CADDO BASIN SPECIAL UTILITY DISTRICT EMPLOYMENT APPLICATION

(Please Print) Please answer all questions.

Name:				
Address:Street				
Street		City	State	Zip
Phones: Day ()	Night ()	Fax ()_	
(Information required for drivers l	icense and insurance ver	fication)		
Date of Birth:	Driver	s License #:		
Have you ever been convicted	of a felony or DWI?	() Yes () No		
Are you related to any Board I	Member or Employee	at Caddo Basin SUI	O? () Yes	() No
Position or type of employmen	nt desired:			
Available for: () Full Time	() Part Time () Tem	porary		
Date available:	·	Overtime?: () Yes	()No	
		<u>.</u>		
Employment History (Add	d additional docun	ients as needed.)		
Employer:		Dates: From	1	_ To
Address:				
Position held:				
Duties:		=		
Specific equipment, machinery	y, computers operated	:		
Wage (upon leaving):	Reason for leavi	ng:		
Employer:				
Address:		Phone:	()	
Position held:		Supervisor: _		
Duties:				
Specific equipment, machinery	y, computers operated	:		
Wage (upon leaving):	Reason for leavi	ng:		
Employer:		Dates: From	1	_ To
Address:				
Position held:				
Duties:		=		
Specific equipment, machinery	y, computers operated			
Wage (upon leaving):				

Personal Reference:			
Name:	Position:	Company:_	
Address:			
Phone: ()	Email Ac	ddress:	
Relationship:			
Personal Reference:			
	Position:	Company:_	
Phone: ()	Email Ac	ddress:	
Relationship:			
1			
Professional Reference:	D 111		
		Company:_	
Address:	T 11 A	11	
		ddress:	
Relationship:			
Professional Reference:			
	Position:	Company:_	
Phone: ()	Email Ac	ddress:	
Relationship:			
Education Name	Location	Degree/diploma	Did you graduate?
High School:			Dia you graduate.
Conege.			
Graduate School:			
Business/trade:			
Skills (Please list special s	skills and equipmen	nt you can operate.)	

Certification and Agreement (Read carefully and sign.)

I certify that all information given on this application and accompanying documents is true and correct. My signature below authorizes Caddo Basin SUD to make investigations. My signature indicates my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or, if employed, may be grounds for my immediate dismissal. This application will be active for up to 30 days.

I understand that neither this form nor statements by representatives of Caddo Basin SUD constitutes an employment contract. I further understand that filling out this form does not indicate there is a position open and does not obligate Caddo Basin SUD to hire. If hired, I agree to abide by all Caddo Basin SUD work rules, policies and procedures. Caddo Basin SUD retains the right to revise its policies or procedures, in whole or in part, at any time.

I understand if I am considered for employment I agree to	submit to a	drivers	license a	ınd
insurance verification and a drug and alcohol test before employr	nent begins.			

Date:	Signature:
Datc	Signature.