

EDUCATION

HIGH SCHOOL

Name: _____

City/State: _____

Year Graduated: _____

In what courses did you specialize: _____

COLLEGE

Name: _____

City/State: _____

Year Graduated: _____

Major Field of Study: _____

Business Courses Taken: _____

OTHER

Name: _____

City/State: _____

Year Graduated: _____

Major Field of Study: _____

Business Courses Taken: _____

EMPLOYMENT EXPERIENCE

(SHOW LAST POSITION FIRST)
(ATTACH ADDITIONAL PAGES IF NEEDED)

<i>EMPLOYER</i>	<i>DATE EMPLOYED</i> FROM _____ TO _____
<i>ADDRESS</i>	<i>YOUR TITLE (POSITION)</i>
<i>TELEPHONE NUMBER(S)</i>	<i>MONTHLY EARNINGS</i>
<i>NAME OF PERSON TO WHOM YOU REPORTED</i>	<i>HIS / HER TITLE</i>
<i>NATURE OF WORK</i>	<i>REASON FOR LEAVING</i>
<i>MAY WE CONTACT THIS EMPLOYER?</i>	<i>IF NO, WHY NOT?</i>

<i>EMPLOYER</i>	<i>DATE EMPLOYED</i> FROM _____ TO _____
<i>ADDRESS</i>	<i>YOUR TITLE (POSITION)</i>
<i>TELEPHONE NUMBER(S)</i>	<i>MONTHLY EARNINGS</i>
<i>NAME OF PERSON TO WHOM YOU REPORTED</i>	<i>HIS / HER TITLE</i>
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SKILLS & TRAINING

place a check in the appropriate box(es)

[] Typing/Keyboarding: Average words per minute _____

[] Computer Training: If checked, what type of training? _____

[] Filing

[] Adding Machine: If checked, do you have ten (10) key skills? _____

ADDITIONAL INFORMATION

Please provide any information that may be helpful to us in considering your application:

REFERENCES

Do not refer to previous employers or relatives

Name	Address	Telephone Number (s)

I certify that all information in this application is true, correct, and complete. I understand that any misrepresentation or omission of fact made by me in the completion of this application will be sufficient cause to disqualify me for employment or, if employed, will be sufficient cause for termination.

I authorize you to investigate and confirm all statements made herein. I further authorize you to contact my former employers and named references to inquire about my skills, employment record, character, general reputation, personal characteristics and other pertinent matters. I authorize my former employers and named references to release this information to you.

Signature: _____

Date: _____

Completed applications may be dropped off at any FM Bank location or mailed to:

FM Bank
ATTN: Human Resources
P O Box 910
Breux Bridge, LA 70517

FM BANK



I authorize you to engage an investigative consumer reporting agency to report on my credit and personal history. If a report is obtained, you must provide, at my request, the name of the consumer reporting agency and the nature and scope of the investigation requested.

Signature of Applicant

Date