



Date: \_\_\_\_\_

**EMPLOYMENT HISTORY (Start with current or most recent employer)**

Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: ( ) _____ - _____ Supervisor: _____	Position: _____ Reason for Leaving: _____
Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: ( ) _____ - _____ Supervisor: _____	Position: _____ Reason for Leaving: _____
Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: ( ) _____ - _____ Supervisor: _____	Position: _____ Reason for Leaving: _____
Dates (Month/Yr) From: _____ To: _____ Final Salary: \$ _____	Employer Name: _____ Address: _____ Telephone: ( ) _____ - _____ Supervisor: _____	Position: _____ Reason for Leaving: _____

**PERSONAL REFERENCES (Please list 3 people not related to you, whom you have known at least 1 year.)**

Name	Address	Telephone	Occupation	Yrs. Known

**GENERAL**

**Special Skills, Training, Awards, Accomplishments** (Exclude any information that would reveal Race, Color, Religion, Sex, National Origin, Citizenship, Age, Mental Or Physical Disabilities, Veteran/Reserve National Guard or any other similarly protected status.)

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT STATEMENT**

The above information is true, correct, and complete to the best of my knowledge. Should I be employed by the Company, any omission, misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without cause and with or without prior notice as may be required by the Company and the Company may terminate my employment at any time at their discretion, with or without cause, and with or without prior notice, except as may be required by law.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

# AUTHORIZATION FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

**Applicant Information:**

Name (last, first, middle): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Bank of Louisiana and/or its agent to conduct a background investigation about me from appropriate credit reporting agencies, other consumer reporting agencies, criminal records repositories, other federal, state, or local government agencies, workers' compensation files, public records, former employers, former schools, listed or developed references, or others who may be able to provide information as to my background, character and general reputation. I hereby affirm that my answers to all questions on my application and this data sheet are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application or continued employment.

Applicant Name (Printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT AND RELEASE FORM  
EMPLOYMENT VERIFICATION**

I, \_\_\_\_\_, request and authorize Bank of Louisiana to obtain information from my former employers or references as stated on my job application or resume.

I understand that the information I am authorizing to be released includes factual employment information and also can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for the information given to Bank of Louisiana, I hereby agree not to file or pursue any complaints, claims, or legal actions of any kind against the party providing such information.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EEOC/ AFFIRMATIVE ACTION  
VOLUNTARY INFORMATION**

This employer is an equal opportunity employer. As part of our efforts to ensure fair treatment of women, minorities, individuals with disabilities, and veterans, we ask applicants to supply the following information.

**YOU DO NOT HAVE TO COMPLETE THIS FORM TO BE CONSIDERED FOR EMPLOYMENT. ANY INFORMATION VOLUNTEERED WILL BE KEPT CONFIDENTIAL AND WILL NOT BE USED FOR HIRING PURPOSES.**

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

**Sex** (check one):  
 Male                       Female

**Race** (Check Only One)

- Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)
- White (All persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
- Black or African American (Not of Hispanic origin—all persons having origins in any of the Black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander
- Asian (All persons having origins in any of the original peoples of the Far East, Southeast Asia)
- American Indian or Alaskan Native (All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition)
- Two or more races (Please identify)  
\_\_\_\_\_  
\_\_\_\_\_

**Referral Source** (check one or more):

- Walk-in       Employee       Advertisement – Source \_\_\_\_\_
- Relative       School       Other
- Government Employment Agency       Private Employment Agency

Name of person who referred you (if applicable): \_\_\_\_\_

**If you are a veteran, please supply the following information:**

- Veteran  
Dates of Service: To: \_\_\_\_\_ From: \_\_\_\_\_
- Disabled Veteran  
Dates of Service: To: \_\_\_\_\_ From: \_\_\_\_\_
- Vietnam-Era Veteran  
Dates of Service: To: \_\_\_\_\_ From: \_\_\_\_\_

If you have a disability that requires accommodation(s) to perform this position, please explain what accommodation(s) would allow you to handle this job successfully:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE FILED SEPARATELY FROM APPLICATION**