



Employment Application

This institution and its employees fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply fully with applicable federal and state employment law, and the information requested on this application will on be used for purposes consistent with those laws. Applications are only accepted for positions currently available, and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

POSITION APPLIED FOR: _____ Date: _____

Branch Location: _____ Salary Expectations: \$ _____

Personal Data

Last Name First Middle Social Security Number

Street Address City State/Zip Code Telephone Number

Are you at least 18 years old? Yes ___ No ___ If not, state your age for child labor law purposes only: _____

Check the following days you are available to work:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

Are there any shift or hours you will not work? Yes ___ No ___ If yes, please explain: _____

Are you available for out of town work? Yes ___ No ___ Are you a United States Citizen? Yes ___ No ___

Will you work overtime, if required? Yes ___ No ___

When will you be able to start work? _____

How did you learn of American Nation Bank? _____

If referral, who were you referred by: _____

Have you ever applied or worked here before: Yes ___ No ___ If yes, provide date: _____

Are you legally authorized to work in the United States: Yes ___ No ___

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes ___ No ___



Applicants Last Name: _____

Note: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

Have you been convicted of a felony within the last seven years? Yes ____ No ____ Date Conviction: _____
Note: Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain, including the penalty imposed: _____

Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or other dishonest conduct, an offense involving the use of a weapon, physical assault, or other violent crimes? Yes ____ No ____
If yes, please explain, including the penalty imposed: _____

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)?
Yes ____ No ____ . If yes, include nature of the intentional tort and the disposition of the action: _____

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

Employment History

Please complete for all full-time or part-time employment beginning with most recent employer.

Current or Most Recent Employer

Company Name (_____) Telephone # _____

Address Dates Employed From To

Name of Supervisor May we contact: Yes ____ No ____ Rate of Pay _____

State job titles

Describe job duties: _____

Reason for leaving: _____



Applicants Last Name: _____



Previous Employment

Company Name (_____) Telephone # _____

Address Dates Employed From To

Name of Supervisor May we contact: Yes ___ No ___ Rate of Pay _____

State job titles

Describe job duties: _____

Reason for leaving: _____



Previous Employment

Company Name (_____) Telephone # _____

Address Dates Employed From To

Name of Supervisor May we contact: Yes ___ No ___ Rate of Pay _____

State job titles

Describe job duties: _____

Reason for leaving: _____



References

Name	Address	Telephone	How long known

***Do not list former employers or relatives**



Applicants Last Name: _____



General Information

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills.)

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including but not limited to embezzlement, forgery, perjury, robbery, tax evasion)? Yes ____ No ____

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign? Yes ____ No ____ If yes, please explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes ____ No ____ If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes ____ No ____ If yes, what was the range of scores used and what was your score? _____

Have you signed a non-compete or non-solicit agreement with any other employer that might restrict you from working for this company? Yes ____ No ____ If yes, please explain: _____

(You may be required to furnish a copy of the agreement)



Education

May or may not be considered depending on job applied for:

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Education	Institution Name	Graduate	Degree Earned	Major	Grade Point
High School		Yes ____ No ____			
College or University		Yes ____ No ____			
College or University		Yes ____ No ____			
Technical/ GED		Yes ____ No ____			
Licenses, Certifications		Yes ____ No ____			



Applicants Last Name: _____



Military

Complete only if you served in the military

Branch of Service: _____ Number of years/months of service: _____

Rank at Discharge: _____ Date of Discharge: _____ Reason for leaving: _____

Describe any military skills, training, or experience you believe are relevant to the job applied for: _____



Applicant's Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

The undersigned acknowledges the employer's right to obtain credit information in relation to the application for employment.

Signature: _____ Date: _____



Institutional use only!

Human Resource Notes:

Interview Date : _____ HR Director: _____





As an equal opportunity employer, we are obligated by Federal and State regulations to monitor our employment practices. To ensure the accuracy of this information, your assistance in this questionnaire will be greatly appreciated.

Information concerning race, sex, veteran's status or disability will not be used to discriminate against or give preference to any individual. This data will be kept separate from the application and is used to statistical purposes only. Response is voluntary and answers will remain confidential.

PRE-EMPLOYMENT VOLUNTARY QUESTIONNAIRE

Race or Ethnic Group

White Black American Indian or Alaskan Native Asian/ Pacific Islander
 Hispanic or Spanish Surname

Sex

Male Female

Individuals with Disabilities

A disabled individual is anyone who has a physical impairment which substantially limits one or more of such person's major life activities; or has a record of such impairment; or is regarded as having such an impairment. For purposes of this Questionnaire, a disabled individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a disability

Do you have a disability? Yes No

Disabled Veterans

A disabled veteran is a person who: is entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more; or was discharged or released from active duty due to a disability incurred or aggravated in the line of duty.

Are you a disabled veteran? Yes No

Veterans of the Vietnam Era

A veteran of the Vietnam Era is a person who: served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged other than dishonorable; or was discharged or released from active duty for a service-connected disability if any part of such duty was performed August 5, 1964 and May 7, 1975.

Are you a veteran of the Vietnam Era? Yes No

Other Eligible Veterans

An Other Eligible Veteran is defined as a veteran who served in a "war." This group also includes those veterans who served in a campaign or an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded, which includes a number of military engagements.

Are you an Other Eligible Veteran? Yes No

Applicants Name: _____ **Signature:** _____



OFCCP VEVRAA Self-Identification Form

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified “protected veteran” category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

It is the policy at the Bank to provide equal employment and advancement opportunities to all qualified individuals. To achieve this goal, the Bank is dedicated to taking affirmative action to employ and advance in employment, qualified disabled persons, disabled veterans, veterans of the Vietnam Era, and other eligible veterans, in compliance with Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974.

The Bank is committed to take voluntary, positive action in providing affirmative action and equal employment opportunity to disabled persons, disabled veterans, veterans of the Vietnam Era, and other eligible veterans. All personnel actions, including recruitment, hiring, training, and promoting persons in all job titles, will be administered without regard to disability, Vietnam Era veteran, or other eligible veteran status, and all employment decisions are based solely on valid job requirements.

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to hire, and provide equal opportunity to qualified people with disabilities¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive Compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular Dystrophy

Please check one of the boxes below:

_____ YES, I HAVE A DISABILITY (or previously had a disability)

_____ NO, I DON'T HAVE A DISABILITY

_____ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. 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.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no person 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.



Authorization to Obtain Credit Report Information from an Outside Source

By submitting this document, I authorize American Nation Bank, Ardmore, Oklahoma to obtain information regarding my creditworthiness, standing, or capacity, character, general reputation, personal characteristics, or mode of living from any outsider source that regularly provides such information. I understand that information from such a report may be used by American Nation Bank, Ardmore, Oklahoma in making a decision regarding my employment.

Applicant

Date

Send completed Application for Employment, along with resume to Mwoodley@bankanb.com or

Fax to (580) 224-3607.