

Employment Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

		Applicant Inf	ormati	on			
Full Name:	Last	First			[Date:	
Address:		.					
	Street Address					Apartment/Unit #	
Phone:	City	E	mail		State	ZIP Code	
Date Availat	ole:	D	esired S	Salary			
Position App	olied for:						
Are you a cit	tizen of the United State	YES NO		-	uthorized to work		NO
Have you ev	ver worked for this comp	oany? 🔲 🗎 YES NO	If yes, v	vhen?_			
Have you ev	ver been convicted of a	felony?					
If yes, explai	in:						
		Educa	tion				
High School	:	City/State _					
From:	To:	Did you graduate?	YES	NO			
College:		City/State:					
From:	To:	Did you graduate?	YES	NO	Degree:		
College:		City/State:					
From:	To:	Did you graduate?		NO			
Additional In	nformation (List any add	itional information you'd li	ike us to	consid	er):		

	Previou	s Employı	ment	
Company: Address:				Phone:
Job Title:	Starting Salary: \$			Ending Salary:\$
Responsibil	ties:			
From:	To:	Reason fo	or Leaving:_	
May we con	tact your previous supervisor for a reference?	YES	NO	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Salary:			Ending Salary:\$
Responsibil	ities:			
From:	To:	Reason fo	or Leaving:_	
May we con	tact your previous supervisor for a reference?	YES	NO	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary: <u></u>
Responsibili	ities:			
From:	To:	Reason for Leaving:_		_
May we con	tact your previous supervisor for a reference?	YES	NO	
	Military 9	Service		
Branch:			From:_	To:
Rank at Discharge:		Type of Discharge:		
If other than	honorable, explain:			

Experience, Job Related Skills, or other Qualifications

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment. (or attach resume)

Please list three professional references. Relationship: Full Name: Company/Location Phone: Full Name: Relationship: Phone: Company/Location Relationship: Full Name: Company/Location Phone: **Personal References** Please list three personal references. Full Name: Relationship: Phone: ____ Company/Location Full Name: Relationship: Company/Location Phone: ____ Relationship: Full Name: Phone: Company/Location____

Professional References

Authorization & Release Form

I hereby authorize TXN Bank and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written pertaining to me to TXN Bank or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release TXN Bank the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability from damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand that all information furnished below will only be used to initiate the comprehensive review of my background and/or consumer report.

Print Name:				
(First)	(Middle)	(I	Last)	(Maiden)
Former Name(s) or Alias:				
Current Physical Address:				
	Since Month:	Year:		
Previous Physical Address:				
	Since Month:	Year:		
Previous Physical Address:				
	Since Month:	Year:		
			Drivere Lie	
Social Security No	DO	3.:	Drivers Lic #/St:	
Signature:		Da	ite:	

Applicants Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration, I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Signature:	_ Date: