



Employment Application

Employment Application

This institution and its employees fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodations upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and state employment law, and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available, and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever occurs first.

Applicant Information

POSITION APPLIED FOR: _____ BANKING CENTER LOCATION: _____ DATE: _____

WHEN WILL YOU BE AVAILABLE TO START WORK? _____ SALARY EXPECTATIONS: \$ _____

NAME: FIRST _____ MIDDLE _____ LAST _____ SOCIAL SECURITY NUMBER _____ TELEPHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE/ ZIP CODE _____ EMAIL ADDRESS _____

Are you at least 18 years of age? Yes No If no, state your age for child labor law purposes only: _____

Check the following days you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are there any shifts or hours you will not be available to work? Yes No If yes, please explain: _____

Are you available for out of town work? Yes No Are you a United States Citizen? Yes No

Will you work overtime, if required? Yes No Are you legally authorized to work in the United States? Yes No

Have you ever applied or worked at American Nation Bank before? Yes No If yes, provide date: _____

How did you learn about American Nation Bank? _____

If referral, who were you referred by? _____

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony within the last seven years? Yes No If yes, date of conviction: _____

Note: Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain, including the penalty imposed:

Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or other dishonest conduct, an offense involving the use of a weapon, physical assault, or other violent crimes? Yes No If yes, please explain, including the penalty imposed:

Note: Answering "yes" does not automatically exclude you from further consideration for the position



Applicants Last Name: _____

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes No

If yes, include nature of the intentional tort and the disposition of the action: _____

Note: Answering "yes" does not automatically exclude you from further consideration for the position

Employment History

Please complete for all full - time or part - time employment beginning with the most recent employer.

Company Name _____ Telephone Number _____ Dates Employed: _____ to _____

Street Address _____ City _____ State/Zip _____ Name of Supervisor _____ May we contact? Yes No

Positions/ Titles held with company _____ Rate of Pay _____ Hourly Yearly

Describe job duties: _____

Reason for leaving: _____

Previous Employment

Company Name _____ Telephone Number _____ Dates Employed: _____ to _____

Street Address _____ City _____ State/Zip _____ Name of Supervisor _____ May we contact? Yes No

Positions/ Titles held with company _____ Rate of Pay _____ Hourly Yearly

Describe job duties: _____

Reason for leaving: _____

Previous Employment

Company Name _____ Telephone Number _____ Dates Employed: _____ to _____

Street Address _____ City _____ State/Zip _____ Name of Supervisor _____ May we contact? Yes No

Positions/ Titles held with company _____ Rate of Pay _____ Hourly Yearly

Describe job duties: _____

Reason for leaving: _____



Applicants Last Name: _____

Professional References			
Name	Address	Telephone	How long known

Do not list former employers or relatives

General Information

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills.)

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including but not limited to embezzlement, forgery, perjury, robbery, tax evasion)? Yes No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign? Yes No

If yes, please explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes No

If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of employment? Yes No

If yes, what was the range of scores used and what was your score? _____

Have you signed a non-compete or non-solicit agreement with any other employer that might restrict you from working for this company?

Yes No If yes, please explain: _____

(You may be required to furnish a copy of this agreement)

Education

May or may not be considered depending on job applied for.

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for.

Education	Institution Name	Graduate	Degree Earned	Major	Grade Point
High School		Yes No			
College or University		Yes No			
College or University		Yes No			
Technical/ GED		Yes No			
Licenses, Certifications		Date Obtained			
Other		Date Obtained			



Applicants Last Name: _____

Military

Complete only if you served in the military

Branch of Service: _____ Number of years/months of service: _____ Rank at Discharge: _____

Date of Discharge: _____ Reason for leaving: _____

Describe any military skills, training, or experience you believe are relevant to the job applied for: _____

Applicant's Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from American Nation Bank at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

The undersigned acknowledges the employer's right to obtain credit information in relation to the application for employment.

Signature of Applicant

Date

Institutional Use Only!

Human Resource Notes:

Telephone Pre – Interview: Yes No Date: _____

Notes: _____

In Person Interview: Date: _____ Interviewer: _____

Notes: _____



Pre-Employment
Voluntary Questionnaire

As an equal opportunity employer, we are obligated by Federal and State regulations to monitor our employment practices. To ensure the accuracy of this information, your assistance in this questionnaire would be greatly appreciated.

Information concerning race, sex, veteran's status or disability will not be used to discriminate against or give preference to any individual. This data will be kept separate from the application and is used for statistical purposes only. Response is voluntary and answers will remain confidential.

Race or Ethnic Group

White Black American Indian or Alaskan Native Asian/ Pacific Islander Hispanic or Spanish Surname

Sex

Male Female

Individuals with Disabilities

A disabled individual is anyone who has a physical impairment which substantially limits one or more of such person's major life activities; or has a record of such impairment; or is regarded as having such an impairment. For purposes of this Questionnaire, a disabled individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability.

Do you have a disability? Yes No

Disabled Veterans

A disabled veteran is a person who: is entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more; or was discharged or released from active duty due to a disability incurred or aggravated in the line of duty.

Are you a disabled veteran? Yes No

Veterans of the Vietnam Era

A veteran of the Vietnam Era is a person who: served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged other than dishonorable; or was discharged or released from active duty for a service-connected disability if any part of such duty was performed August 5, 1964 and May 7, 1975.

Are you a veteran of the Vietnam Era? Yes No

Other Eligible Veterans

An Other Eligible Veteran is defined as a veteran who served in a "war". This group also includes those veterans who served in a campaign or an expedition for which a campaign badge, a service medal, or any expeditionary medal has been awarded, which includes a number of military engagements.

Are you an Other Eligible Veteran? Yes No

Applicants Name: _____ Date: _____

Voluntary Self-Identification of Disability

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 have 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 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 ▪ 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 these boxes below:

YES, I HAVE A DISABILITY

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

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.

¹ 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 person 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.

Applicants Name: _____ Date: _____



OFCCP VEVRAA
Self-Identification Form

OFCCP VEVRAA Self-Identification Form

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability. 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.

It is the policy of the Bank to provide equal employment and advancement opportunities to all qualified individuals. To achieve this goal, the Bank is dedicated to taking affirmative action to employ and advance in employment, qualified disabled persons, disabled veterans, veterans of the Vietnam Era, and other eligible veterans, in compliance with Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974.

The Bank is committed to taking voluntary, positive action in providing affirmative action and equal employment opportunity to disabled persons, disabled veterans, veterans of the Vietnam Era, and other eligible veterans. All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to disability, Vietnam Era veteran, or other eligible veteran status, and all employment decisions are based solely on valid job requirements.

Applicants Name: _____ Date: _____



*Disclosure and Authorization
for Background Information*

DISCLOSURE AND AUTHORIZATION FORM

American Nation Bank, (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California Avenue, Irvine, CA 92617, and can be contacted at 800-490-7983. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company at: 580-226-6222. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only -- You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Social Security No.* _____ Date of Birth* _____

Present Address _____

City/State/Zip _____

Prior Addresses _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Driver's License # _____

Applicant Signature _____ Date _____

* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

**A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- ❑ a person has taken adverse action against you because of information in your credit report;
- ❑ you are the victim of identity theft and place a fraud alert in your file;
- ❑ your file contains inaccurate information as a result of fraud;
- ❑ you are on public assistance;
- ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has verified as accurate.
- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
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 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 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 Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
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 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051

Authorization to Obtain Credit Report Information from an Outside Source

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

Applicant

Date