



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, gender, religion, handicap, national origin, veteran status, or any other status as protected by applicable law.

PERSONAL INFORMATION

				Date	
Name					
	Last	First	Middle		
Present Address					
	Street	City	State	Zip Code	
Permanent Address					
	Street	City	State	Zip Code	
Phone Numbers					
	Home	Cell	Other		
E-mail Address					
Referred By					
				Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last

First

EMPLOYMENT DESIRED

Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Contact Your Present Employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Applied to First Texas Bank Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	

Middle

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Graduate, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study of Research Work

Job Related Skills (computer, driver's license certifications, etc.)



EMPLOYMENT HISTORY List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Phone Number	Supervisor	Position	Duties and Responsibilities	Reason for Leaving
From						
To						
From						
To						
From						
To						
From						
To						

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Position	Years Acquainted
1.				
2.				
3.				

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information if necessary I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted, By applying, I also agree to an Internet search.

I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information,

I understand that any misrepresentation or omission of a material fact on my application, any other document, as well as verbal statements made, may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately

I understand that in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and/or proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I understand that, in the event I am employed by the company, I will be required to furnish proof of identity and legal authorization to work in the United States.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of employment with the company.

Signature

Date