



3856 E. State Street
Hermitage, PA 16148
724-346-2233

Revised 10/2019

Application for Employment

Position Applying For: _____

General Information

Full Name

Last _____ First _____ MI _____

Full Address

Street _____ City _____ State _____ ZIP _____

Phone Number: _____

Email Address: _____

Best time to contact: _____

Are you over the age of 18? Yes No

Are you authorized to work in the U.S.? Yes No

Do you have a valid driver's license?: Yes No

Driver's License #: _____

Have you previously been employed by ABDD? Yes No

Dates: _____

Have you ever been convicted of a Felony or Misdemeanor? Yes No

Please Explain:

(Conviction of a criminal offense will not necessarily disqualify applicants from employment.)



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Education Information

High School Name: _____

City/State: _____

Years Completed: 1 2 3 4 Did you Graduate? Yes No

College/Trade School/Other Name: _____

City/State: _____

Years Completed: 1 2 3 4 Did you Graduate? Yes No

Degree: _____

Have you ever served in the Military?: Yes No

What dates?: _____ Branch?: _____

List by number and year issued, any license, certificate or registration issued by the Commonwealth, or Professional Association which relates to, or is required for the position you are applying for:

List any professional organizations to which you belong (Do NOT list any organization that would reveal your race, color, religious creed or national origin):

List any training or experience that you feel would be applicable to the type of work that you are applying for:



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Previous Employment

Employer #1

Employer Name: _____

Address: _____

Phone: _____ Dates of Employment: _____

Title: _____ Hours worked per week: _____

Salary: _____ Immediate Supervisor: _____

Reason for leaving: _____

Employer #2

Employer Name: _____

Address: _____

Phone: _____ Dates of Employment: _____

Title: _____ Hours worked per week: _____

Salary: _____ Immediate Supervisor: _____

Reason for leaving: _____

Employer #3

Employer Name: _____

Address: _____

Phone: _____ Dates of Employment: _____

Title: _____ Hours worked per week: _____

Salary: _____ Immediate Supervisor: _____

Reason for leaving: _____



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References

Please list four professional and/or personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Information

If there is anything you feel is relevant please use this space for additional comments:

How did you hear about ABDD? (check all that apply):

Word of Mouth Newspaper Ad Internet Current or Past Employee Other

Specify Employee Name or Other Reason: _____

I hereby certify to the best of my knowledge, that all statements are true and correct. I am aware that all statements contained herein will be verified and willful misrepresentation will result in disqualification of employment or termination. By signing below I authorize ABDD to contact any of my previous employers.

Print: _____

Sign: _____

Date: _____