

Employment Application



MOSQUITO ABATEMENT
ST. TAMMANY PARISH

Applicant Information

Full Name: _____ SSN: _____
First Last

Position of interest: _____ Hours of interest: Full-time Part-time(day) Part-time(night)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____ Driver's License #: _____

Date Available to Start: _____ Last Date Available to Work: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Education

High School: _____ City/State: _____
From: _____ To: _____ Did you graduate? YES NO CURRENTLY ENROLLED

College: _____ City/State: _____
From: _____ To: _____ Did you graduate? YES NO CURRENTLY ENROLLED

Trade/Other: _____ City/State: _____
From: _____ To: _____ Did you graduate? YES NO CURRENTLY ENROLLED

References

Please list up to two professional references not related to you.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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Current / Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Other Information

Emergency Contact Name: _____ Phone: _____

Additional comments or concerns: _____

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: _____