



EMPLOYMENT APPLICATION

PERSONAL

PLEASE PRINT:

Last Name:		First Name		Middle Name:		Date:	
Street Address:		City/Zip Code:		State:		County:	
Social Security #		Primary Phone Number: ()		Alternate Phone Number: ()		E-Mail Address:	
Position Applied for:				Expected Salary:			
Date Available for Employment:				How were you referred to Bandera First State Bank?			
Days of week available to work:		Hrs. Available?		Agency <input type="checkbox"/>		Direct Contact <input type="checkbox"/>	
				Ad <input type="checkbox"/>			
Have you ever applied, or been employed by Bandera First State Bank?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, When?				Position Held:			
Are you 18 years or older?		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Are you eligible for employment in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	PROOF OF U.S. CITIZENSHIP/IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.			
Have you ever been convicted of a felony?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Offense:			
If yes, what was the nature and disposition of offense?							

EDUCATION HISTORY

Type of School	School Name/Location: City/State	Number of Years Completed:	Diploma/Degree/Certificate Granted:	Field of Study:
High School				
College				
Other				
Additional Education				

***** Special Honors/Memberships/Scholarships/Qualifications. *****

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EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

PRESENT/RECENT EMPLOYER

Employer:		Phone Number: ()	
Street Address:	City/Zip Code:	State:	County
Nature of Business		Position:	
Employment Dates: (mm/dd/yy)	From:	To:	Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/>
Description of Duties:			
Reason for Leaving			
<hr/>			
Employer:		Phone Number: ()	
Street Address:	City/Zip Code:	State:	County
Nature of Business		Position:	
Employment Dates: (mm/dd/yy)	From:	To:	Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/>
Description of Duties:			
Reason for Leaving			
<hr/>			
Employer:		Phone Number: ()	
Street Address:	City/Zip Code:	State:	County
Nature of Business		Position:	
Employment Dates: (mm/dd/yy)	From:	To:	Part-Time: <input type="checkbox"/> Full-Time: <input type="checkbox"/>
Description of Duties:			
Reason for Leaving			

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces	Branch of Service:	Discharge Status:
Yes <input type="checkbox"/> No <input type="checkbox"/>		

PROFESSIONAL REFERENCES

MUST KNOW REFERENCE PROVIDED FOR AT LEAST ONE YEAR. DO NOT INCLUDE RELATIVES.

Name:	Address-City/State:	Day/Evening Phone:

I HEREBY CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY INCORRECT STATEMENT OR WILLFUL OMISSION OF FACTS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT AND MAY CAUSE DISMISSAL IF HIRED. I AUTHORIZE BANDERA FIRST STATE BANK TO OBTAIN ANY INFORMATION THAT PERTAINS TO THE CONSIDERATION OF MY EMPLOYMENT, I.E. ALL PERSONS, SCHOOLS, COMPANIES, CORPORATIONS, AND LAW ENFORCEMENT AGENCIES.

EQUAL OPPORTUNITY EMPLOYER

 Printed Name of the Applicant Signature of Applicant Date

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, Bandera First State Bank (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-3675933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 830-796-3100. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on [A Summary of Your Rights Under the Fair Credit Reporting Act](#) and [A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22](#) as provided here.

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of [Article 23A of the New York Correction Law](#) is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

Signature _____/_____/_____
Date: (Month/Day/Year)

If required, notarize here. When using an embossed seal,
please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name _____ Middle Name _____ Last Name _____

Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____