



Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date
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Last Name	First Name	
Street Address		City, State, and Zip Code
Telephone Number(s)		Social Security Number
Email		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

If Yes, give date _____

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR PERSONNEL DEPARTMENT USE ONLY

Application received by _____

Date received _____

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Supervisor	Hourly Rate / Salary		
	Start	Final	
Job Title			
Telephone Number(s)			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Supervisor	Hourly Rate / Salary		
	Start	Final	
Job Title			
Telephone Number(s)			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Supervisor	Hourly Rate / Salary		
	Start	Final	
Job Title			
Telephone Number(s)			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Indicate any foreign languages you can speak, read, and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Specialized Skills *Check Skills/Equipment Operated*

<input type="checkbox"/> Computer <input type="checkbox"/> Calculator (10 Key) <input type="checkbox"/> Type WPM _____	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Accounting	Other (list)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

___ Yes ___ No

Work or Education Related References (Please no family members or close friends)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

APPLICATION FOR EMPLOYMENT

By signing this document, I authorize First National Bank to obtain information regarding my creditworthiness, standing, or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by First National Bank in making a decision regarding my employment.

(signed)

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____

Salary _____

Department _____

Interviewed By _____
Name and Title Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No Date _____

Position(s) Considered For: _____

Notes

Notice and Authorization For Consumer Report And/Or Investigative Consumer Report

I, _____, understand that, in connection with my application for employment with **First National Bank Spearman** and, if I am subsequently hired by First National Bank Spearman, prior to or at any time after my employment commences, First National Bank Spearman may request a consumer report and/or an investigative consumer report from a consumer reporting agency concerning my Social Security number, motor vehicle operation history, criminal history and other information to the extent permitted by law from various local, state and federal agencies, private and insurance sources, and other available public records.

I understand that a consumer report and/or an investigative consumer report may also include information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with the reasons for termination of past employment from previous employers.

I understand that a consumer report and/or investigative consumer report requested may be obtained for employment purposes, as defined under the Fair Credit Reporting Act, or as defined under comparable state law. Specifically, this information may be requested for purposes of employment, promotion, reassignment, or retention as an employee.

I voluntarily and knowingly authorize the release of all information requested by the agency for the purpose of preparing a consumer report and/or an investigative consumer report.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. In addition, I have the right to request that the consumer reporting agency provide a summary of my rights as a consumer (prepared by the Federal Trade Commission) and/or information in my investigative file, during normal business hours and upon reasonable notice to the consumer reporting agency.

By placing a check in the following box , I am requesting that I be furnished with a copy of any such consumer report and/or investigative consumer report.

My signature below authorizes the procurement of consumer reports and/or investigative reports by First National Bank Spearman prior to, during, or anytime after my employment at the Bank commences.

Date: _____ Printed

Name: _____

Social Security #: _____ Divers License #:

Signature:

Consumer Notification Pursuant to the Fair Credit Reporting Act

115 U.S.C. Section 1681b

This memorandum will serve to inform you that First National Bank Spearman will be obtaining a consumer report and/or an investigative consumer report from ANY CREDIT REPORTING AGENCY, a consumer reporting agency, for the purpose of evaluating you for potential employment with First National Bank Spearman.

These reports may contain information about you compiled from public records or through personal interviews with your neighbors, friends or associates regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

You may have the right to request additional disclosures about the nature and the scope of the investigation conducted by ANY CREDIT REPORTING AGENCY.

A summary of your rights under the Fair Credit Reporting Act (FCRA) is below for your convenience. Additional information about your rights under the FCRA may be found in Title 15, Section 1681 et seq. of the United States Code.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you such as where you work and live, if you pay your bills on time, and whether you've been sued, arrested, or filed for bankruptcy to creditors, employers and other businesses. The FCRA gives you specific rights in dealing with CRAs, and requires them to provide you with a summary of these rights as listed below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>).

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you, such as denying an application for credit, insurance or employment, must give you the name, address and phone number of the CRA that provided the report.

You can find out what is in your file. A CRA must give you all the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, and if you request the report within 60 days of receiving the denial notice. You are also entitled to one free report every 12 months, upon request if you certify that: (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee up to eight dollars (\$8).

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting its information source with all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRS, including any errors (the source also must advise national CRAs to which it has provided the data of any error).

The CRA must supply you with written results of the investigation and a copy of your report, if it has changed. If an item is altered or deleted because you dispute it, the CRA cannot place it back in your file, unless the source of the information verifies its accuracy and completeness, and the CRA provides to you a written notice that includes the name, address and phone number of the source. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file, a summary of which the CRA normally must include in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be deleted. A CRA must remove or correct inaccurate information from its files, usually within 30 days after you dispute its accuracy. The largest credit bureaus must notify other national CRAs if items are altered or deleted. However, the CRA is not required to remove data from your file that is accurate unless it is outdated or cannot be verified.

You can dispute inaccurate items with the source of the information. If you tell anyone such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, they may not continue to report it if it is in fact an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old, 10 years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to those who have a need recognized by the FCRA, usually to consider an application you have submitted to a creditor, insurer, employer, landlord or other business.

Your consent is required for reports that are provided to employers or that contain medical information. A CRA may not report to your employer, or prospective employer, about you without your written consent. A CRA may not divulge medical information about you without your permission.

You can stop a CRA from including you on lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call and tell the CRA if you want your name and address excluded from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the list for two years. If you request and complete the CRA form provided for this purpose, you can have your name and address removed indefinitely.

You may seek damages from violators. You may sue a CRA or other party in state or federal court for violations of the FCRA.

You may have additional rights under state law. You may wish to contact a state or local consumer protection agency or a state attorney general to learn about those rights.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center FCRA Washington, DC 20580 Tel: 202.326.3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 Tel: 800.613.6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 Tel: 202.452.3693
Savings associations and federally-chartered savings banks (word "Federal": or initials "F.S./B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC. 20552 Tel: 800.842.6929
Federal credit unions (words "Federal Credit Union" appears in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 Tel: 703.518.6360
State-chartered banks that are not members of the Federal Reserve Bank	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 Tel: 800.934.FDIC
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington DC 20590 Tel: 202.366.1306
Activities subject to the Packers and Stockyards Act 1921	Department of Agriculture Office of Deputy Administrator GIPSA Washington DC 20250 Tel: 202.720.7051

**Acknowledgment of Receipt of Documentation
Regarding The Fair Credit Reporting Act**

I hereby acknowledge that First National Bank Spearman provided me with a document entitled "Consumer Notification Pursuant to the Fair Credit Reporting Act" and a document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act" on the _____ day of _____, 20__.

Printed Name: _____

Signature: _____

**Authorization of Consumer
To Release Records and Information**

(15 U.S.C. 1681 et. Seq.)

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, law enforcement or other local, state or federal agency, financial institution or other entity or persons having knowledge about me, to furnish ANY CREDIT REPORTING AGENCY with any and all information and records about me (with the exception of medical information and records) in their possession in connection with an application for employment that I have completed.

I agree that a photocopy of this authorization may be accepted in lieu of an original of the same, and that a signed copy shall have the same force and effect as an original authorization.

I expressly waive any written notice from any present or former employer who may provide information based upon this signed, authorized request. I further understand that this authorization is to be incorporated into and deemed a part of the written employment application that I sign.

I acknowledge that I have been provided with a separate, independent consumer notification that a report will be requested and used for the purpose of evaluating me for potential employment, and I authorize the use of any such report for this purpose.

Printed Name: _____

Signature: _____

Date of Birth (*For Identification Only*): _____

Social Security Number (*For Identification Only*): _____

Address: _____
