

# GAS UTILITY DISTRICT #2, EAST FELICIANA

## EMPLOYMENT APPLICATION



| APPLICANT INFORMATION                                                                                                                                                                                    |                     |                  |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|------|
| Last Name                                                                                                                                                                                                | First               | M.I.             | Date |
| Street Address                                                                                                                                                                                           |                     | Apartment/Unit # |      |
| City                                                                                                                                                                                                     | State               | ZIP              |      |
| Phone                                                                                                                                                                                                    | E-mail Address      |                  |      |
| Date Available                                                                                                                                                                                           | Social Security No. | Desired Salary   |      |
| Position Applied for                                                                                                                                                                                     |                     |                  |      |
| Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |                     |                  |      |
| Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?                                                                                             |                     |                  |      |
| Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain                                                                                       |                     |                  |      |

| EDUCATION   |    |                                                                            |        |
|-------------|----|----------------------------------------------------------------------------|--------|
| High School |    | Address                                                                    |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address                                                                    |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address                                                                    |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES                                               |                |
|----------------------------------------------------------|----------------|
| <i>Please list three <b>professional</b> references.</i> |                |
| 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                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                              |                 | Phone (     )      |                  |
| Address                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                     |                 |                    |                  |
| From                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company                                                                                                              |                 | Phone (     )      |                  |
| Address                                                                                                              |                 | Supervisor         |                  |
| Job Title                                                                                                            | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities                                                                                                     |                 |                    |                  |
| From                                                                                                                 | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

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

| 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 |