

Welcome Aboard



Name: _____

Store #: _____



FRANCHISEE NEW EMPLOYEE SUGGESTED HIRING PROCEDURES CHECKLIST

Name: _____ Store# _____

New Employee should check (✓) each item you have received. By checking the items below you commit to reading all material carefully. If you have any questions about any of the material you will ask your immediate supervisor.

Items to complete and return:

- Application (Attached)
- W-4 (pgs 2-5)
- I-9 (pgs 6-8)
You must provide Proof of Identity and Employment Eligibility (List A) or (List B and C)
- The Work Opportunity Tax Credit (WOTC) (pgs 9-11)
- Franchisee Age-Restricted Product Sales Policy (pg. 12)
- Franchisee Money Order Policy (pgs 13+14)
- Franchisee Confidentiality Statement (pg. 15)
- Franchise Media Contact Form (pg. 16)
- Franchisee Cash Accountability Policies and Procedures (pg. 17)
- Cell Phone Policy (pg. 18)
- Franchisee Uniform Receipt (pg. 19)
- Franchisee Approved Uniform Program (pgs 20+21)
- Welcome To Franchisee Store# _____ (pgs 22+23)

- Allergen Awareness Form (pg. 24)
- Employee Health Procedures (pg. 25)
- Eliminating Harassment and Discrimination Brochure (pgs 26+27)
- Drug Free Workplace Brochure (pgs 28+29)

Items for employee to keep:

- Paperless Employee - Register to receive W-2 online (pg 30)

ADDITIONAL SUGGESTED ITEMS THAT ARE POSITION BASED AND MAY OR MAY NOT BE APPLICABLE TO ALL POSITIONS:

- Employee Policies and Procedures
- Pay Day Schedule
- Holiday Schedule
- Worker's Compensation Notice
- Meal Period Information
- Worker's Compensation Medical Questionnaire
- Food Stamp Policy
- Lottery Awareness Policy
- Gasoline Safety Brochure
- Other Store Policies Given: _____

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld..... ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		Date
	Employee's signature (This form is not valid unless you sign it.)		

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: \$18,650 if you're head of household, \$24,800 if you're married filing jointly or qualifying widow(er), \$12,400 if you're single or married filing separately
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 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 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
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)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

Employer Completes Next Page



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p align="center">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

For each new hire, have them complete the 8850 Form and TCQ Form and send completed forms with legible copies of valid proof of employment eligibility to:

Synergi Partners

PO Box 5599

Florence, SC 29502

Or

Scan and email to: creditsForms@synergipartners.com

For questions contact:

Kyle Cunningham

Account Manager



151 W Evans
Street

Florence, SC
29501

O: [\(843\) 519-1303](tel:(843)519-1303)

kcunningham@synergipartners.com

www.SynergiPartners.com

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.

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

Tax Credit Questionnaire ©

First Name _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____

1. Are you under age 40? Date of Birth if under 40: ____/____/____ Yes No

2. Has any member of your household received Food Stamps (SNAP), or Welfare (AFDC, TANF, ADC) during an 18 month period since 1997? Yes No

If yes, which benefits? Food Stamps AFDC TANF ADC

Approximate date first received benefit: ____/____/____ Approximate date last received benefit ____/____/____

Who received the benefit? Parent Spouse Sibling Child Self If not self, SSN: ____ - ____ - _____

Recipients first and last name (if not self): First _____ Last _____

City and State where benefits received: City _____ State _____

3. In the last two years, have you completed Vocational Rehab from a State Agency, Employment Network (Ticket to Work Program) or Dept. of Veterans Affairs? Yes No

If yes, are you: Currently Participating Completed Did not Complete

Name of Rehab Program: _____ Date Completed ____/____/____

City _____ State _____

4. a. Do you have 180 days of active military duty OR were you discharged for a service related disability? Yes No

Which Branch? _____ Date entered ____/____/____ Date Discharged: ____/____/____

b. Are you entitled to compensation for a service-connected disability? (If yes, provide copy of DD-214) Yes No

c. Were you unemployed for at least 4 weeks during the last year, whether they were consecutive or not? Yes No

5. Have you received Supplemental Security Income benefits (SSI) within the past 60 days? Yes No

If YES, log in at <https://www.socialsecurity.gov/myaccount> and provide copy of income verification to employer.

6. In the last 12 months, have you had a felony conviction, felony probation, work release or prison release? Yes No

Approximate Date of Conviction ____/____/____ Approximate Release Date ____/____/____

Correctional Facility: _____ City _____ State _____

Parole Officer's Last Name _____ Parole Officer's Phone (____) ____ - _____

7. Have you been unemployed prior to your hire date with this employer for at least 6 consecutive months? Yes No

a. If YES, did you receive Unemployment Compensation (state or federal) for at least 1 period during the 6 months prior to your start date of work with this employer? Yes No

b. If YES, what is the last date UC was received? ____/____/____ From which State? _____

8. Are you or your spouse a member of a Native American Indian tribe? If yes, please provide copy of tribal registration documentation for yourself/spouse. Yes No

I understand that answering the above questions will not affect any benefits my family or I may be receiving or my job opportunity. I hereby authorize the release to TaxCredit Processing Center or any State Workforce Agency any information from any Federal or State Government Agency, including SSA, Dept. of Veterans Affairs or DMV of any State as to my eligibility for Federal or State tax credits.

Signature: _____

*****IMPORTANT: BELOW SECTION MUST BE COMPLETED IN ITS ENTIRETY BEFORE SUBMISSION*****

Employer Use Only

Please send Verification of Age and Residence, and the 8850 form with this form to P.O. Box 8427, Gadsden, AL 35902.

Hourly Wage \$ ____ . ____ Position _____ Hire Date ____/____/____ Start Date ____/____/____

Store Number _____ Client Code _____

V123015



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 30 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/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

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/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr 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.



FRANCHISEE CONFIDENTIALITY STATEMENT
(The "Statement")
Store # _____

Your position in my franchise store is one of trust and confidence by reason of your access to, and contact with, 7-Eleven's trade secrets and confidential and proprietary business information (the "Confidential Data"). 7-Eleven expects you to use every effort, and to exercise your utmost diligence, to protect and safeguard the Confidential Data. The following, by way of inclusion but not limitation, describes my expectations of you regarding the Confidential Data:

1. 7-Eleven has substantial proprietary interest in its computer hardware, software, data and associated documentation. Any use of 7-Eleven's 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.
2. 7-Eleven expects you to prevent any unauthorized individuals from gaining access to, or knowledge of, any assigned password access codes, computer room access numbers or computer access telephone numbers.
3. You shall not, either during your employment with me or thereafter, directly or indirectly, use for your benefit or for the benefit of another, or disclose to another, any Confidential Data (whether or not required, learned, obtained or developed by yourself alone or in conjunction with others) or any confidential or proprietary business information belonging to 7-Eleven's customers, contractors or others with whom 7-Eleven has a business relationship.
4. All memoranda, notes, records, drawings or other documents made or compiled by you or made available to you while employed by me concerning any process, apparatus or products manufactured, used, developed, investigated or considered by 7-Eleven or concerning any other 7-Eleven activity shall be the property of 7-Eleven and shall be delivered to 7-Eleven upon termination of your employment or, at any time, upon 7-Eleven's request.
5. All payroll information, including pay rates, should be considered confidential, and should not be discussed with anyone except the Employee's Manager or Franchisee, as appropriate.

Your violation of this Statement shall subject you to disciplinary action, which may include the termination of your employment with your independent contractor 7-Eleven Franchisee, and civil or criminal liability pursuant to applicable law.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date



FRANCHISEE MEDIA CONTACT POLICY

Store # _____

Please be aware that it is the policy of this store that all media contacts be referred directly to the Franchisee. In no case should an employee consent to an interview or provide any information to the media without prior consent from the Franchisee. This includes, but is not limited to, the following:

- Lawyers
- Media Reporters
- Insurance Adjustors
- Private Investigators
- Insurance Investigators

Any employee who consents to an interview or provides other information regarding 7-Eleven, Inc. or the 7-Eleven Franchisee's 7-Eleven store to the media without prior approval is subject to disciplinary action up to, and including immediate separation of employment.

With that in mind, please sign below stating that you understand this policy.

I understand the above referenced policy and the possible consequences to me if I violate the policy. I agree to abide by this media contact policy.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date



Franchisee Cash Accountability Policy and Procedures

Store # _____

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

- Each employee will be assigned to a specific register. It is mandatory that only the employee assigned to a specific register operate that register. Employees may not operate another register without completing a shift change.
- Each 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/safe, and closing the drawer. Each sale, regardless of size, must be treated separately and not grouped into a single register recording. Proper control of cash and inventory is critical to the success of you and this store.
- I understand that maintaining a safe level of cash is necessary for the safety and security of all store employees. Therefore, the following cash levels are to be maintained in this store:

\$ _____ Maximum in bills during daylight hours

\$ _____ Maximum in bills after dark

- Every employee will sign on the P.O.S. register using a code assigned only to you. If you leave your register at any time you will need to sign off the P.O.S register.
- When you are designated as the "banker" you will be accountable for your register and the safe. If you plan on leaving the sales area for any reason you must sign off the P.O.S. register and turn the safe off. At the time you return to the sales area you will need to log back on.
- When completing a shift change it is mandatory that you double verify funds in the register and safe with the incoming employee.
- After the completing of shift change, it is mandatory to calculate your cash variation. This will be verified the next day when the paperwork is completed. The goal on each shift should be zero cash variation. It will be considered a performance issue for any variation +/- \$ _____, or any trend of variation in any amount.

I have read the cash accountability policies and procedures and I fully understand my responsibilities in providing accurate cash accountability. I further understand that if I do not comply with these policies and procedures then I will be subject to disciplinary action up to and including separation.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date

Policy Overview:

This franchised 7-Eleven Store cell phone policy provides guidelines relating to personal cell phones during work hours.

The purpose of this policy is to minimize distractions, accidents, and frustrations that improper personal cell phone use can cause.

This policy applies to all employees.

Cell Phone Use Guidelines:

Serving our customers must always be the primary focus when working.

While a personal mobile device is not required for a Store employee to perform any work, the employee is permitted to have a personal mobile device on his or her person while working as a matter of convenience. The device must remain locked, on silent mode, and out of sight unless the employee is accessing a 7-Eleven-provided application or resource, such as 7-Eleven Now.

In addition,

- Never use a cell phone while driving
- Never use a cell phone while operating equipment
- Never use a cell phone for illegal or dangerous activity or for the purpose of harassment
- Do not use cell phones for surfing the internet or gaming during work hours
- Do not use cell phones for personal tasks or personal communications during work hours

Disciplinary Action:

Improper use of personal cell phones in violation of this policy may result in disciplinary action.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date



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

Manager Signature

Employee Name (Printed)

Manager Name (Printed)

Date

Date



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 $\frac{3}{4}$ 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 $\frac{3}{4}$ 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

Examples of Inappropriate Dress

- Denim jeans material of any color or type
- Shorts, jogging suits, parachute or sweat pants
- Skirts which are more than two inches above the knee
- Hats (other than specified above)
- Open toed shoes, flip flops, sandals or high-heeled shoes
- Tee shirts, tank tops, sweat shirts, or muscle shirts
- Jewelry worn in a facial piercing with the exception of a single earring per ear of a conservative style; excessively large jewelry or jewelry that dangles outside of the employee's clothing; multiple rings, bracelets or necklaces
- Any clothing which is overly revealing
- Any part of standard attire that is not clean and in good repair
- Non-7-Eleven buttons or pins on shirts or smocks

Hygiene Guidelines

- Avoid overpowering colognes or perfumes
- Attention paid to personal hygiene issues
- Hair (including facial hair) should be clean and groomed in a manner appropriate for a business/food service environment; color should appear professional
- Nails should be clean, neatly trimmed and filed in a manner appropriate for a business/food service environment and in accordance with any local health laws/guidelines

I have read the Franchisee Approved Uniform Program Policy and I fully understand my responsibilities. I further understand that if I do not comply with this policy then I will be subject to disciplinary action up to and including separation.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date



WELCOME TO FRANCHISE STORE NO. _____

---- Read Carefully ----

In order to help insure this store's continued business success, certain policies, procedures and practices must be complied with. If you have a question regarding any of these policies, procedures and practices, please ask me for an explanation prior to signing this form. A signed copy of this form will be placed in your personnel file and can be supplied upon request.

CUSTOMER SERVICE

- Customers will always be treated in a courteous manner.
- When requested, sales receipts will be placed in the customer's bag or offered to the customer at the completion of the purchase.
- All food, drinks and cigarettes of an employee will be kept away from the customer flow and in accordance with local health laws.

EMPLOYEE SAFETY / LOSS PREVENTION AND INVENTORY CONTROL

- In the event of a cash or inventory variation, employee participation may be required in audit information interviews.
- All sales will be rung up on the cash register and paid for in full at the time of purchase.
- No merchandise will be transferred from one store to another without proper written authorization.
- The cash register drawers will be kept closed except when ringing up a sale, making change or taking the required register readings.
- Employees, while on store property, will not possess guns, firearms, knives, bats, pipes, mace or any other weapon.
- 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.
- **7-Eleven's program of robbery and violence prevention will be followed at all times.**
- No credit or discounts will be given without written authorization from me.
- Merchandise purchased from a vendor will be charged on an invoice and not purchased for cash.
- There will be no exchange of merchandise or bottles for saleable merchandise with vendors. A credit slip for returned merchandise will be obtained.
- Free merchandise will not be requested or received from salespeople or vendors.
- Overpricing merchandise and overcharging customers is not permitted.
- Bad merchandise, which is to be written off will be given to me for verification. The merchandise is not to be consumed.
- In the event of embezzlement or attempted embezzlement of store funds, I will prosecute the offending employee to regain its losses. This includes IOU's and personal checks held for future deposit or redemption.

EMPLOYEE RESPONSIBILITY

- Alcoholic beverages or tobacco products will not be sold to customers of illegal age (age will be verified), will not be sold during non-sale hours and will not be sold in violation of any law, ordinance or policy.
- Consumption and/or possession of alcoholic beverages or illegal drugs by an employee while on store property is not permitted.
- My check cashing policy will be followed at all times.
- All merchandise consumed or taken home by an employee will be recorded on appropriate store records and paid for in full within store policy.
- Employees of the store are not permitted to purchase or play lotto or lottery at the store at any time.
- Employees will be in uniform, properly dressed and ready to work at the scheduled time. 7-Eleven uniforms will not be worn off the assigned store property.
- Each employee is responsible for the accurate documentation of his/her time on the store time sheet or the ISP.
- An employee's failure to notify me of absence continuing for three (3) consecutive days will be considered by me as the employee's voluntary resignation.
- Grocery bills, where authorized, will not exceed \$ _____ . All grocery bills will be paid in full when the employee receives his/her paycheck.
- Any criminal, dishonest, immoral or insubordinate conduct by employees while on duty is not permitted.
- Employees will not leave, close or lock the store for any unauthorized reason, after reporting to work.
- Employees will not make false statements, misrepresentations or fraud in completing any store record.
- Any employee aware of or suspecting another employee of violating a store policy, shall report that possible violation to the Franchisee as soon as possible.
- Employees shall not be under the influence of drugs or alcohol while on duty.

The store's policies, procedures and practices listed above are not intended to cover all conduct or work performance situations. Policies, procedures and practices, in addition to these may be instituted at any time by management. Any violation of store policies, procedures or practices by an employee may result in disciplinary action, including immediate dismissal.

I agree to conform to all the policies, procedures and practices of the store. I understand that I have the option to sever my employment relationship with the store, with or without cause and without notice at anytime, and that the Franchisee retains a similar right. No employee of the store has authority to enter into agreement for employment for a specified period of time, or to make any such agreement, either oral or written. If the Franchisee makes an agreement for employment for a specific period of time, the agreement must be in writing and signed by the Franchisee and the employee. I understand that I am being hired by an independent contractor Franchisee, and not by 7-Eleven, Inc.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed) Franchisee/Store Mgr Name (Printed)

Date

Date

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:

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Milk▪ Eggs▪ Wheat▪ Peanuts | <ul style="list-style-type: none">▪ 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:

- | |
|--|
| <ul style="list-style-type: none">▪ 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

- | |
|--|
| <ul style="list-style-type: none">▪ 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)<ul style="list-style-type: none">▪ Direct customer to 1-800 line if unsure▪ Keep your equipment and display cases clean<ul style="list-style-type: none">▪ Follow procedures▪ Use clean paper towels for each piece of equipment▪ If sampling an item, clearly identify to the customer allergen content if any.▪ <u>DO NOT PUT PEANUT BUTTER COOKIES OR ANY ITEM WITH NUTS IN THE SAME WIRE BASKETS WITH ANY OTHER PRODUCTS</u> |
|--|

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr 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 while providing Store Team members a safe, healthy, work environment.

To meet this goal, the following procedures will be followed by **ALL** employees.

Requirements: If any employee **SHOWS SYMPTOMS** of vomiting, diarrhea, they cannot work in the store until they are without symptoms for 24 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.

If an employee is **DIAGNOSED** with Norovirus, Shigella, E-Coli infection, Salmonella, Hepatitis A, or has a sore throat with fever, or appears jaundiced (yellow color of the skin and whites of the eyes), the employee cannot work until released with a note from their health care provider. This means a Store Team member cannot be scheduled to work until a health care provider gives a written release for the employee to return to work.

If an employee is **EXPOSED** to Norovirus, Shigella, E-Coli infection, Salmonella, or Hepatitis A through a ***diagnosed household member, an outbreak, a household member attending or working in a setting with an outbreak***, they must report to the store manager. The store manager will contact the local health department for further guidance.

What the employee should do:

- ▶ If the employee is showing the symptoms of being sick: Contact the Store Manager and let them know they will not be able to work until the symptoms are gone.
- ▶ If the employee is diagnosed to any of the above illnesses: Contact the Store Manager and let them know they will not be at work. Get a release from the doctor or health care provider before returning to work. Provide note to the Store Manager.

I have read and will follow the procedures above to help provide our guests and the store team a safe, healthy work environment. I understand if I am sick I cannot work.

Employee signature: _____



Eliminating Harassment and Discrimination

I believe that all employees have a right to work in an environment free from any form of illegal discrimination.

What is the Store's Policy on Harassment and Discrimination?

I prohibit harassment of my employees, and discrimination against my employees, in any form. These prohibitions are strictly enforced, and such conduct may result in disciplinary action up to and including immediate dismissal.

We are striving to make our work environment free from harassment, discrimination and intimidation. If you have any questions about my policy, talk to me. I consider this subject important and serious. So should you.

What is Sexual Harassment?

Sexual harassment is unwanted and unwelcome sexual conduct – verbal or physical – that interferes with a person's work or job opportunities. It can include sexual advances, request for sexual favors or repeated and unwelcome sexual suggestions or comments.

Some examples of sexual harassment are:

- Making repeated, unwelcome comments of a sexual nature
- Touching or patting unnecessarily
- Using obscene gestures
- Telling offensive jokes
- Asking for sexual favors
- Distributing obscene pictures or cartoons (including e-mails)
- Making insults about a person's gender

Sexual harassment clearly takes place when a supervisor threatens to deny a promotion or otherwise punish an employee unless sexual favors are granted. But most of the time, sexual harassment is more subtle. How do you know if someone's actions can be considered harassment?

Gestures, actions and language are considered sexual harassment when they:

- Are unwelcome and repeated;
- Create an intimidating, hostile or offensive working environment; or
- Interfere with an individual's work performance.

Although most reported sexual harassment cases involve men harassing women, it can occur in any situation where a man or woman mistreats another person because of the other person's sex. In addition, it can occur between people of any level of responsibility and of any age.

What Is Discrimination?

Discrimination happens when someone's job is negatively affected because of their race, color, religion, sex, national origin, age, sexual orientation, or disability. These categories are called "protected classes."

Here are some areas of the job where discrimination sometimes occurs:

- Refusal to hire
- Termination
- Compensation
- Discipline
- Scheduling

Discrimination, like sexual harassment, is sometimes easy to identify. It clearly takes place when someone is demoted, separated, or experiences some other significant negative job consequence because of their race, gender, or some other attribute that makes them a member of a protected class. However, just like harassment, most cases of discrimination are much more subtle.

Some actions which may be evidence of the presence of discrimination may include:

- Use of slurs or inappropriate language
- Telling of offensive jokes
- Making general statements about groups, or types of people

Any of these actions may be evidence of a person's intent to discriminate.

What do I do if I feel I am being harassed or discriminated against?

If you feel that you are able to do so, tell the person that you don't like what he or she is saying or doing. Ask him or her to stop the harassment and/or discrimination. Do not give in to sexual advances or discriminatory actions, even if you are threatened with losing a promotion, a shift, a project or your job. Remember that harassment and discrimination are against my policy, and against the law. If you do not feel comfortable asking the person to stop, let me know your concerns.

Write down when the incident(s) happened so you don't forget. Be prepared to tell exactly what happened, when it happened, and whether there were any witnesses to the incident.

Where should I go for help?

It is important that you report any incidents of sexual harassment or discrimination as soon as possible. Be assured that your complaint will be discreetly and promptly investigated.

What will happen if I complain?

I can answer questions, give you advice, and if harassment or discrimination is taking place, see that action is taken to stop it. If you wish to file a complaint, I will take down a detailed description of your claims. Then I will conduct a discreet investigation based on your complaint.

All information will be treated in a confidential manner. Your complaint will only be discussed with those who have a need to know. Be assured that management will thoroughly investigate your complaint and will take prompt and appropriate action.

How do I stop sexual harassers and people who discriminate?

Penalties for these behaviors range from reprimands to immediate discharge, depending on the severity of the case. Each situation will be looked at individually and decided on its own merits.

Could you be the harasser/discriminator?

My harassment and discrimination policies don't mean you must stop being friendly or sociable in the workplace. They simply mean you must be aware of your behavior and how it may be perceived by other people.

Sometimes people accused of harassment or discrimination are surprised at how their remarks or actions are viewed by others. Take a minute to ask yourself:

- Do you treat men and women equally? How about people from other races or cultures?
- How would you feel if you were the victim of unwanted sexual attention from someone who has control over your career?
- What if you felt someone was making decisions about your job because of your age or because of some disability you might have?
- Could the things you say and do interfere with others' ability to get their work done, even if they haven't told you to stop?
- Do you make sexual comments, stare at or touch people you work with?

With both sexual harassment and discrimination, the important issue is not how the harasser or discriminator perceives his/her words or actions, but how the recipient of those words or actions perceives them. It is the recipient's perception that will determine whether or not harassment or discrimination is present. The legal standard can be summed up like this: if a reasonable man/woman would consider conduct to be creating a hostile, offensive, or discriminatory work environment, then sexual harassment or discrimination may be present.

You should always consider how your actions are perceived by others. One measure often cited is to look at how you would feel if a member of your family were experiencing unwelcome sexual behaviors or unjustified discrimination at work. If your actions or words are perceived to offend, stop and rethink what you are doing. Ask me if you need help or guidance about appropriate conduct.

I have read the Franchisee Eliminating Harassment and Discrimination Policy and I fully understand my responsibilities. I further understand that if I do not comply with this policy then I will be subject to disciplinary action up to and including separation.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date



Drug Free Workplace How Do Drugs Affect The Workplace?

According to a Bureau of National Affairs study, substance abuse costs employers \$100 billion a year due to such factors as:

- Performance errors
- On-the-job accidents and injuries
- Reduced effectiveness
- Absenteeism
- Tardiness
- Increased medical costs
- Turnover

The abuse of drugs, controlled substances, and alcohol (generally referred to as “substance abuse”) affects more than the abuser. Employers may be liable if employees injure themselves, co-workers, or others due to the influence of drugs, controlled substances, and alcohol. The vast majority of any work force consists of non-abusers who abide by the rules and who neither use nor condone the use of drugs or controlled substances. But when productivity decreases because of substance abuse, it is the co-workers who must pick up the slack. And when substance abusers need money to support their habits, co-workers are sometimes victims of theft. Innocent employees should not have to suffer for the illegal and costly acts of a few.

If You Have An Abuse Problem

Employees with substance abuse problems are not only increasing their chances of legal problems, but also are increasing their chances of:

- Being seriously injured in an accident;
- Needing medical attention;
- Causing harm or injury to those they care about;
- Losing money through increased absenteeism;
- Making poor work decisions, thus risking termination of employment.

Assistance is available to help you with substance abuse problems, you should contact me.

You may wonder what effect your reporting a substance abuse problem may have on your job. It is important to keep in mind that each situation will be treated individually and decided on its own merits. We actively support your efforts to achieve and maintain a life free from substance abuse. Coming forward to disclose a substance abuse problem may provide a chance to resolve the problem. By contrast, ignoring such a problem until it seriously affects your performance or results in violations of Store policies may result in disciplinary action, as discussed in our policy statement

If You Suspect Someone Else Has An Abuse Problem

It's not easy to confront someone about a suspected problem with substance abuse. It's also not easy to sit back and do nothing when you have a strong concern for others. If you notice a change in a co-worker's behavior that is detrimental to the person or to other employees, it could indicate a substance abuse problem. Of course, it could also be the result of something else. Regardless of the reason, a detrimental change in behavior is a clear sign that something is wrong. Therefore, you should act with sensitivity and care.

- Confidentially describe the change of behavior to me.
- Report only what you know for certain. Does the employee show a lack of coordination? Seem overly fatigued? Become easily irritated at co-workers?
- Do not accuse the employee of having a substance abuse problem. Remember, a change in behavior may be the result of factors totally unrelated to substance abuse.

Rest assured that I will make every effort to look into and assess the situation in a confidential manner.

I wish to provide you with a safe work environment. Our workplace must be free of the presence and adverse effects of drugs and controlled substances. I prohibit the unlawful manufacture, distribution, dispensation, purchase, possession, or use of drugs and controlled substances in all of its operations and facilities. You must be free from the influence of drugs and controlled substances at work, including any prescription drugs that may affect your ability to work in a safe manner.

Drug, Controlled Substance and Alcohol Policy Statement

In addition, because the effects of alcohol abuse can be as destructive as the abuse of drugs and controlled substances, I generally prohibit the use of alcohol in the workplace.

As a condition of employment, you must agree to abide by this policy statement.

If you are experiencing a dependency problem related to drugs, controlled substances, or alcohol, you are encouraged to seek help immediately by contacting me. Your request for help will be handled confidentially.

Violation of this policy statement will be handled in accordance with my disciplinary procedures, which may include termination of employment.

Questions regarding this policy should be directed to your Franchisee.

I have read the Franchisee Drug Free Workplace Policy and I fully understand my responsibilities. I further understand that if I do not comply with this policy then I will be subject to disciplinary action up to and including separation.

Franchisee Employee Signature

Franchisee/Store Mgr Signature

Franchisee Employee Name (Printed)

Franchisee/Store Mgr Name (Printed)

Date

Date

GREAT NEWS!

GET YOUR W-2 EARLIER BY REGISTERING
TO RECEIVE IT ELECTRONICALLY

The image shows a 2011 W-2 Wage and Tax Statement form. At the top, it includes the text "e Employee's social security number" and "See, accurate, FAST! Use" with a logo for "e-file" and the website "www.irs.gov/efile". The form is divided into several sections: a) Employer identification number (EIN), b) Employer's name, address, and ZIP code, c) Control number, d) Employee's first name and initial, last name, and Social Security Number (SSN), e) Employee's address and ZIP code, f) Wages, tips, other compensation, g) Medicare wages and tips, h) Social security wages, i) Social security tips, j) Nonqualified plans, k) State wages, tips, etc., l) State income tax, m) Local wages, tips, etc., n) Local income tax, o) Locally withheld state income tax, p) Medicare income tax withheld, q) Social security tax withheld, r) Medicare tax withheld, s) Allocated tips, t) Dependent care benefits, u) See instructions for box 12, v) See instructions for box 12, w) See instructions for box 12, x) See instructions for box 12, y) See instructions for box 12, z) See instructions for box 12. The form is labeled "Form W-2 Wage and Tax Statement 2011" and "Department of the Treasury - Internal Revenue Service".

YOU CAN NOW ACCESS YOUR
W-2 ONLINE!

You can register for this service
with your personal e-mail at:
www.paperlessemployee.com/7-eleven