# BHAVANI FOOD MARKET

### 402 West Lincoln Highway,

### Exton, PA 19341, Ph# 610-363-9030

### **Employment Application Form**

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City  |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  | Desired Salary |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]   | If so, when |  |
| Are you 18 years of age or older? | YES [ ]  | NO [ ]   | If no, authorization may be required |  |
| Please indicate your availability in days/hours:Mon:       to       Tue :       to      Wed:       to       Thu:       to      Fri :       to       Sat:       to       Sun:       to       |  |  |  |  |
| The job requirements include but not limited to :Loading/ Unloading of stocks, pricing, cash register and general Store maintenance Will you be able to perform job duties with or without accommodation? YES [ ]  NO [ ]  |  |  |  |  |
|  |
|  |
| Disclaimer and Signature |
| I acknowledge that this is “At Will” employment and either I or Company may terminate my employment at any time for any reasonI certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination.I have read above instructions and I agree to them |
| Signature: Date:  |  |  |  |
| FOR OFFICIAL USE ONLY |
| Date Hired :  Starting Date  Rate of Pay  |
| EMERGENCY CONTACT |
| NAME RELATIONSHIP CONTACT NO ADDRESS |
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Additional Comments