



Dear Applicant:

Thank you for your interest in employment with First National Bank DeRidder. In order to ensure your application is complete, please follow these instructions:

- Please fill out all parts of the application completely. We encourage you to submit a resume along with the application. It is important that all of the information requested on the application be completed.
- **You must apply for a specific job vacancy.** A list of our current vacancies is available on our website, www.bankfnbd.com and we also list openings on the Louisiana Workforce Commission web page, www.laworks.net. Your application will not be considered valid if you do not specify the job vacancy for which you wish to be considered. If you are interested in more than one vacancy, you must submit a separate application for each. If there are no jobs listed, we do not have any vacancies.
- The last 4 pages of this application package are forms used to collect demographic information about our job applicants. **It is completely voluntary and any information you provide will be kept strictly confidential.** These forms are not part of your official application for employment and will be stored separately in a confidential file. By choosing not to complete these forms, in no way will affect your application for employment with us.
- Please submit your completed application package to any of our locations, or you can submit directly to our Human Resources Department by mail, fax or [click here](#) to securely upload via email.

If you need assistance or reasonable accommodation during the employment application process, please contact the Human Resources Department at 337-463-6231 or email us at Careers@bankfnbd.com.

Mail: First National Bank DeRidder
Attention: Human Resources
Post Office Box 700
DeRidder, LA 70634
Email: Careers@bankfnbd.com
Fax: (337) 463-6281

Again, thank you for your interest in employment with First National Bank DeRidder. If you have any questions about this application package, or about any vacancies we may have, feel free to contact me by either calling 337-463-6231 or emailing Careers@bankfnbd.com.

Latasha Soileau
Director of Human Resources



First National Bank DeRidder

131 N. Washington Ave.
DeRidder, LA 70634

Application for Employment

YOU MUST COMPLETE YOUR OWN APPLICATION

All applicable questions must be answered for this application to be considered. If an item does not apply, write "None." This application will be considered current for only 30 days from its date (below). To be considered after that time you must complete a new employment application. **You must apply for a specific job vacancy.** Your application will not be considered valid if you do not specify the job vacancy for which you wish to be considered. If you are interested in more than one vacancy, you must submit a separate application for each.

(Please Type or Print Plainly in Blue Ink) PERSONAL INFORMATION

Date of Application: _____ Social Security No. _____

Name: _____
LAST FIRST MIDDLE

Any Other Name Used: _____
LAST FIRST MIDDLE

Current Address: _____ How long there? _____
NO. & STREET CITY STATE TELEPHONE

Previous Address: _____ How long there? _____
NO. & STREET CITY STATE TELEPHONE

Valid Driver's License No. _____ Issuing State _____ Has your driver's license ever been revoked? _____

Who referred you to the Bank? _____

Do you have the legal right to work in the United States? Yes No
(Upon employment, you will be required to furnish written proof of citizenship or immigration status.)

Are you at least 18 years of age? Yes No
If no, give age: _____
(If hired, proof of status will be required.)

Have you ever committed or been convicted of a crime other than a minor traffic violation? Yes No
(Commission or conviction of a crime is not an automatic bar to employment. Records of crimes that have been expunged need not be disclosed. All circumstances will be considered.)

If so, give date(s) _____ Offense _____ Punishment or Outcome _____

Explanatory details _____

EDUCATION

CIRCLE YEARS ATTENDED IN	NAME & LOCATION OF SCHOOL	YEAR YOU LEFT	DID YOU GRADUATE?	
			YES	NO
Grade School 1 2 3 4 5 6 7 8	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
High School 1 2 3 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College 1 2 3 4 5 6 7	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Trade School 1 2 3 4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Do you plan to attend school while working for the Bank? Yes No If so, where? _____

Subject _____

ADDITIONAL TRAINING/SKILLS INFORMATION

Special certifications/Publications: _____

Skills and Information relating to position applied for, or of general interest _____

Describe hobbies, special interests, awards and activities _____

U.S. MILITARY SERVICE

Present Classification _____

Are you a member of National or State Guard or Active Reserve? Yes No

BRANCH	DATES		RANK WHEN ENTERING	RANK WHEN DISCHARGED
	FROM	TO		

Kind of training: _____

JOB SOUGHT

Position applied for _____ Wage or salary desired: _____ hrly wkly mnly

Type of employment desired (check one) Full-time Part-time Temporary Summer

Are you willing to work overtime? Yes No Are you willing to work weekends? Yes No

Are there any times of the day, days of the week or days during the year that you cannot work?

Times of the day _____ Days of the week _____ Days during the year _____

Date available to begin work _____ If hired, how will you get to work? _____

EMPLOYMENT

Have you ever worked for the Bank? Yes No If so, when _____

Have you ever before applied for work with the Bank? Yes No If so, when _____

Do you intend to work anywhere else in addition to working at the Bank? Yes No

If so, where? _____

Are you presently employed? Yes No Name of employer _____

Employer's address _____

Why do you wish to change jobs? _____

LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THE BANK

NAME	RELATIONSHIP	WHERE (DEPARTMENT) EMPLOYED

REFERENCES — Please list three business people, professionals, or other persons to whom you could turn for help.
Do not list relatives, former employers, or employees of the Bank.

1. Name	How long known	Occupation	Telephone
Complete Address			
2. Name	How long known	Occupation	Telephone

Complete Address			
3. Name	How long known	Occupation	Telephone
Complete Address			

WORK HISTORY — Please account for your time for at least the past ten years. Account for any time during this period that you were unemployed by stating the nature of your activities. Begin with present and work backwards. Please indicate if you were employed under another name. *If additional space is needed for the past 10 years, attach a separate sheet and give same information called for below.*

NAME OF PRESENT (OR MOST RECENT) EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF YOUR WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE).			

NAME OF SECOND LAST EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF YOUR WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE).			

NAME OF THIRD LAST EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF YOUR WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE).			

NAME OF FOURTH LAST EMPLOYER		EMPLOYER'S BUSINESS	
COMPLETE ADDRESS (STREET/CITY/ZIP)			TELEPHONE NO.
NATURE OF YOUR WORK			AVERAGE WORK WEEK
STARTING DATE	STARTING WAGES	LEAVING DATE	FINAL WAGES
NAME OF LAST SUPERVISOR			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER			

PLEASE GIVE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP US IN CONSIDERING THIS APPLICATION

AGREEMENT (Read Carefully)

I, the undersigned, agree to the following: (1) That all information supplied in this application and any attached resume is true and correct and that any false or misleading information furnished by me regarding my application will be sufficient cause for rejection of this application or immediate dismissal if employed by the Bank; (2) That, after a conditional offer of employment if one is made, I will, if such is required, take a drug/alcohol screen test and/or a physical examination during the application process or during employment, if hired, and will permit the results to be released to the Bank and to release all persons and companies from any liability arising out of such examination or testing; (3) That during my employment with the Bank, if hired, I will report to the Bank any drug-related criminal conviction, within five days of that conviction; (4) That if hired, I agree to abide by and observe all Bank rules and regulations and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at either the option of the Bank or the employee and that those terms can only be modified by the President of the Bank, in writing, provided that such writing specifically acknowledges that it is a modification of this agreement and is signed by the President; (5) That no supervisor, agent, representative or employee of the Bank has now or has had in the past any authority to enter into any agreement or employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies of the Bank, either written or oral, modify the above terms; (6) That if hired, I may be on a one hundred eighty (180) day introductory period during which time I may be discharged without recourse; and (7) That the use of this application form does not indicate there are any positions open and does not in any way obligate the Bank or its associated Companies.

RELEASE (Read Carefully)

I, the undersigned, authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former and present employers, all credit bureaus, all court systems and all of the representatives of those organizations to furnish First National Bank DeRidder or its subsidiaries, associated companies or representatives any and all information concerning my education, military service, former employment, credit history and/or criminal convictions. In addition, I hereby agree to hold harmless and to release all of said organizations, institutions, services, employers, bureaus, courts and representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including First National Bank DeRidder, its subsidiaries, associated companies and representatives as a result of their furnishing information to the First National Bank DeRidder, its subsidiaries, associated companies or representatives.

Date: _____ Signature of applicant: _____

*First National Bank DeRidder is an Equal Opportunity Employer.
All applications are considered for employment without regard to race, color, sex,
gender, marital status, age, religion, national origin, veterans status, disability that can be accommodated
without undue hardship, genetics, or any other legally protected activity or status.*

Applicant EEO-1 Data Sheet

Please complete this Applicant EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____ Social Security # _____
Last First Middle

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from all other records. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- OR -
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

Gender:

- Male Female

Employee Signature _____ Date _____

If you should have any questions regarding this form, please contact Human Resources

TO BE COMPLETED BY EMPLOYER: from the EEO job categories listed below, which one best describes the position applied for:

- Executive/Senior-Level Officials and Managers First/Mid-Level Officials and Managers
- Administrative Support Workers Professionals Technicians Sales Workers
- Craft Workers Operatives Laborers and Helpers Service Workers

Completed by: _____ Date: _____

To be filed separately from employment application

Voluntary Self Identification of Veteran Status

First National Bank in DeRidder is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I CHOOSE NOT TO IDENTIFY.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

A copy of the veterans' affirmative action plan is available upon request by contacting the Human Resources Department 337-463-6231, between 8:00am and 11:00 am Monday-Friday via email at Careers@bankfnbd.com or in person at the HR Department.

Print Full Name: _____

Signature: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.