EMPLOYMENT APPLICATION LYKENS MARKET - APPLICATION

Please complete the entire application.

1. Employer Information

Employer:	LYKENS MARKET			
Address:	1245 ZION ROAD (MAIN LOCATION)			
City/State/ZIP:	BELLEFONTE, Pennsylvania 16823			
Telephone:	814-357-4980			
It is the policy of LYKENS MARKET to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.				
2. Applicant Info	ormation			
Applicant Full Name:				
Home Address:				
City/State/ZIP:				
Number of years at the	nis address:			
Daytime phone:	Evening phone:			
Mobile phone:	Circle preferred number to call			
Social Security Number:				
Driver's License (State/Number):				

Emergency Contact				
Who should be contacted if you are involved in an emergency?				
Contact Name:				
Relationship to you:				
Address:				
City/State/ZIP:				
Daytime phone: Evening phone:	_			
4. Job Position Applied For: CLERK OTHER				
5. Salary Desired: \$ per				
6. How did you find out we were hiring?	How did you find out we were hiring?			
Do you have any friends or relatives who work here? If yes, please list here:				
7. Have you applied to our company previously? Yes No If yes, when?				
If yes, when?				
8. Are you at least 18 years old? Yes No				
9. How will you get to work?				
Are you willing to work any shift, including nights and weekends? Yes No If no, please state any limitations:				

11.	If applicable, ar	re you available to work	overtime? Yes _	No		
12.	If you are offered employment, when would you be available to begin work?					
13.	Have you ever been convicted of a felony or misdemeanor?					
	Yes, I	was convicted of (date) in	(oity)	on		
	No	(date) III	(City),	(state)		
AUT(A CRIMINAL RECOR O EMPLOYMENT UN				
14.	Applicant Empl	oyment History				
and m	ilitary service) wh	t recent employment first. ich you have held, beginn additional space is neede	ing with the most recent	, and list and explain any		
If this	s is your first job,	put that here				
1-Em	ployer Name: _					
Super	visor Name: _					
Addre	ess: _					
City/S	State/ZIP:					
Job D	uties:					
Reaso	n for Leaving: _					
Dates	of Employment (I	Month/Year):				

2-Employer Name:		
Supervisor Name:		
Address:		
City/State/ZIP:		
Job Duties:		
Reason for Leaving:		
Dates of Employment	(Month/Year):	
3-Employer Name:		
Supervisor Name:		
Address:		
City/State/ZIP:		
Job Duties:		
Reason for Leaving:		
Dates of Employment (Month/Year):		

15. References

Name:		
Address:		
City/State/ZIP:		
Telephone:		
Relationship:		
Name:		
Address:		
City/State/ZIP:		
Telephone:		
Relationship:		
	ovide any other information that you are bound by any agreement	

List any two non-relatives who would be willing to provide a reference for you.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize LYKENS MARKET to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of LYKENS MARKET, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	