packages and in quantities of 52 gallons or less per sale, for consumption off the premises where sold.

23394. An off-sale general license includes the privileges specified in Section 23393 and authorizes the sale, to consumers only and not for resale, except to holders of daily on-sale general licenses issued pursuant to Section 24045.1, of distilled spirits for consumption off the premises where sold. Standards of fill for distilled spirits authorized for sale pursuant to this section shall conform in all respects to the standards established pursuant to regulations issued under the Federal Alcohol Administration Act (27 U.S.C. Secs. 201 et seq.) and any amendments thereto.

Note: Alcoholic beverages may only be sold in sealed, unopened bottles, packages or containers. No person may drink alcoholic beverages in a store or in adjacent parking lots or other areas under the control of the store.

(8) Beer Keg Registration (Section 25659.5 Business and Professions Code)

(a) Retail licensees selling keg beer for consumption off licensed premises shall place an identification tag on all kegs of beer at the time of sale and shall require the signing of a receipt for the keg of beer by the purchaser in order to allow kegs to be traced if the contents are used in violation of this article. The keg identification shall be in the form of a numbered label prescribed and supplied by the department that identifies the seller. The receipt shall be on a form prescribed and supplied by the department and shall include the name and address of the purchaser and the purchaser's driver's license number or equivalent form of identification number. A retailer shall not return any deposit upon the return of any keg that does not have the identification label required pursuant to subdivision (a).

(b) Any licensee selling keg beer for off premise consumption who fails to require the signing of a receipt at the time of sale and fails to place a numbered identification label on the keg shall be subject to disciplinary action pursuant to this division. The licensee shall retain a copy of the receipt, which shall be retained on the licensed premise for a period of six months. The receipt records shall be available for inspection and copying by the department or other authorized law enforcement agency.

(c) Possession of a keg containing beer with knowledge that the keg is not identified as required by subdivision (a) is a misdemeanor.

(d) Any purchaser of keg beer who knowingly provides false information as required by subdivision (a) is guilty of a misdemeanor.

(e) The identification label required pursuant to subdivision (a) shall be constructed of material and made attachable in such a manner as to make the label easily removable for the purpose of cleaning and reusing the keg by a beer manufacturer.

(f) The department is authorized to charge a fee not to exceed the actual cost of supplying receipt forms and identification labels required pursuant to subdivision (a). Fees collected pursuant to this subdivision shall be deposited in the Alcohol Beverage Control Fund.

(g) As used in this section, "keg" means any brewery-sealed, individual container of beer having a liquid capacity of six gallons or more.

Note: Keg receipts must be fully completed at the time of sale and be maintained in the store with accurate, corresponding identification labels.

Part 2: CLERK'S PRIOR VIOLATIONS *(Clerk must check one)*

_____ ***I have never been*** convicted of violating any law in the Alcoholic Beverage Control Act (such as selling an alcoholic beverage to an underage or obviously intoxicated person).

_____ ***I have been*** convicted of violating a law (or laws) in the California Alcoholic Beverage Control Act (such as selling an alcoholic beverage to an underage or obviously intoxicated person). [If you checked this box, please explain in full what happened. Use the space below or a separate sheet of paper, if necessary.]

_____

_____

_____

Part 3: DECLARATION UNDER PENALTY OF PERJURY

(Clerk must complete this section)

I have read and understand this affidavit. I swear that all statements I have made in this affidavit are true. I swear that I signed this affidavit, on the date stated, under "penalty of perjury." I understand that if I did not tell the truth in this affidavit, I may be found guilty of perjury.

_____

Signature of Clerk Date

_____

Name of Clerk (printed)

_____

Home Address Street City State Zip

_____ _____

Home Telephone Work Telephone

Part 4: ACKNOWLEDGMENT OF LICENSEE

(Licensee must complete this section)

I have reviewed the attached *Clerk's Affidavit* with the person who signed it. I will keep a signed copy of the *Clerk's Affidavit* at (address):

_____

I understand if I do not have a signed *Clerk's Affidavit* for every person who sells alcoholic beverages in my store, the ABC may discipline my license.

_____

Signature of Licensee *(or licensee's agent)* Date

_____

ABC License Number

Part 5: NOTICE TO LICENSEE

(Licensee must read this section, then post sign in store)

Pursuant to Section 25658.4 of the Business and Professions Code, you must post a sign in your store that warns customers about certain laws and penalties relating to the sale of alcoholic beverages to, or the purchase of alcoholic beverages by, any person under the age of 21 years. The sign must be placed at an entrance or at a point of sale in your store, or in any other location in your store that is visible to your customers and employees. A sample sign that complies with Section 25658.4(b) and (c) is shown on the following page.

NOTICE TO CUSTOMERS

Pursuant to Section 25658.4 Business and Professions Code

This store will not sell alcoholic beverages in violation of the California Alcoholic Beverage Control Act.

We will refuse to sell an alcoholic beverage to any customer if we reasonably suspect that: (1) The customer is under the age of 21 years; (2) The customer looks or acts intoxicated; (3) The request to buy an alcoholic beverage is made between the hours of 2:00 a.m. and 6:00 a.m. on any day or in violation of legally required shorter hours of sale; (4) The customer intends to drink the alcoholic beverage in this store or on adjacent property immediately outside this store; or (5) Any other violation of the California Alcoholic Beverage Control Act will occur as a result of the sale.

FINES AND PENALTIES

for the Sale or Furnishing of Alcoholic Beverages to, or the Purchase of Alcoholic Beverages by, Persons Under Age 21

For the Person Under Age 21 Who Tries to Purchase Alcohol

Up to $100 fine and/or 24-32 hours of community service; second offense, up to a $250 fine and/or 36-48 hours of community service (and a one-year suspension or delay of the person's driver's license).

For the Person Under Age 21 Who Purchases Alcohol

A $250 fine and/or 24-32 hours of community service; second offense, up to a $500 fine and/or 36-48 hours of community service (and a one-year suspension or delay of the purchaser's driver's license).

For the Person Who Furnishes Alcohol or Causes Alcohol to be Furnished to a Person Under Age 21

A $1,000 fine and at least 24 hours of community service (and a one-year suspension or delay of the furnisher's driver's license if the furnisher is under age 21). If great bodily injury or death occurs, the penalty is 6-12 months county jail and/or a $1,000 fine.

For the Person Who Sells Alcohol to a Person Under Age 21

A $250 fine and/or 24-32 hours of community service; second offense, up to a $500 fine and/or 36-48 hours of community service (and a one-year suspension or delay of the seller's driver's license if the seller is under age 21).

In addition, the Department of Alcoholic Beverage Control (ABC) will file charges to suspend or revoke this store's license to sell alcoholic beverages.

--The Management

Allergen Awareness Form

Your Requirements as an Employee for this Store

You must be able to answer the following questions from an inspector.

Describe foods identified as major food allergens. See list below:

- Milk
- Eggs
- Wheat
- Peanuts
- Soybeans
- Fish (such as bass, flounder, cod, trout)
- Crustacean shell fish (such as crab, lobster, shrimp)
- Tree Nuts (such as almonds, pecans, walnuts)

Describe symptoms that a major food allergen could cause in a sensitive individual who has an allergic reaction. See major symptoms below:

- **Gastrointestinal** - Nausea, vomiting, diarrhea, abdominal pain
- **Systemic** - Anaphylactic shock, Hives, rash, welts, itchy, skin inflammation
- **Respiratory** - Sneezing, congestion, itchy throat, eyes, ears, and nose, airway constriction

Store Employee Actions

- Advise Customers to read the ingredient statements on packaged foods
- Verify Bakery Ingredient Decal is in place on the bakery case and current
- Familiarize yourself with allergens found in unpackaged food (OLSSG will have a list for grill items)
  - Direct customer to 1-800 line if unsure
- Keep your equipment and display cases clean
  - Follow procedures
  - Use clean paper towels for each piece of equipment
  - If sampling an item, clearly identify to the customer allergen content if any.
- **DO NOT PUT PEANUT BUTTER COOKIES OR ANY ITEM WITH NUTS IN THE SAME WIRE BASKETS WITH ANY OTHER PRODUCTS**

Franchisee Employee Signature	Franchisee Signature
Franchisee Employee Name (Printed)	Franchisee Name (Printed)
Date	Date

Employee Health Procedures
2005 Food Code – Person in Charge

What Every Employee Needs to Know

Our Goal: To give our Guests a positive, healthy, and safe shopping experience and also provide Store employees a healthy and safe work environment.

To meet our goal, all Store employees must comply with the following procedures, which are designed to prevent the transmission of foodborne illness.

1. The employee must notify the Store Franchisee or Store Manager if the employee shows symptoms, while either at work or outside of work, of vomiting; diarrhea; sore throat with fever, infected cuts or wounds, lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds or lesions are not properly covered (such as boils and infected wounds, however small). The employee cannot work in the store until he or she is without symptoms for 24 consecutive hours. This means the employee cannot work in any area of the store until symptom free. If symptoms persist, the employee should seek medical attention.

2. The employee must notify the Store Franchisee or Store Manager if the employee is diagnosed as being ill with Norovirus, typhoid fever (Salmonella Typhi), shigellosis (Shigella spp. infection), E-coli or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection) or appears jaundiced (yellow color of the skin and whites of the eyes). The employee cannot work until release with a note from a health care provider. This means the employee cannot be scheduled to work until a health care provider gives a written release for the employee to return to work.

3. The employee must notify the Store Franchisee or Store Manager if the employee is exposed to Norovirus, typhoid fever, shigellosis, E-coli or other EHEC/STEC infection, or hepatitis A through an outbreak, a diagnosed household member, or a household member attends or works in a setting experiencing a confirmed outbreak. The Store Franchisee or Store Manager will contact the local health department for further guidance.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. 2. Work restrictions or exclusions that are imposed upon me; and
3. 3. Good hygienic practices.

I understand that failure to comply with the Employee Health Procedures could lead to action by the Store Franchisee or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Employee Signature _____ Date _____

Workers Compensation Network
CA MPN Employee Acknowledgement

I have received information that tells me how to get health care under the CA MPN for workers' compensation injuries. If I am hurt on the job I understand that:

1. I must choose a treating doctor from the MPN list of doctors in the network. Or, I may Predesignate my personal physician if he agrees to serve as my treating doctor, and I notify my employer in writing prior to my injury.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. I may have to pay the bill if I obtain health care from someone other than a network doctor without network approval.

_____ _____
(Signature) (Date)

_____
(Printed Name)

I live at _____, _____, _____, _____
(Street Address) (City) (State) (Zip Code)

Name of Employer _____Location #_____

Return the fully executed form to your human resources manager to retain in your employment records.

Red de Compensación de Trabajadores

CA MPN Reconocimiento del Empleado

He recibido la información que me dice cómo obtener atención de salud bajo el CA MPN para las lesiones de compensación de los trabajadores. Si me lastimo en el trabajo yo entiendo que:

4. Debo elegir un médico tratante de la lista de MPN de los médicos en la red. O, podrá hacer una designación previa a mi médico personal si está de acuerdo para servir como mi médico tratante, y notificar a mi empleador por escrito antes de mi lesión.
5. Tengo que ir a mi médico de cabecera para todo el cuidado médico para mi lesión. Si necesito un especialista, mi médico tratante me referira. Si necesito atención de emergencia, yo podría ir a cualquier lugar.
6. Puede que tenga que pagar la factura si obtengo atención de la salud de alguien que no sea un médico de la red sin la aprobación de la red.

_____ _____
(Firma) (Fecha)

_____
(Nombre Impreso)

Yo vivo en _____, _____, _____, _____
(Dirección-Calle) (Ciudad) (Estado) (Código Postal)

Nombre del Empleador _____ número de ubicación _____

Devuelva el formulario debidamente firmada a su director de recursos humanos para mantener en los registros de su empleo.

WORKERS' COMPENSATION

Insurance Carrier's Name: _____
Address: _____
Telephone Number: _____
Policy No.: _____
☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
   1. requesting or using accrued sick days;
   2. attempting to exercise the right to use accrued paid sick days;
   3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
   4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption):_____

ACKNOWLEDGEMENT OF RECEIPT

(*Optional*)

_____	_____
(PRINT NAME of Employer representative)	(PRINT NAME of Employee)
_____	_____
(SIGNATURE of Employer Representative)	(SIGNATURE of Employee)
_____	_____
(Date)	(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

FRANCHISEE APPROVED UNIFORM PROGRAM

Store # _____

Purpose

Ensure a positive, professional and consistent image and enhance the food service appearance in all 7-Eleven stores. Use of 7-Eleven approved uniforms is required by 7-Eleven store franchise agreement.

Franchisee/Managerial Options

- Name tag on the right upper portion of the shirt, smock, or polo (in nametag eyelets if applicable)
- Dark or khaki slacks or skirts (No denim jeans material of any color or type)
  - Slacks should extend to the top of the foot and not exceed the bottom of the sole of the shoes; waistband not below waist
  - Skirts not more than 2" above knee
  - Belted, unless smock is worn
- 7-Eleven white long or short sleeved oxford shirt/blouse or
- 7-Eleven smock (fully or ¾ zipped) or
- 7-Eleven red apron, worn with 7-Eleven white oxford shirt/blouse *or* 7-Eleven polo shirt (black or white)
  - Shirt/blouse tucked in
- Approved uniform program tie/ascot (optional)
- Closed toe, non-skid shoes
  - Worn with socks or hose
- Outerwear as necessary: 7-Eleven approved sweater over 7-Eleven white oxford shirt/blouse

Store Staff Options

- Name tag on the right upper portion of the shirt, smock, or polo (in nametag eyelets if applicable)
- Dark or Khaki slacks or skirts (See above) (No denim jeans material of any color or type)
  - Belted, unless smock is worn
- 7-Eleven smock, fully or ¾ zipped, worn with plain white shirt *or* with 7-Eleven white long/short sleeved oxford shirt/blouse or
- 7-Eleven red apron, worn with 7-Eleven white oxford shirt/blouse *or* with 7-Eleven polo (black or white)
  - Shirt/blouse tucked in
- Closed toe, non-skid shoes
  - Worn with socks or hose
- Outerwear as necessary: 7-Eleven approved sweater over 7-Eleven white oxford shirt/blouse

Hats - Headwear

- Hats must be worn when required by Health Laws
- Hats may be worn for a 7-Eleven-approved promotional program and if certain medical conditions exist.
- Hats must be 7-Eleven logo baseball cap or other approved apparel provided by 7-Eleven – brims facing forward
- Headwear worn for religious reasons is permitted

Uniform Receipt

By signing below, I confirm that I have received the 7-Eleven uniform(s) indicated below. If my employment with 7-Eleven, Inc. is terminated for any reason, I agree to return the uniform(s) issued within 24 hours of my final shift. By signing below, I authorize 7-Eleven, Inc. to deduct the replacement cost of any uniform(s) that I fail to return within 24 hours of my final shift from my final paycheck and/or from any pay for unused vacation time.

TYPE	QUANTITY ISSUED	TYPE	QUANTITY ISSUED
Camp Shirt	_____	Male Oxford Shirt	_____
Baseball Cap	_____	Women's Blouse	_____
		Polo Shirt	_____
		Other: _____	_____

_____
Employee Signature

_____
Employee Name (Printed)

_____
Date

_____
Manager Signature

_____
Manager Name (Printed)

_____
Date