

Andre & Son, Inc.

17150 State Route 706 Montrose, Pennsylvania 18801 570-278-1131

EMPLOYMENT APPLICATION

This application is structured according to the guidelines provided by the Equal Employment Opportunity Commission and other Federal Agencies. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicant Information

Address: _								
Address:S								
Home Phone:								
Email Addı	mail Address:				Social Security Number:			
Date of Ap	Date of Application:			Position Applied For:				
How did yo	ou hear abo	ut this posi	tion?					
Desired Salary:								
Please indi	cate your w	eekly avail	ability:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
All Day								
Morning								
Only Afternoon								
Only								
-		or approve	rsonal Inf	the United S	 States?		No	
mat docu	mentation c	an you pro	vide as proof	of citizenshi	p of legal	status?		
Are you a c	current/ for	mer membe	er of the Arme	d Services?	Y	es No		
How many	years did y	ou serve in	the military?					
What milits	arv skills do	o vou posse	ess that would	be an asset	for this po	osition?		

	e skills and qualifications y	you possess for the pos	sition for which you
are applying:			
	, Inc. complies with the Al		
accommodation med perform essential fu	asures that may be necesson	ary for eligible applica	ints/employees to
perjorm essentiai ju	neuons.)		
	Education/	Training	
High School	- (G': G:)	V G 1 1 1	
Name	Location (City, State)	Year Graduated	Degree Earned
~ · · · · ·			
College/ University Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/	Specialized Training		
Name	Location (City, State)	Year Graduated	Degree Earned
Valid Driver's Lice	nse: Yes No S	State: C	CDL Rating:
			<u> </u>
Please list specific s	nse: Yes No S kills, certifications, trainin		

Previous Employment

Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
Employer Phone:			
Dates Employed:			
Reason for Leaving:			
Can we contact this employer as a reference?	Yes	No	
Your Responsibilities:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
Employer Phone:			
Dates Employed:			
Reason for Leaving:			
Can we contact this employer as a reference?	Yes	No	
Your Responsibilities:			
-			
E1			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:Employer Phone:			
Dates Employed:			
Reason for Leaving:			
Can we contact this employer as a reference?	Yes	No	
Your Responsibilities:	108	110	
Tour Responsionates.			
-			

Please list three people who are not related to you who have knowledge of your qualifications for the position for which you are applying:
Name:
Address:
Phone:
Relationship:
Name:
Address:
Phone:
Relationship:
Name:
Address:
Phone:
Relationship:
Please list any other skills, hobbies, outdoor activities, or experience that may be an asset to this position:
At-will Employment: The relationship between you and ANDRE & SON, INC. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or ANDRE & SON, INC. No representative of ANDRE &SON, INC. has the authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Company's Present or Secretary. Signature of Applicant: Date:
Printed Name of Applicant: Date
Timed Pane of Applicant.

Personal/Professional References

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment.

Further, I authorize ANDRE & SON, INC., to conduct a full and complete investigation regarding any and all statements made on this application to justify my fitness for this position for which I have herein applied.

Signature of Applicant:	Date: _	
Printed Name of Applicant:	_	

We appreciate your providing this application. You will be contacted for a personal interview according to the results of the reviews of this application. Thank you.

ANDRE & SON, INC.