



EMPLOYMENT APPLICATION

Andrew S. McCreath & Son, Inc.
1649 Bobali Drive, Harrisburg, PA 17104
Office: 717-364-1440

Andrew S. McCreath & Son, Inc. is an equal opportunity employer. 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. If you need help to fill out this application form or during any phase of the application, interview, or employment process, please notify the person who gave you this form and every reasonable effort will be made to accommodate your needs in a timely manner. *Please fill out all the sections below:*

Applicant Information

Applicant Name:

Address:

City, State and Zip Code:

Mobile Tele. Number:

Home Tele. Number:

Email Address:

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

Employment Position

Position(s) applying for:

How did you hear about this position?

What days are you available for work?

What hours or shift are you available for work?

If needed, are you available to work overtime?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Have you ever applied to or worked for Andrew S. McCreath & Son, Inc. before? Yes No

If Yes, when?

Do you have friends, relatives, or acquaintances working for Andrew S. McCreath & Son, Inc.? Yes No

If Yes, state name & relationship:

Are you 18 years of age or older? Yes No

Will you consent to a mandatory controlled substance and breath-alcohol test? Yes No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After a contingent job offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by Andrew S. McCreath & Son, Inc. to determine your ability to perform the essential functions of the job, with or without reasonable accommodation. Accommodation is reasonable if it does not impose an undue hardship to Andrew S. McCreath & Son, Inc. and does not create a direct threat to the health and safety of yourself or others.)

Education and Training

High School

Name	Location (City, State)	Degree Earned

College/University

Name	Location (City, State)	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Degree Earned

Military:

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your highest military rank?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

References

Please provide three personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and Andrew S. McCreath & 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 Andrew S. McCreath & Son, Inc. No representative of Andrew S. McCreath & Son, Inc. has 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 the Company's Vice-President or President.

Applicant Signature:

Dated:

End of Application

Please submit application to careers@mccreathlabs.com.

For office use: Date received