



Member FDIC | Equal Housing Lender

[Privacy & Security](#)

Employment Application

First Name:

Last Name:

Submitted on:

Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Security Notice:

You should ONLY fill out this application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Review or print this application and gather the information you'll need.
2. Complete application on-line and click "Submit Application" or print fax it to 325-942-7017
3. To safeguard your privacy, QUIT your browser and restart it again after using this form.

Texas State Bank provides equal employment opportunity without regard to race, color, religion, sex, age, national origin, marital status or physical or mental disability. Consistent with the Americans With Disabilities Act, applicants may request reasonable accommodations needed to participate in the application process.

Personal Information

Application Date

First Name

Middle Initial

Last Name

Social Security No.

Home Phone

Your E-mail Address

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

Are you 18 years of age or older?

☐ Yes

☐ No

If not, do you have a valid work permit?	<input type="radio"/> Yes <input type="radio"/> No	
Employment Desired		
Position	Date you can start	Wage/Salary Desired
<hr/>		
Are you now employed?	<input type="radio"/> Yes <input type="radio"/> No	
May we contact your present employer?	<input type="radio"/> Yes <input type="radio"/> No	
If no, explain		
Have you ever applied with us before?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, where?		When?
<hr/>		
Were you offered a Position?	<input type="radio"/> Yes <input type="radio"/> No	
Have you been employed with us before?	<input type="radio"/> Yes <input type="radio"/> No	
Can you travel if a job requires it?	<input type="radio"/> Yes <input type="radio"/> No	
Are you available to work full time?	<input type="radio"/> Yes <input type="radio"/> No	
Are you available to work part time?	<input type="radio"/> Yes <input type="radio"/> No	
Education		
High School (required)	Name	Location
	<hr/>	
Years Completed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	

Graduated	<input type="radio"/> Yes <input type="radio"/> No
Subjects Studied	
College (required)	<div> <div>Name</div> <div>Location</div> </div> <div> <div></div> <div></div> </div>
Years Completed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Graduated	<input type="radio"/> Yes <input type="radio"/> No
Subjects Studied	
Business, Trade, or Correspondence School (required)	<div> <div>Name</div> <div>Location</div> </div> <div> <div></div> <div></div> </div>
Years Completed	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Graduated	<input type="radio"/> Yes <input type="radio"/> No
Subjects Studied	
Other Study or Research	
Please list skills or knowledge relative to your ability to perform the functions of the position, such as computer experience, etc.	
List your last three employers, starting with the most recent first.	
Employment	
Employer 1	
Name	
Address	
Start Date	
End Date	
Position	

Ending Salary/Wage	
Reason For Leaving	
Supervisor	
Telephone	
Employer 2	
Name	
Address	
Start Date	
End Date	
Position	
Ending Salary/Wage	
Reason For Leaving	
Supervisor	
Telephone	
Employer 3	
Name	
Address	
Start Date	
End Date	
Position	
Ending Salary/Wage	
Reason For Leaving	
Supervisor	
Telephone	
Reference 1	
Name	
Phone No.	
	<div>Address Line 1</div> <div>Address Line 2</div> <div>City State ZIP Code</div>
Business Name	
Position or Occupation	
Reference 2	
Name	
Phone No.	

	<div>Address Line 1</div> <div>Address Line 2</div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div>
Business Name	
Position or Occupation	
Reference 3	
Name	
Phone No.	
	<div>Address Line 1</div> <div>Address Line 2</div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div>
Business Name	
Position or Occupation	
Do you have the legal right to work in the U.S.?	<input type="radio"/> Yes <input type="radio"/> No
If hired, it will be necessary for you to promptly submit documentation of your identity and right to work in the U.S. List any days or hours when you are not available to work	
Have you ever been convicted of a crime?	<input type="radio"/> Yes <input type="radio"/> No
Note that a criminal record will not necessarily prevent employment. We will consider the nature of the event and relevant circumstances. If yes, describe the facts and circumstances and give the dates and locations.	
Have you ever been discharged or asked to resign from a position?	<input type="radio"/> Yes <input type="radio"/> No
Please provide a detailed explanation of all prior disciplinary problems/actions.	

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge.

I understand that if **Texas State Bank** hires me, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I understand that I cannot be hired if I cannot comply with these requirements.

I understand that any employment is conditioned on a background check. I authorize **Texas State Bank** to thoroughly investigate all statements contained in my application or resume. Furthermore, I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to **Texas State Bank**, without giving me prior notice of such disclosure. In addition, I release **Texas State Bank**, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or **Texas State Bank**.

I confirm that no promise regarding employment has been made to me and I understand that no such promise or commitment will be binding on **Texas State Bank** unless it is in writing and signed by an officer of **Texas State Bank**.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. I understand that filling out this form does not indicate there is a position open and does not obligate Texas State Bank to hire me. If hired, I agree to abide by all company work rules, policies and procedures. Texas State Bank retains the right to revise its policies or procedures, in whole or in part, at any time.

(required)	<input type="checkbox"/> I AGREE with the above statement
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Applicant Data Form Pre and Post Offer

Texas Bank is an equal opportunity corporation and does not discriminate on the basis of sex, gender identity, sexual orientation, race, color, religious creed, national origin, physical or mental disability, protected Veteran status, or any other characteristic protected by law with regard to any employment practices, including recruitment, advertising, job application procedures, hiring, and/or other terms, conditions, or privileges of employment, provided the individual is qualified, with or without reasonable accommodations, to perform the essential functions of the job. Individuals who may have inquiries regarding the Company's policy and procedures should contact Cindy Ringer, Executive Vice President at 325-949-3721.

We are required to report certain data regarding our applicants and employees to the government. In order to comply with these requirements, we are required to ask you if you want to provide information regarding your gender, race, and ethnicity. In answering the questions regarding your race/ethnicity, please use the race/ethnicity definitions established by the federal government listed below. Submission of this information is voluntary, and failure to provide it will not subject you to any adverse treatment. The information provided will be maintained confidentially and used only in ways that are consistent with applicable law.

Your cooperation is appreciated.

Position(s) Applied For	
How did you learn of this vacancy?	
Indicate Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> I do not wish to disclose
Indicate Ethnic Group	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> I do not wish to disclose

Indicate Your Race

☐ Hispanic or Latino

☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino)

☐ Asian (Not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

☐ American Indian or Alaskan Native (Not Hispanic or Latino)

☐ Two or more Races (Not Hispanic or Latino)

☐ I do not wish to disclose

Ethnicity and Race Categories	Descriptions
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.
Asian (Not Hispanic or Latino)	A person with 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.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
American Indian or Alaskan 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 five races.

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A “disabled veteran” is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

2. A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

3. An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

4. An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

<p>If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below.</p>	<p><input type="radio"/> I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW</p> <p><input type="radio"/> I AM NOT A PROTECTED VETERAN</p> <p><input type="radio"/> I DO NOT WISH TO ANSWER</p>
<p>Your Name</p>	
<p>Today's Date</p>	

Voluntary Self-Identification of Disability Form CC-305/OMB Control Number 1250-0005/Expires 04/30/2026

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years. Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:	<p><input type="radio"/> Yes, I have a disability, or have had one in the past</p> <p><input type="radio"/> No, I do not have a disability and have not had one in the past</p> <p><input type="radio"/> I do not want to answer</p>
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PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Your Name:	
Today's Date:	

Reasonable Accommodation Needs: If you need any reasonable accommodations to complete this Application Form or other elements of the application process, please let us know. We will attempt to assist you in applying for a job with our company.

Employment-At-Will: I understand and agree that my employment will be at will and may be terminated by me or the Employer at any time for any cause or no cause. I understand and agree that all benefits, programs, rules and policies of the Employer are subject to exceptions or change at will at any time as decided by the Employer. Also, it is understood that your completing this application does not guarantee you a job with the company.

Confidentiality and Trade Secrets: I agree that except at the request and for the benefit of the Employer, I will not disclose to anyone or use for my own purposes any of the Employer's confidential or proprietary information, either during or after my employment. I understand and agree that the Employer's trade secrets, bidding, costs, pricing and marketing information and techniques, designs, methods of engineering and production, financial and market information, computer software, sources of supply, customer names and information and employee names and information are confidential and proprietary information of the Employer; I also agree that I will not make written or other copies of notes regarding these matters except as necessary to perform my job, and I agree that if my employment with the Employer ends, I will deliver to the Employer all material of any kind that I have relating to the Employer, including any such copies or notes. I also agree that I will disclose and assign to the Employer any invention, design or process which I conceive or develop while employed by the Employer relating to the Employer's business or to any product or service offered or being developed by the Employer, and that all such designs or conceptions shall be the property of the Employer.

Searches and Inspections: I agree that Texas State Bank, and subsidiaries may conduct reasonable inspections of any lockers, desks, hardware, software or other Employer property I may be using, and of any of my own property I bring onto the Employer's premises (including vehicles, packages and purses) at any time, and I waive and promise not to make any claims against the Employer (or its employees, directors, owners or agents) relating to such inspection.

Truth/Accuracy/Completeness: I certify that the facts contained in this application are true and complete. I understand that any false statement(s) in this application shall be the basis for my rejection or dismissal from employment. Resumes will not be accepted in lieu of a completed Application Form.

This application is to be completed in its entirety. That means that there will be NO BLANK SPACES. If a question or section does not apply to you or the job you are applying for, then write in the area/section "not applicable" or "N/A" so that we will understand your answer. If you leave any spaces/sections blank the application will be incomplete and invalid. We do not accept incomplete applications.

Authorization and Waiver: The State of Texas allows an employer to obtain information about a person's "job performance." **"Job performance"** means the manner in which an employee performs a position of employment and includes an analysis of the employee's attendance at work, attitudes, effort, knowledge, behaviors, and skills.

I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services which have information about me, to give the Company and subsidiaries any and all information and opinions about me in their possession and which may lawfully be disclosed.

I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to subsidiaries any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

If given a bona fide qualified-conditional job offer, I also authorize the Company to seek, if they desire, medical and health background information on me that could be pertinent to the job(s) I am interested in.

I understand that an offer of employment and continued employment with the Company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

Also, I understand the Company has/may adopt a Binding Arbitration Agreement to resolve any disputes concerning complaints I have about my employment or terms of my employment. I agree to abide by the Company's Binding Arbitration Agreement and waive my right to trial to resolve these issues. I understand that having a job with the Company is consideration for agreeing to this. In addition, the Binding Arbitration Agreement will be for my benefit and the Company's since it will save us both time and money to resolve issues.

Drug Testing and Physical Examinations: I hereby give my consent to Texas State Bank and its agents or independent contractors, to perform appropriate tests or examinations on me for alcohol, illegal drugs, and/or other pre-employment tests, including a pre-employment physical examination, with the results of these tests or examinations to be released Texas State Bank for whatever use it deems fair and appropriate under the circumstances.

Monitoring Activity: I understand the Company may monitor certain employee activity. Particularly communications and the use of communication devices. Use of such communication devices as these may be monitored: telephones, fax machines, computers, e-mails, web pages, cell phones and pagers.

Equal Employment Opportunity Employer: We believe firmly in providing equal employment opportunities to those who apply for a job with us. We will not discriminate in recruitment, processing applications, interviews, hiring, promotions. We will not discriminate on the basis of: race, color, sex, gender, age, religion, national origin, ancestry, marital status, veteran status, parenthood, or physical and mental disability disclosed to us (with or without reasonable accommodation).

Agreement	<input type="radio"/> I understand the terms and statements above and agree to them. Also, I am aware that completion of the Application Form does not in itself mean I will be interviewed for a position or be given a job offer.
Authorization	<div>Signature</div> <div>Date</div>