## APPLICATION FOR EMPLOYMENT TEXAS STATE BANK

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. INITIALS:
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. INITIALS:
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. INITIALS:
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. INITIALS:
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. INITIALS:
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

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.

and includes an analysis of the employee's attendance at work, attitudes, effort, knowledge, behaviors, and skills.

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) Î 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. INITIALS:
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. INITIALS:
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. INITIALS:
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). INITIALS:
Agreement: 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 interviewed for a position or be given a job offer. By signing below I acknowledge my acceptance of the statements and conditions of employment Texas State Bank.
Date Signature of Applicant

PERSO	ONAL I	NFORMATION			
Name:	(First)	(Middle)	(Last)		
Current		(1111111)	(Last)		
Addres	s:				
	Street	City		State	Zip
Perman	ent			State	<u>Zip</u>
Addres	s:				
	Street	City		State	Zip
Telepho	one Nun	ıber: Current:	Permanent:		
			<del>- "</del>		
:					
GENE	RAL IN	FORMATION			
YES	NO	Information			
		Are you 18 years of age or older?			
		If you are under 18 years of age, can you	u provide required	l proof of your e	eligibility, to work?
		Have you filed an application with us be			
		Have you been employed with us before	?		N N N N N N N N N N N N N N N N N N N
		Are you prevented from lawfully becom Immigration Status?	ing employed in t	his country beca	ause of
	-	Are you currently employed?			
		May we contact your present employer?			
		Are you currently on "lay-off status and	subject to recall?		
		Can you travel if a job requires it?			
		Are you available to work Full-Time?		······································	

Have you been convicted of a felony or serious misdemeanor, or have you served time in a county, state or federal correctional institution within the last seven years, for a crime related to the job you are applying for? (Conviction will not necessarily disqualify an applicant from

Are you available to work Part-Time?

Are you available to work Shift Work?

employment. ) If yes, please explain in full in the space below:

Are you available to work?

	Address	Degree/Certification Received	Completed Training
			Yes
			No
			Yes
		-	No
			Yes
			No
ob Title:		_ Dates: From To	)
ob Title:		Dates: From To	)
ob Title:		_ Dates: From To	
ob Title:		Dates: From To	·
Supervisor:		Dates: From To	·
ob Title: Employer: Supervisor: Pay: Starting		Dates: From To Address: Telephone:	· .
ob Title: Employer: Supervisor: Oay: Starting Work performed:		Dates: From To Address: Telephone: Reason for leaving:	
ob Title: Employer: Supervisor: Oay: Starting Work performed: Ob Title:	End	Dates: From To Address: Telephone: Reason for leaving:  Dates: From To	
ob Title: Employer: Supervisor: Oay: Starting Work performed: Ob Title: Employer:	End	Dates: From To  Address:  Telephone:  Reason for leaving:  Dates: From To  Address:	
ob Title:	End	Dates: From To  Address:  Telephone:  Reason for leaving:  Dates: From To  Address:	
Employer:  Employer:  Supervisor:  Pay: Starting  Work performed:  Tob Title:  Employer:  Supervisor:	End	Dates: From To  Address:  Telephone:  Reason for leaving:  Dates: From To  Address:	

Job Title:	Dates: From To
Employer:	<del></del>
Supervisor:	
Pay: Starting End	
Reason for leaving:	
Work performed:	
Job Title:	
Employer:	
Supervisor:	
Pay: StartingEnd	
Reason for leaving:	
Work performed:	
which you are applying:	relative to your ability to perform the functions of the position for
PERSONAL REFERENCES:	
Name Address & Phone #	Business name, address & phone # Position or Occupation

errors or fa	the statements above are true, correc-	t and complete. I have not omitted information or committed any he statements are NOT true, correct and complete, I can be
Date	Si	ignature
	AUTHORIZATION F	FOR RELEASE OF CREDIT RECORDS
TO:	TEXAS STATE BANK OF SA	N ANGELO
FROM:	APPLICANT OR EMPLOYEE	
my credit v	ereby authorized and directed by me will be evaluated as a condition of en ployed, I have a right to be so informe	to secure a current record of my credit history. I understand that imployment, and that should my credit be the reason for my not ed.
I further ur employmer	anderstand that if I am employed, my ent is subject to maintaining a favoral	credit may be periodically reviewed and that my continued ple credit rating.
Signature		
Printed Na	ame	
Social Seco	curity Number	
Date	·	

## Texas State Bank Applicant Data Form-Pre Offer

Texas State Bank is an Affirmative Action Employer. The federal government under Executive Order 11246 requires the Bank to report sex and race/ethnic origin of applicants for employment. Submission of information is **voluntary**, and failure to provide it will not subject you to any adverse treatment. Your cooperation is appreciated.

Name:		•
Last	First	M.I.
Date of Application: #:/	· /	•
Social Security #:/	-	
Position(s) Applied For:		
ndicate how you learned of this vac ] Posting/Job Recording ] Employee ] Direct Inquiry to Personnel ] Advertisement-Please specify source ]Organization-Please specify		
ndicate Sex and Race/Ethnic Group  ] Male [] Female ] White, not of Hispanic Origin ] Black, not of Hispanic Origin ] Asian or Pacific Islander, inc. persons ] Hispanic	: s having origins in the Indian s	

Texas State Bank is an equal opportunity corporation and does not discriminate on the basis of race, color, sex, national origin, religion, age, disability or veteran status in admission or access to, or treatment or employment in, its programs and activities. Individuals who may have inquiries regarding the Bank's policy and procedures should contact David Harrison, Vice President at 325-949-3721.

Name: Date:
This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA) which requires Government contractors to take affirmative action to employ and advance in employment:
<ul><li>(1) disabled veterans;</li><li>(2) recently separated veterans;</li><li>(3) active duty wartime or campaign badge veterans; and</li><li>(4) Armed Forces service medal veterans</li></ul>
These classifications are defined as follows:
A "disabled veteran" is one of the following:
<ul> <li>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</li> </ul>
o a person who was discharged or released from active duty because of a service-connected disability.
<ul> <li>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.</li> </ul>
<ul> <li>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.</li> </ul>
<ul> <li>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.</li> </ul>
If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Your Form DD-214 may help you make this determination. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Submission of this information is voluntary and refusal 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 VEVRAA.
☐ I identify as one or more of the classifications of protected veterans listed above
☐ I am not a protected veteran
☐ I decline to disclose my protected veteran status
If you are disabled veteran, please let us know if there any reasonable accommodations we could make that would enable you to be considered for a job opening or perform the essential functions of the position you hold. We consider requests for accommodation on a case-by-case basis.