CAMERON PARISH WATER DISTRICT #11

111 Dennis Ln Bell City, LA 70630 337-598-3439

Employment Application

APPLICANT INFORMATION							
Last Name				M.I.	Date		
Street Address				Apartment/Unit #			
City				ZIP	ZIP		
Phone			E-mail Address				
Date Available			Desired Salary				
Position Applied for							
Are you a citizen of the United States?	YES 🗌	NO 🗌	If no, are you authorized	to work in the U.S	5.? YES 🗌	NO 🗌	
Have you ever worked for this company?	YES 🗌	NO 🗌	0 🗌 If so, when?				
Have you ever been convicted of a felony?	YES 🗌	NO 🗌	If yes, explain				

EDUCATION					
High School			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree
College			Address		
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree
Other			Address		
From	То	Did you graduate?	YES	NO 🗌	Degree

REFERENCES				
Please list three professional references.				
Full Name	Relationship			
Company	Phone ()			
Address				
Full Name	Relationship			
Company	Phone ()			
Address				
Full Name	Relationship			
Company	Phone ()			
Address				

PREVIOUS EMPLOYMENT						
Company				Phone ()		
Address				Supervisor		
Job Title Starting Salary			\$	Ending Salary \$		
Responsibilities						
From	То	Reason for Leaving	l			
May we contact your previous supervisor for a reference? YES				NO 🗌		
Company				Phone ()		
Address			Supervisor			
Job Title Starting Salary			\$	Ending Salary \$		
Responsibilities						
From	То	Reason for Leaving				
May we contact your previous supervisor for a reference? YES NO						
Company			Phone ()			
Address			Supervisor			
Job Title Starting Salary			\$	Ending Salary \$		
Responsibilities						
From	То	Reason for Leaving	I			
May we contact your previous supervisor for a reference? YES NO						

MILITARY SERVICE Branch From To Rank at Discharge Type of Discharge If other than honorable, explain Statement

DISCLAIMER AND SIGNATURE				
I certify that my answers are true and complete to the best of my knowledge.				
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.				
Signature	Date			

This institution is an equal opportunity provider