



Rehire Authorization # _____	<b>Manager Note:</b> Rehire authorization number must be obtained prior to making hiring decision.
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TO BE COMPLETED AFTER NOTIFICATION OF EMPLOYMENT			
DATE OF (MONTH/DAY/YEAR) BIRTH	AGE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	VALID DRIVER'S LICENSE # STATE
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> TWO OR MORE RACES			
MAIDEN NAME			
IN CASE OF ACCIDENT OR EMERGENCY NOTIFY _____			
NAME		ADDRESS	
RELATIONSHIP			
TELEPHONE NUMBER: Primary ( )		Secondary ( )	

DO NOT WRITE BELOW THIS LINE - FOR SUPERVISOR USE ONLY				
DATE	INTERVIEWED BY	EMPLOYED BY	DATE EMPLOYED	
EMPLOYED AS	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DEPARTMENT	STORE/LOCATION #	STARTING WAGE

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074

Department of the Treasury Internal Revenue Service **2009**

**Whether you are 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.**

**1** Type or print 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, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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 1-800-772-1213 for a replacement card.

**5** Total number of allowances you are claiming (from line **H** above or from the applicable worksheet on page 2) **5** \_\_\_\_\_

**6** Additional amount, if any, you want withheld from each paycheck **6** \$ \_\_\_\_\_

**7** I claim exemption from withholding for 2009, 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** (Form is not valid unless you sign it.) **Date** \_\_\_\_\_

**8** Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) **9** Office code (optional) **10** Employer identification number (EIN)

Form G-4 (Rev. 10/06) **STATE OF GEORGIA**  
**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

**READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM**

**3. MARITAL STATUS** (If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)  
 A. Single: enter 0 or 1 ..... [ ] **4. DEPENDENT ALLOWANCES** [ ]  
 B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [ ]  
 C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 ..... [ ] **5. ADDITIONAL ALLOWANCES** [ ] (complete worksheet below)  
 D. Married Filing Separate: enter 0 or 1 or 2 ..... [ ]  
 E. Head of Household: enter 0 or 1 or 2 ..... [ ] **6. ADDITIONAL WITHHOLDING** \$ \_\_\_\_\_

**7. LETTER USED** (Marital Status A, B, C, D, or E) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) \_\_\_\_\_  
 (Employer: The letter indicates the tax tables in the Employer's Tax Guide)

**8. EXEMPT:** Skip this line if you entered information on Lines 3 - 7. Read the instructions for Line 8 on page 2.  
 I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here**

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.**  
 If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

**9. EMPLOYER'S NAME AND ADDRESS:** \_\_\_\_\_ **EMPLOYER'S FEIN:** \_\_\_\_\_  
 \_\_\_\_\_ **EMPLOYER'S WH#:** \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

Food Lion, LLC P.O. Box 1330 Salisbury, NC 28145-1330

Delhaize America, Inc., J.H. Harvey Co., LLC, Food Lion, LLC, and their subsidiaries, affiliates and parent entities ("The Company") is an equal opportunity employer. We are firmly committed to equal opportunity without regard to race, color, religion, sex, sexual orientation, age, national origin, citizenship, disability, veteran status or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is intended or used for the purpose of limiting or excluding any applicant for employment on such grounds.

**ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED. PLEASE PRINT AND USE BLACK INK.**

**General Information:**  
 At which location do you wish to work? \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_  
 (An "Any" response is unacceptable)

Full-Time  
 Part-Time

NAME \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Date \_\_\_\_\_  
 Last First Middle

ADDRESS \_\_\_\_\_  
 Number Street City State Zip

TELEPHONE NUMBER: Primary ( ) Secondary ( )

Would you be known to any employer, school or reference by another name? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, indicate what name \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," how old are you? \_\_\_\_\_

What wage/salary do you expect? \_\_\_\_\_ If hired, when could you start work? \_\_\_\_\_

Would you be willing to relocate? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," to where: \_\_\_\_\_

Names of friends or relatives working at the Company (List name and relationship) \_\_\_\_\_

The following question asks about previous employment with the Company. Have you ever worked for the Company at ANY location (office, store, distribution center) even for one day? Yes \_\_\_\_\_ No \_\_\_\_\_ (Failure to indicate previous employment may cause future termination or not allow us to consider you for employment, based on falsification of employment information.)

**If yes, when and where?** \_\_\_\_\_

The following question asks about convictions for crimes or service of probation resulting from criminal charges. If you have ever been convicted of a crime (no matter the year) list this information. Failure to indicate this information may cause future termination or not allow us to consider you for employment.

**Have you ever been convicted of a crime, (misdemeanors or felonies including, without limitation, any guilty, no contest or similar pleas) or served probation (as a result of deferred prosecution, pretrial intervention, or other similar agreement)?** Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," give all details: (A "yes," answer does not automatically disqualify you from employment; all circumstances will be considered.) \_\_\_\_\_

Are you currently on layoff status, leave of absence or otherwise suspended from employment and subject to recall by another employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," give all details: \_\_\_\_\_

Are there restrictions on the hours or days of the week that you are available for work? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "yes," when are you available? \_\_\_\_\_

Have you ever been discharged (or terminated) by a former employer? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," explain: \_\_\_\_\_

Revised 4/17/09 Item No. 99939-1

**REFERENCES: EMPLOYMENT AND PERSONAL**

NAME	ADDRESS	TELEPHONE		EMPLOYER
		BUSINESS	HOME	
		BUSINESS		
		HOME		
		BUSINESS		
		HOME		
		BUSINESS		
		HOME		

EDUCATION:	Name And Address Of School	Graduated		Course or Major
		Yes	No	
High School				
College				
Graduate School				
Other				

Are you currently enrolled in school? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," what grade or year? \_\_\_\_\_

**EMPLOYMENT RECORD:** List each job held. Start with your present or last employer. Include military service and explain any gaps in employment, if applicable.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you have had additional employers, please provide this information on additional sheets of paper.

# AGREEMENT & WAIVER

In exchange for the Company considering my application for employment, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship (either in the position applied for or any other position) regardless of the contents of the Company's handbook, personnel manuals, benefit plans, policy statements and the like, as they may exist from time to time, or other Company practices shall create an actual or implied contract of employment, or confer any right to remain an employee of the Company, or otherwise change the employment at-will relationship between the Company and me. I understand that my at-will employment relationship with the Company cannot be changed except by a written instrument signed by the President of the Company or his/her authorized designee. Both the Company and I may end the relationship at any time, without notice or reason. If employed, I understand that the Company may unilaterally change or revise its benefits, policies and procedures in its sole and absolute discretion, and that such changes may include a reduction in benefits.

I authorize the Company to contact, obtain, and verify the accuracy of information contained in this application, on related papers, and in any interview. I understand that any misrepresentation, falsification or omission made by me on this application, on related papers or in interviews will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed and such discovery is made. I hereby give the Company permission to contact all educational institutions, previous employers, references, and any other third parties for purposes of verifying all information I have provided and hereby release the Company and its affiliates from any and all liability as the result of such contact with third parties.

I understand and agree that: (1) the Company has a drug and alcohol policy that may require pre-employment and post-employment testing; (2) my consent to and compliance with such policy is a condition of my employment and; (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment, if I am hired, may be based on the successful passing of job-related physical examinations.

I also understand and agree that I must comply with all Company policies and procedures, if hired. In this regard, I understand the Company may conduct searches of Company property, regardless of its location, and personal property if located on Company premises. I hereby consent to such searches.

In connection with the routine processing of this application, I understand that the Company may request an investigative consumer report from a consumer reporting agency disclosing information *to the extent and as permitted by applicable state and federal law*. Upon written request from me, the Company will provide me information concerning the nature and scope of any such report requested, as required by the Fair Credit Reporting Act.

If I am employed, I understand that I will be required to provide satisfactory proof of identity and legal work authorization.

I further understand that any employment with the Company shall be probationary for a period of 90 days, during which time I may be terminated without notice.

This application shall remain current for 60 days. If I have not heard from the Company within 60 days from the date of application and still wish to be considered for employment, I understand that I must submit a new application.

I represent and warrant that I have read and fully understand this Agreement & Waiver and that I seek employment under these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR APPLICANTS UNDER 18 YEARS OF AGE**

**As the parent or legal guardian of the applicant for employment, I acknowledge and agree to all terms of the Agreement & Waiver made a part of the "Application For Employment" signed by the minor for whom I am legally responsible. My signature below evidences agreement to the terms thereof and shall remain effective until revoked by me in writing.**

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_