

APPLICATION FOR EMPLOYMENT

All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, alienage or citizenship status, age, disability, sex, sexual orientation, marital status, genetic information, arrest record, or any other characteristic protected by applicable federal, state or local laws.

PERSONAL

Last Name		First	M. I.	Date
Street Address				Home Phone ()
				Business Phone ()
City, State, Zip				Cellular Phone ()
Have you ever applied for employment or worked with us in the past? No Yes If Yes, where? Approx. Date:				Social Security #
Application for? Full-time Part-time Days/Hours available Summer/Winter				Will you work overtime if needed? Yes No
Position Desired				Salary Desired
Are you legally eligible for employment in the United States? Yes No				
If your eligibility for employment in the United States is based on a visa, state the type of visa and the expiration date of such visa: Type of Visa: Expiration Date:				
Would you give your present employer notice? No Yes If so, how much?				When would you be able to start work? Date
Referred by: (Agency name, employee, advertisement, etc.)			If you are related to anyone in our employ please state the name and relationship Name Relationship	
<p><i>One is "qualified" under the Americans With Disabilities Act of 1990 if able to perform all of the essential functions of a job with or without reasonable accommodation. "Reasonable accommodation" is any modification that does not pose an undue hardship to the employer and that helps an employee with a disability to overcome physical barriers or other problems in the workplace which prevent an employee from performing the essential functions of the job.</i></p> <p>Can you perform the essential functions of the position for which you have applied? Yes No</p> <p>If necessary, what type of accommodation would you require? _____</p>				
<p><i>Have you ever had a Regulator (such as the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission) or a Self Regulatory Organization (such as FINRA or the NFA), or any state regulatory agency or foreign financial regulatory authority take any kind of action against you? An Action includes, but is not limited to: suspension, statutory disqualification, revocation of a license, a cease and desist order, or a monetary penalty.</i></p> <p>Yes No</p> <p>If so, when? _____ Name of the Regulator: _____</p> <p><i>A Regulatory Action will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the Regulatory Action:</i></p>				
<p><i>Is there any other information that would be material to your employment?</i> Yes No</p> <p>If so, please provide details.</p>				

APPLICATION FOR EMPLOYMENT

SKILLS							
Software					Foreign Languages		
Excel	Word	PowerPoint	Access	Other		French	Spanish
					Speak		
					Read		
					Write		
Please list any other skills which may be pertinent to the position for which you are applying:							
EDUCATION							
	NAME AND LOCATION OF SCHOOL			MAJOR	NO. OF YRS	DEGREE OR DIPLOMA	
Graduate							
College							
High School							
LICENSES, REGISTRATIONS AND CERTIFICATES							
TYPE				DATE OBTAINED		EXPIRATION DATE	

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY				
(You may include any verifiable volunteer work experience.)				
Please give accurate, complete full-time and part-time employment information. Start with your present or most recent employer.				
Company Name		Telephone ()		
Address		Employed (Month/Year) From To		
Name of Supervisor		Reason for leaving		
Job Title				
Company Name		Telephone ()		
Address		Employed (Month/Year) From To		
Name of Supervisor		Reason for leaving		
Job Title				
Company Name		Telephone ()		
Address		Employed (Month/Year) From To		
Name of Supervisor		Reason for leaving		
Job Title				
REFERENCES (Business and Personal Unrelated to You)				
Name		Address & Telephone		Years Acquainted
UNEMPLOYMENT RECORD				
(Account for all periods of unemployment of 4 weeks or more since you left school until the present.)				
From		To		Reasons
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
MILITARY SERVICE				
Branch of Service		Rank		Present Military Status
RELEASE				
<u>I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete. I also understand that the omission and/or misrepresentation of any fact from this application or during any interview for employment will be cause for immediate dismissal. I authorize Credit Agricole CIB to contact all my employment references, and to investigate and obtain copies of my records which relate to me from my former employers and educational institutions I have attended. I hereby release Credit Agricole CIB and all affiliated entities, as well as any person or institution that provides Credit Agricole CIB with any information about me, from any and all liability whatsoever resulting from any such investigation or communication.</u>				
If hired, I agree to abide by all company rules and regulations. I understand and agree that nothing in this application shall constitute a contract or a guarantee of employment for a specific period of time. I also understand that if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the will of either the company or myself. I further understand that no representative or agent of Credit Agricole CIB has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. In addition, I understand that Credit Agricole CIB and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms and conditions of employment.				
Signature _____		Date _____		



Pre-Hire CRD Access Authorization Form

(Must be completed by all applicants in PRINT)

Please be advised that I am granting Credit Agricole Securities (USA), Inc. (CAS-USA) or Credit Agricole Corporate and Investment Bank (CA-CIB), consent to retrieve my file on FINRA's Web CRD (Central Registration Depository) and NFA (National Futures Association).

I understand that this authorization will be used for informational purposes only and does not constitute an offer of employment with Credit Agricole Securities (USA), Inc. (CAS-USA) or Credit Agricole Corporate and Investment Bank (CA-CIB).

Should an offer be extended to, or accepted by me, I will furnish Credit Agricole Securities (USA), Inc. (CAS-USA) or Credit Agricole Corporate and Investment Bank (CA-CIB) with a copy of my latest FINRA Form U-5 from my last employer within 30 days of my hire date, if applicable.

All fields below are mandatory. If you don't have a U.S. SSN, please indicate status such as "None" or "Application in Process". Please provide your complete legal name as it appears on a government-issued ID.

PRINT LEGAL FIRST NAME: _____

PRINT LEGAL MIDDLE NAME: _____

PRINT LEGAL LAST OR SURNAME: _____

U.S. SOCIAL SECURITY NUMBER: _____

BIRTH DATE (Month/Day/Year): _____

SIGNATURE: _____

DATE SIGNED: _____