



ATTENTION: EMPLOYMENT APPLICANT

NOTICE OF REQUEST FOR A CONSUMER REPORT

In processing your application for employment Texana Bank may request a Consumer Report on you from a consumer reporting agency. This may include information as to your character, general reputation, criminal record, personal characteristics, credit standing, and mode of living. Any offer of employment is conditioned on a successful review of the consumer report.



AUTHORIZATION TO OBTAIN A CONSUMER REPORT

I, _____ (please print), hereby acknowledge that I have read the foregoing disclosure statement and understand the contents. Furthermore, I have been informed by Texana Bank that it may request a consumer reporting agency to prepare a Consumer Report on me, which it will use for employment purposes. I authorize the Texana Bank to request the preparation and use of the aforementioned Consumer Report. I understand that before I am denied employment in whole or in part, because of any information contained in such a Consumer Report, that I will be provided with additional information in compliance with the Fair Credit Reporting Act, as amended in 1996 to include the Consumer Credit Reporting Reform Act (CCRRA). I acknowledge that I have received a copy of the summary of Rights Under the Fair Credit Reporting Act with this authorization.

Signature

Date

Social Security No. _____

Human Resources Representative

Date



P O Box 546
Linden, Texas 75563
903-756-5573

**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

Information on this application is strictly confidential. In addition to enabling us to evaluate you as a prospective employee, it will also serve as a permanent record should you be employed. This application should be filled out completely and accurately.

This application will be active for 30 days. The position must be open at the time of the application for the application to be valid. If you have not been contacted or employed within this 30 day period, you must reapply in person to be considered for any additional openings. All information where applicable in this application must be completed or you will not be considered. We do not discriminate in hiring or employment on the basis of religion, race, color, national origin, sex, ancestry, disability, or on the basis of age against persons 40 and over. This application will be given consideration but its receipt does not imply that you will be hired. You must identify the specific position for which you are applying. If an item does not apply, write "NONE."

APPLICATION INFORMATION

Date: _____ Position Desired: _____

Minimum Salary Expected: _____ Date Available: _____

How did you learn about our employment?

____ Advertisement ____ Employee ____ Other
____ Workforce Services ____ School
____ On Own ____ Our Website

Were you previously employed by the Bank? ____ yes ____ no



POSITION DATA

Position applied for: _____

Do you want to work: Full-time _____ Part-time _____ Temporary _____
If part-time indicate hours you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.	_____					
P.M.	_____					

MILITARY RECORD

Service Branch: _____ Date Entered: _____

Initial Rank: _____ Final Rank: _____

Date of Discharge: _____

Describe your military duties: _____

List any special training or skills received: _____

List any special commendations/recognition: _____



EDUCATIONAL BACKGROUND

Name and Address	Dates Attended From To	Major Area of Study	Diploma/ Degree	Year Graduated	Grade Avg.
College/University					
Trade/Technical School					
High School					
Other Training					



Are you planning to further your education? ____ Yes ____ No
If yes, when? _____ In what educational area? _____

Indicate any extracurricular activities in which you participated during school and any awards or special recognition you may have received during school or since leaving school.

Check any of the following in which you have experience or training and indicate skill level attained.

____ Typing	____ wpm	Adding Machine	____ Sight	____ Touch
____ Teller Machine		Calculator	____ Sight	____ Touch
____ Personal Computer		Proof Machine	____ Sight	____ Touch
____ Microsoft Word		Microsoft Access	____	
____ Microsoft Excel		Microsoft PowerPoint	____	
____ Other (list product)				



EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent employment, for the last 10 years or years worked if less than 10 years. (Include self-employment, summer, and part-time employment.)

From Mo/Year	To Mo/Year	Job Title	Supervisor's Name/Title	Salary Start: \$ End: \$
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Company Name: Phone:
Address:
Description of Duties:
Reason for Leaving:
May we contract your present employer? / / Yes / / No

From Mo/Year	To Mo/Year	Job Title	Supervisor's Name/Title	Salary Start: \$ End: \$
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Company Name: Phone:
Address:
Description of Duties:
Reason for Leaving:
May we contract your present employer? / / Yes / / No



From Mo/Year	To Mo/Year	Job Title	Supervisor's Name/Title	Salary Start: \$ End: \$
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Company Name: Phone:
Address:
Description of Duties:
Reason for Leaving:

From Mo/Year	To Mo/Year	Job Title	Supervisor's Name/Title	Salary Start: \$ End: \$
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Company Name: Phone:
Address:
Description of Duties:
Reason for Leaving:

If presently employed, why do you wish to change your position?



Use the space below to describe the skills and personal attributes that you feel qualify you for a position with our bank. Please tell why you are interested in being employed with this bank.

PERSONAL REFERENCES

List three references, preferably people who know your work capabilities. (non-relatives only)

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____



PLEASE READ THE FOLLOWING CONDITIONS OF EMPLOYMENT AND CERTIFY BY YOUR SIGNATURE THAT YOU UNDERSTAND AND AGREE TO THESE CONDITIONS.

In making this application for employment, it is understood and accepted that as a part of the application and employment process, and/or during employment, I may be asked to submit to physical examinations, which include testing for alcohol and drugs, all in accordance with the law. By signing this application, I hereby agree to submit to such examinations and tests and release all persons and companies, including Texana Bank, from any liability arising out of such examinations and tests. I further agree to the release of the results of any examinations to Texana Bank.

I certify that my answers to the foregoing questions are true and correct and understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I hereby authorize the release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named herein who might have information concerning me, to give any information regarding my former employment or any information they may have regarding me whether or not the same is a matter of record, and hereby release each of them and Texana Bank from any liability for any damage whatsoever which I could or might claim because of such disclosure.

In making this application, it is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information such as character, general reputation, and performance. By signing this application, I hereby consent to Texana Bank obtaining such a report.

I understand that the use of this form does not in any way obligate Texana Bank. If employed, I agree to abide by and observe all company rules, policies and regulations. I understand and agree that if employed, the employment will be "At will." That is, I or the bank may end the employment relationship with or without notice at any time for any lawful reason or for no reason. I further understand that no representative of Texana Bank has authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in my employment application or in the granting of an interview is intended to create an employment contract between Texana Bank and myself for either employment or for the providing of any benefit. Finally, I understand that none of the benefits or policies in any publication issued to me by Texana Bank are intended by reason of their publication to confer any rights or privileges upon me, or to entitle me to be or remain employed by Texana Bank to change my status as an "At will" employee. I understand that all such statements or provisions are procedural or are a guideline and Texana Bank has the right to change any policy or procedure at any time without notice.

Date: _____ Signature: _____

Authorization for Pre-Employment Background Investigation

Employment Candidate Information:

Name (last, first, middle): _____

SSN: _____ Date of Birth: _____

Driver's License Number _____ State _____

Current Address: _____

Previous Address: _____

Applicant's Authorization (Applicant must read and sign):

I authorize Texana Bank and/or its agent to conduct a background investigation about me from appropriate credit reporting agencies, other consumer reporting agencies, criminal records repositories, other federal, state, or local government agencies, workers' compensation files, public records, former employers, former schools, listed or developed references, or others who may be able to provide information as to my background, character, and general reputation. I hereby affirm that my answers to all questions on my application, this data sheet, and attached employment and residential history are true and correct, and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application or continued employment.

Applicant's Name (Printed)

Applicant's Signature

Date

Employer's Authorization:

By: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

To: Human Resources Dept.

I have recently submitted an application for employment with Texana Bank. For this reason, I hereby authorize and request the company/firm, school, or persons named above to give any information regarding my employment, habits, ability, or any characteristics whatsoever, together with any information they may have regarding me, whether or not it is on their records.

In return, I hereby release said company/firm, school, or persons from all liability for any damage whatsoever for issuing this information to Texana Bank.

(Signed)

(Date)



EMPLOYMENT REFERENCE CONSENT AND RELEASE

Instructions to Current/Former Employer

The individual named below has applied for employment with our company. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail.

I GIVE CONSENT TO MY CURRENT AND FORMER EMPLOYERS TO PROVIDE THE INFORMATION BELOW REGARDING MY EMPLOYMENT HISTORY.

This consent is valid for a period of six (6) months from the original date below.

A copy of this form shall be as valid as the original.

Applicant Name: _____ SSN _____

Signature of Applicant: _____ Date: _____

EMPLOYMENT HISTORY

Date and duration of employment: _____

Current or last job description and duties: _____

Current or last rate of pay and wage history: _____

Was applicant's separation from employment:

voluntary _____ **involuntary** _____

What was the reason for the applicant's separation from employment? _____

Is the applicant eligible for rehire?

_____ **Yes** _____ **No**



The applicant's last written performance evaluation prior to date of this release:

Attendance history: (Excluding any qualifying leave under FMLA)

Results of drug and/or alcohol tests administered within the last year:

Details of any threats of violence, harassing acts, or threatening behavior related in any way to the workplace or directed at another employee:

Printed Name and Title of Employer Representative Providing Information

Signature

Date:

**PLEASE RETURN THIS FORM TO:
Texana Bank
Human Resources Dept.
2801 Richmond Rd PMB #28
Texarkana, TX 75503
Telephone: 903.223.9975 Fax 903.223.9970**

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 if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§ 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **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 tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- **You can find out what is in your file.** At your request, a CRA must give you 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, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve 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 up to eight dollars.

- **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 to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received the report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and telephone number of the information source.

- **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, it may not continue to report the information 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; ten years for bankruptcies.

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

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA 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 phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

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

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 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 * 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 Programs 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 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 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 * 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



DRUG TEST CONSENT FORM

**CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE
SUSPICION DRUG TEST SCREEN
AND
RELEASE CONVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

I hereby CONSENT to allow the facility chosen by Texana Bank to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to Texana Bank.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agent, and employees, from any and all claims, which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Texana Bank, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Texana Bank, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available. Texana Bank hereby agrees to keep all results of such screen confidential and to release them only on a need-to-know basis.

SIGNED this _____ day of _____, 20_____.

CURRENT MEDICATION:

Signature

Printed Name

Social Security Number