

DATE:	
EMPLOYMENT APPLIC	ATION

Name:							
rianio.	Last	Name	First Name	Mie	ddle Intial		
Address:							
	Nu	mber	Street	Ap	Apartment		
		Dity	State	Zip Code			
Telephone Number:							
Number.	Home	Telphone	Secondary Telephone	E-m	E-mail Address		
Social Secu	ırity		If employed under another name, please list:				
	CAN YOU PRESEN LIVE AND WORK II		S. CITIZENSHIP OR PROOF OF YO	UR LEGAL  yes	☐ no		
RIGHT IC	LIVE AND WORK II	VINIS COUNTRY?		☐ yes	□ по		
HAVE YO	U APPLIED OR WOF	RKED FOR ANDRONICO'S N	MARKET BEFORE?	☐ yes	☐ no		
If yes, whe	en and at what location	on?					
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR ANDRONICO'S MARKET?				☐ yes	□ no		
If yes, indi	cate name and relati	onship(s). This includes Dom	estic Partner/Significant Other	_,	_		
ARE YOU	AT LEAST 18 YEAR	S OF AGE?		☐ yes	□ no		
IF NO. CA	N YOU SUBMIT A W	ORK PERMIT IF HIRED?		□ yes	Ппо		
For reasons	of supervision, safety, sec	urity and morale, family members (in	cluding Domestic Partners and /or Significant or any other area that involves potential confli	Others) will not be employed u	_		
EMPLO	YMENT INTERES	TS					
	osition(s) applying for ecations of interest:	r:					
	Corporate	San Francisco	San Anselmo	☐ Palo Alto	☐ Los Altos		
	Solano Ave. Berkeley	Telegraph Ave. Berkeley	University Ave. Berkeley	Shattuck Ave. Berkeley			
Are you ap	oplying for:	☐ Seasonal	☐ Regular part time	Regular full time			
Hours availa	able to work:	<u> </u>	Days available to work	<u> </u>			
Salary Re	quirement:		Date available to begin	Date available to begin work:			
		ential job duties and functions without reasonable accomm		☐ yes	□ no		
If no, pleas	se describe the acco	mmodation needed.					
(Note: We co	omply with the ADA and wi ssential functions.)	Il consider reasonable accommodati	on measures that may be necessary for eligit	ble applicants/employees			
Andronico's I	Market Application (Rev. 0	909) Applicant Initials	3:		Page 1 of 4		

1109 Washington Avenue Albany, CA 94706 (510) 649-6750- FAX (510) 649-6753