



Farmers State Bank

Application for Employment

It is the goal of Farmers State Bank to employ the highest quality employees available that will assist the bank in its goal of providing superior service to its customers and to retain these employees through application of fair policies and generous benefits. Farmers State Bank is an equal opportunity employer and will fairly consider all applicants for employment without regard to race, color, religion, gender, national origin, age, genetic information, or disability. Farmers State Bank prohibits smoking and use of other tobacco products inside the buildings in which its offices are located.

Please provide us with the following information about yourself and your past employment history. All questions must be answered completely. Please mark any questions that do not apply to you with "N/A." Your answers will be used by Farmers State Bank for the purpose of employment considerations only.

DATE:

Personal Data

Last Name: First Name: Middle:

Address:

City: State: Zip:

Previous Address if less than five years
 Previous Address:

Previous City: Previous State: Previous Zip:

Daytime Phone: Mobile Phone:

Evening Phone: E-mail Address:

Social Security Number:

Have you worked under another name? Yes No If Yes, Give Name:

Position Applying for: Salary Desired:

Check Type of Employment Desired: Full Time Part Time Temporary

Locations Preference: Groesbeck Mexia Fairfield Kosse Thornton Jewett Wortham

Days Available: Monday Tuesday Wednesday Thursday Friday Saturday

Hours Available: Are you willing to work overtime? Yes No

Are you willing to work out of town overnight? Yes No

Are you over the age of 18 years? Yes No

Are you a veteran of the Armed Forces? Yes No

How did you hear about this employment opportunity?

Are you related to a current Farmers State Bank Employee? Please list name and relationship (500 characters max):

If hired, can you provide documentation establishing your ability to work in the United States (e.g. social security card, work permit.)?

Yes No

Do you hold a valid driver's license? Yes No

Do you have a car or other reliable transportation available for work? Yes No

Other than traffic violations, have you ever been convicted of a crime (including guilty pleas and/or nolo contendere pleas)? (A "yes" answer will not necessarily prevent you from being hired.): Yes No

If yes, describe in detail (nature of crime, state and county of conviction, current status) (500 characters max):

Educational Background

Education: (Please check the highest level attained)

Some Education High School Graduate or GED

High School Name: Location:

Post Secondary:

Some College Associate's Degree Bachelor's Degree Master's Degree Doctorate

School Name	School Location	Areas of Study	Degree(s) Obtained
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School Comments (500 characters max):

Work Experience

Please start with the most recent position, furnish dates and explanations for each period of unemployment if one month or more. This section must be filled out completely.

Name of employer:	<input type="text"/>
Location:	<input type="text"/>
Start Date: (Month/Day/Year):	<input type="text"/>
Ending Date: (Month/Day/Year):	<input type="text"/>
Job Title:	<input type="text"/>
Supervisor's Name:	<input type="text"/>
Supervisor's Phone Number:	<input type="text"/>
Employment Type:(full-time, part-time, etc.)	<input type="text"/>
Hours/Week worked:	<input type="text"/>
Salary: (hourly/annually)	<input type="text"/>
Reason for Leaving:	<input type="text"/>
Job Responsibilities (500 characters max):	<input type="text"/>

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Ending Date: (Month/Day/Year):	<input type="text"/>
Job Title:	<input type="text"/>
Supervisor's Name:	<input type="text"/>
Supervisor's Phone Number:	<input type="text"/>
Employment Type:(full-time, part-time, etc.)	<input type="text"/>
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Salary: (hourly/annually)	<input type="text"/>
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Location:	<input type="text"/>
Start Date: (Month/Day/Year):	<input type="text"/>
Ending Date: (Month/Day/Year):	<input type="text"/>

Job Title:

Supervisor's Name:

Supervisor's Phone Number:

Employment Type :(full-time, part-time, etc.)

Hours/Week worked:

Salary: (hourly/annually)

Reason for Leaving:

Job Responsibilities (500 characters max):

Please list any other related employment history.
 Be sure to include all information requested above (start date, end date, job title, etc.) (500 characters max):

References

Please list the following information for at least three individuals that are not related to you and who have known you for at least three years who can confirm some or all of the information contained in the application and are familiar with your reputation.

Name:

Address:

Phone Number:

Years Acquainted:

E-mail Address:

Name:

Address:

Phone Number:

Years Acquainted:

E-mail Address:

Name:

Address:

Phone Number:

Years Acquainted:

E-mail Address:

By submitting this form:

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and statements made by me in this application (and accompanying resume, if any) are correct and complete. I understand that misrepresentation or omission of facts in this application may disqualify me from further consideration for employment, and may result in my discharge from employment, if discovered at a later date.

I understand that if I am employed, my employment may be terminated at any time by either myself or Farmers State Bank. I agree that, should I be employed, said employment will be at-will and will not be governed by any contract, either express or implied.

I hereby authorize Farmers State Bank or its designee to contact any or all of my references and former employers to inquire about my past job performance, education, personal character and any other topic deemed relevant by Farmers State Bank. I further agree that I will hold those individuals and entities who respond harmless for any information they provide as a result of such contact, and release them from liability for the result of any such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also expressly consent to submit to any physical examination that may be required of me, including drug and/or alcohol testing upon request both prior to and, if employed, during employment with Farmers State Bank. If I am employed, I understand and agree that I will be bound by the policies of Farmers State Bank.

By signing this document, I authorize Farmers State 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 Farmers State Bank in making a decision regarding my employment.

THIS APPLICATION WILL BE CONSIDERED ONLY FOR THE DESIGNATED POSITION APPLIED FOR. AN ADDITIONAL APPLICATION WILL NEED TO BE COMPLETED FOR ANY OTHER POSITIONS OF INTEREST.

I agree to the conditions listed above

X _____
Signature of Applicant

Date