

# BAYOU LAFOURCHE FRESH WATER DISTRICT APPLICATION FOR EMPLOYMENT

**1016 St. Mary Street  
Thibodaux, LA 70301**

**Phone: 985-447-7155  
Fax: 985-447-6307**

**APPLICATION MUST BE FILLED OUT COMPLETELY, SIGNED, AND DATED IN ORDER TO BE  
CONSIDERED. RESUMES WILL NOT BE ACCEPTED. (PLEASE PRINT OR TYPE)**

**Position applying for:**

\*Job Title: \_\_\_\_\_

**Contact Information:**

\*Name \_\_\_\_\_  
First
Middle Initial
Last

\*Mailing Address \_\_\_\_\_  
Street
City
State
Zip Code

\*Email Address \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

\*Social Security Number (Full # Required) \_\_\_\_\_

**Other Personal Information:**

\*Do you possess a valid Driver's License? (Please check one)

\_\_\_\_\_ Yes, I possess a valid Driver's License.
 \_\_\_\_\_ No, I do not possess a valid Driver's License.

If Yes, Please provide the State and Number \_\_\_\_\_

\*Class: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ A \_\_\_\_\_ A CDL  
 \_\_\_\_\_ B \_\_\_\_\_ B CDL \_\_\_\_\_ C \_\_\_\_\_ C CDL \_\_\_\_\_ CM \_\_\_\_\_ D  
 \_\_\_\_\_ E \_\_\_\_\_ E (Learner) \_\_\_\_\_ F \_\_\_\_\_ M1 \_\_\_\_\_ M2  
 \_\_\_\_\_ Motorcycle \_\_\_\_\_ R \_\_\_\_\_ None

**In compliance with the Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.**

*I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized individuals for the purpose of determining my eligibility and suitability for employment.*

*I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that the information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected.*

**I have read the statements above carefully before signing this application:**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Required field

**Additional Information:**

\*Can you, after employment, submit proof of your legal right to work in the United States? (Please check one)  
 Yes  No

\*Please check the types of employment you will accept:  Permanent  Temporary

Certificates and Licenses

Type	License Number	Issued By	Date Issued	Date Expires

**Additional Skills**

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\*Are you currently at least 18 years old?  Yes  No

How did you find out about this job?

Newspaper  Word of Mouth  Other

\*Have you ever been fired from a job or resigned to avoid dismissal?  Yes  No  
 If "Yes", please explain below. A "Yes" answer will not necessarily bar you from state employment.

\*If you are a male from the ages 18 through 25, please answer the following question "Yes" or "No". If you are not a male in this group, select "Does not apply". Are you registered with the Selective Service System?

Yes  No  Does not apply

*\* Required field*

**Education**

\*High School Name \_\_\_\_\_ Location \_\_\_\_\_

Have you received a high school diploma or equivalency certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give the name and address of the school, major course of study, and degree achieved:

Undergraduate University _____	Graduate School _____
College Major _____	Area of Study _____
Degree Attained _____	Degree Attained _____
Year _____	Year _____

Undergraduate Semester Hours Completed	Undergraduate Quarter Hours Completed	Graduate Semester Hours Completed	Graduate Quarter Hours Completed

**Work History**

**Describe your work experience, beginning with your current or most recent job. Provide detailed information regarding each job field. Attach extra sheets if additional space is needed. (NO RESUMES)**

**1. Name of Current or Most Recent**

Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 From (Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week \_\_\_\_\_  
 Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
 May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Job Duties (give details)  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**2. Your Next Most Recent**

Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
 From (Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week \_\_\_\_\_  
 Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
 May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Job Duties (give details)  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

\* Required field

**3. Your Next Most Recent**

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
From (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_  
Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Job Duties (give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**4. Your Next Most Recent**

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
From (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_  
Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Job Duties (give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**5. Your Next Most Recent**

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
From (Month/Year) \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Hours Per Week \_\_\_\_\_  
Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Job Duties (give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving \_\_\_\_\_