# 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 reason  I 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 | | | | | | | | | | | | |
| \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

Additional Comments