



# SIMMESPORT STATE BANK

EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

SIMMESPORT STATE BANK IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN RECRUITING, HIRING, TRAINING, PROMOTING OR OTHER EMPLOYMENT PRACTICES FOR REASONS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, OR HANDICAPS.

### PERSONAL INFORMATION

Name (Last, First)	Social Security Number		
Present Address	City	State	Zip
Phone No.	Referred By:		

### EMPLOYMENT DESIRED

Position Desired:	<input type="checkbox"/> Full -Time <input type="checkbox"/> Part -Time	How soon could you report to work?
Rate of pay expected:	Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATIONAL HISTORY

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	GRADUATED?	MAJOR AND MINOR STUDIES
Grade School			<del> </del>	<del> </del>
High School			<del> </del>	<del> </del>
College				
Other				

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

### FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS)

DATES MONTH / YEAR		EMPLOYER NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING
To	From		\$		
To	From		\$		
To	From		\$		
To	From		\$		

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	OCCUPATION	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

\_\_\_\_\_  
Date

This is to advise you that your application for employment will be processed as quickly as possible. Public Law 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.)

**AUTHORIZATION TO OBTAIN CONSUMER REPORT FOR EMPLOYMENT PURPOSES**

For the purpose of evaluating my application for employment, I hereby authorize Simmesport State Bank (hereforward "the Bank") to obtain a consumer (credit) report. I further understand that, if hired, the Bank may, from time to time and for the purpose of evaluating my promotion, reassignment, or retention, request a subsequent consumer (credit) report. I authorize the Bank to do so at any time during my employment with the Bank.

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

\_\_\_\_\_  
Date

=====DO NOT WRITE BELOW THIS LINE=====

INTERVIEWED BY: \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

WAS APPLICATION REJECTED IN WHOLE OR IN PART BASED ON A CONSUMER CREDIT REPORT?  YES  NO  
 IF YES, WAS / WERE NAME(S) AND ADDRESS(ES) OF THE CONSUMER REPORTING AGENCY(IES) SUPPLIED TO APPLICANT?  
 YES  NO  
 DATE SUPPLIED \_\_\_\_\_ INITIALS \_\_\_\_\_ ATTACH A COPY OF SUCH A NOTICE TO THIS APPLICATION.

WAS A WRITTEN REQUEST MADE BY APPLICANT FOR A DISCLOSURE OF THE NATURE AND SCOPE OF INVESTIGATIVE CONSUMER REPORT REQUESTED BY THE BANK?  YES  NO  
 IF YES, WAS SUCH A DISCLOSURE MADE IN WRITING TO APPLICANT NOT LATER THAN 5 DAYS AFTER THE DATE ON WHICH HIS REQUEST WAS FIRST RECEIVED OR 5 DAYS AFTER THE BANK FIRST REQUESTED THE REPORT?  YES  NO  
 IF NOT, WHY? \_\_\_\_\_  
 DATE SUPPLIED \_\_\_\_\_ INITIALS \_\_\_\_\_ ATTACH A COPY OF SUCH A NOTICE TO THIS APPLICATION.