

Cvitanovic Boat Service, Inc.

P.O. Box 209

Empire, LA 70037

Employment Application

Name: _____

Date of Birth: _____

Social Security #: _____

Address: _____

Phone: _____

Driver's License # _____

Applying for the Position of: _____

USCG License Held: _____

TWIC: Y / N

Any Other Relevant Training or Credentials Held:

Date that you would be able to start work: _____

Educational Background

High School attended: _____

Did you Graduate: Y / N **Year:** _____

College or University attended: _____

Enrollment Period: _____

Did you Graduate: Y / N **Degree Received:** _____

College or University attended: _____

Enrollment Period: _____

Did you Graduate: Y / N **Degree Received:** _____

Trade School or Other Training: _____

Enrollment Period: _____

Did you Graduate: Y / N

Degree or Certificate Received: _____

Previous Employment

Company Name: _____

Address: _____

Contact Name: _____ **Phone:** _____

Employed From: _____ **to** _____

Month / Year

Month / Year

Position Held: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Contact Name: _____ **Phone:** _____

Employed From: _____ **to** _____

Month / Year

Month / Year

Position Held: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Contact Name: _____ **Phone:** _____

Employed From: _____ **to** _____

Month / Year

Month / Year

Position Held: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Contact Name: _____ **Phone:** _____

Employed From: _____ **to** _____

Month / Year

Month / Year

Position Held: _____

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE. FURTHER, I UNDERSTAND THAT IF IT IS TO BE FOUND THAT THERE IS ANY FALSE INFORMATION, WILLFULL OMMISSIONS, OR MISREPRESENTATIONS ON THIS APPLICATION THE APPLICATION WILL BE REJECTED. ALSO, IF I AM EMPLOYED, THE FALSE INFORMATION, WILLFUL OMMISSION, OR MISREPRESENTATION MAY BE CAUSE FOR TERMINATION.

Applicant's Signature: _____ **Date:** _____