



EMPLOYMENT APPLICATION

ValueBank Texas is an Equal Opportunity Employer. Qualified applicants will be considered without regard to their race, color, religion, sex, age, national origin, disability, citizenship or veteran status.

PERSONAL INFORMATION			
Last Name	First Name	M.I.	Today's Date
Street Address		City	State, Zip
Home Phone	Cell Phone	Email address	

JOB INFORMATION	
Position(s) applying for:	Type of work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Location preference: <input type="checkbox"/> Aransas Pass <input type="checkbox"/> Corpus Christi <input type="checkbox"/> Ingleside <input type="checkbox"/> Port Aransas <input type="checkbox"/> Portland <input type="checkbox"/> Orange Grove <input type="checkbox"/> Richmond <input type="checkbox"/> Rockport	
Salary requirements:	Please list any day/time restrictions:
Have you ever been employed by ValueBank Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list dates:
Do you have relatives employed by ValueBank Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list names:
Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

GENERAL INFORMATION	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of or plead "guilty" or "no contest" to a felony, or to a misdemeanor other than a minor traffic offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the nature of the offense and the date and jurisdiction where conviction occurred.	
Are there any items of concern that appear on your credit report (i.e., bankruptcy, delinquencies, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	

PROFESSIONAL REFERENCES		
Name	Employer	Relationship
Phone	Email address	Years Known
Name	Employer	Relationship
Phone	Email address	Years Known
Name	Employer	Relationship
Phone	Email address	Years Known

EMPLOYMENT HISTORY**(Start with Most Recent)**

Employer Name		Dates Employed From:		To:
Position/Title		Supervisor Name		
Street Address		City		State, Zip
Phone	Starting Salary		Ending Salary	
Job Duties				
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name		Dates Employed From:		To:
Position/Title		Supervisor Name		
Street Address		City		State, Zip
Phone	Starting Salary		Ending Salary	
Job Duties				
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name		Dates Employed From:		To:
Position/Title		Supervisor Name		
Street Address		City		State, Zip
Phone	Starting Salary		Ending Salary	
Job Duties				
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION/TRAINING

High School Name		Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City		State, Zip	
School/University Name		Degree Received	
City	State, Zip	Major	
Please list any certifications, training, academic achievements			
Please list any foreign languages in which you are fluent		<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
Please list computer programs used			

OTHER INFORMATION

How did you hear about our job opportunity?

Describe your qualifications for the position you seek:

PLEASE READ CAREFULLY AND SIGN BELOW.

I certify that I have read and understand the application and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize ValueBank Texas and/or its agents, including consumer reporting bureaus, to verify any of this information. I understand that I will be provided a separate disclosure and authorization form if ValueBank Texas desires to obtain a consumer report about me for employment purposes under the Fair Credit Reporting Act. I also understand that the illegal use of drugs is prohibited during employment. If ValueBank Texas policy requires, I am willing to submit to drug testing to detect the illegal use of drugs prior to and during employment. I acknowledge and understand that if I am hired, any employment will be on an “at-will” basis, meaning that either I or ValueBank Texas may terminate the employment relationship at any time, with or without notice and with or without cause, unless otherwise specified in a written employment agreement signed by an authorized officer of the Bank.

Signature of Applicant

Date

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at ValueBank Texas, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: if you want a free copy of the report(s) ordered, check this box. The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by ValueBank Texas or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to ValueBank Texas. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name. Last First Middle

Please print other names you have used (maiden name, surname, alias name).

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex: Male Female Race: Asian Black or African American White Hispanic or Latino Other

Driver's License Number State Issuing License Name as it appears on license.

I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.

Signature Today's Date



Voluntary Self-Identification

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. The EEOC recently changed its reporting options, and now allows individuals to choose “two or more races.” We are asking employees to complete an updated voluntary self-identification sheet below so that we can have as accurate reporting as possible.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

GENDER:

- Male
- Female

RACE/ETHNICITY:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White** (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American** (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino): All persons who identify with more than one of the above six races.

Employee Name: _____

Title: _____

Signature: _____

Date: _____