



Member FDIC

Reapplication is required every 90 days for future consideration of employment.

EMPLOYMENT APPLICATION

Please Read Before Completing This Application

Kleberg Bank does not discriminate in hiring or employment on the basis of race, color, religion, national origin, handicap, sex, ancestry or age. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

You have the right to request that the Bank completely and accurately disclose to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Officer within a reasonable amount of time after you complete this application.

I hereby authorize Kleberg Bank to contact all previous employers for the purpose of an employment reference and release all persons and companies from any liability in responding to such requested information.

I hereby acknowledge that I have read and understood the foregoing disclosure.

SIGNATURE	DATE
------------------	------

PLEASE ANSWER EVERY QUESTION. PLEASE PRINT IN INK.

PERSONAL

NAME	(LAST)	(FIRST)	(MIDDLE)	(MAIDEN)	SOCIAL SECURITY NUMBER
ADDRESS					TELEPHONE NUMBER ()
CITY			STATE		ZIP CODE
PREVIOUS ADDRESS (STREET)			(CITY)		(STATE) (ZIP)
APPLYING FOR			POSITION APPLYING FOR:		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			SALARY REQUIREMENTS		
DATE AVAILABLE FOR WORK		WERE YOU REFERRED?		IF "YES", HOW?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE RELATIVES OR KNOW SOMEONE WHO WORKS HERE?	
HAVE YOU EVER BEEN BONDED?		EVER REFUSED BOND?		IF "YES", GIVE NAME & ADDRESS OF COMPANY	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			

SCHOOLS	NAMES AND LOCATIONS OF INSTITUTIONS	FROM MO. YEAR	TO MO. YEAR	GRADUATED	DEGREE
HIGH SCHOOL				<input type="checkbox"/> Y <input type="checkbox"/> N	
COLLEGE				<input type="checkbox"/> Y <input type="checkbox"/> N	
OTHER				<input type="checkbox"/> Y <input type="checkbox"/> N	
COLLEGE MAJOR	# HOURS	MINOR	# HOURS	G.P.A.	ON WHAT SCALE
ARE YOU PRESENTLY PURSUING FURTHER STUDIES?			IF SO, WHERE & WHAT COURSES?		HAVE YOU EVER TAKEN ANY BANKING COURSES?
<input type="checkbox"/> YES <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT					<input type="checkbox"/> YES IF SO, WHICH ONES?
HAVE YOU BEEN PREVIOUSLY EMPLOYED AT KLEBERG BANK? IF "YES", WHEN?				HAVE YOU EVER APPLIED HERE BEFORE? IF YES, WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
AS A LEGAL NECESSITY WE MUST REQUEST OF YOU:	A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU WILL NOT BE OFFERED A JOB. WHAT YOU WERE CONVICTED OF, THE CIRCUMSTANCES SURROUNDING THE CONVICTION AND HOW LONG AGO THE CONVICTION OCCURRED ARE IMPORTANT CONSIDERATIONS IN DETERMINING YOUR ELIGIBILITY. GIVE ALL THE FACTS, SO THAT A FAIR DECISION CAN BE MADE.			<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE INVOLVING DISHONESTY, BREACH OF TRUST INCLUDING (BUT NOT LIMITED TO) ROBBERY, THEFT, EMBEZZLEMENT, FORGERY, PERJURY, TAX EVASION, ETC.?				

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

NAME & ADDRESS OF FORMER EMPLOYERS	DATES EMPLOYED		SALARY	POSITION & DUTIES
	TELEPHONE #	& SUPERVISOR		
COMPANY NAME	FROM MO/YR	TO MO/YR	STARTING	
			LEAVING	
NUMBER & STREET	PHONE () -		Reason For Leaving	
CITY & STATE ZIP	SUPERVISOR			
COMPANY NAME	FROM MO/YR	TO MO/YR	STARTING	
			LEAVING	
NUMBER & STREET	PHONE () -		Reason For Leaving	
CITY & STATE ZIP	SUPERVISOR			
COMPANY NAME	FROM MO/YR	TO MO/YR	STARTING	
			LEAVING	
NUMBER & STREET	PHONE () -		Reason For Leaving	
CITY & STATE ZIP	SUPERVISOR			

Please describe the skills that you feel qualify you for a position with us.

Are you legally eligible for employment in the U.S.? Yes No

IF PRESENTLY EMPLOYED, WHY DO YOU DESIRE TO CHANGE YOUR POSITION?

IF PREVIOUSLY EMPLOYED UNDER OTHER NAMES, PLEASE LIST.

OFFICE SKILLS

PLEASE LIST OFFICE EQUIPMENT AND SOFTWARE PROFICIENCIES

PERSONAL REFERENCES

NAME OF PERSONS (Not Relatives or Former Employers) WHO HAVE KNOWN YOU FOR OVER ONE YEAR	ADDRESS	FIRM AND/OR POSITION	YEARS KNOWN
A.	NUMBER & STREET	PHONE () -	
	CITY	STATE ZIP	
B.	NUMBER & STREET	PHONE () -	
	CITY	STATE ZIP	

READ THOROUGHLY BEFORE SIGNING

I understand that this application will be given every consideration, but its receipt does not imply that I will be employed.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize this employer or its duly authorized representative to conduct any credit investigation deemed necessary. If the credit report is not satisfactory, it may be grounds for refusal to hire or, if hired, dismissal. I understand that unless my background is acceptable to a surety company (not relative to race, color, religions creed, national origin or ancestry) it will be difficult to secure this bond and the company may be unable to offer me employment. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the company. I further understand that if I am employed by the bank, such employment will be "at will" for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me, I agree to be examined by the employer's physician, at the employer's expense, if requested to do so.

may **may not** **contact current employer.**

 Applicant Signature

 Date

DO NOT WRITE IN SPACES BELOW



Member FDIC

EEO DATA FORM

The information requested being collected for the purpose of reporting to Federal, State and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application. Your response is voluntary. Please type or print in black ink.

SSN	LAST NAME	FIRST	MI
ADDRESS	CITY	STATE	ZIP ()
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		POSITION APPLIED FOR:	

Select one of the following categories of which you identify:

<input type="checkbox"/>	WHITE. (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/>	BLACK. (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture/origin, regardless of race.
<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER. All persons having origins in any of the original Peoples of the Far East, Indian Subcontinent, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE. All persons having origins in any of the original peoples of North America.

Select one of the following category(ies) with which you identify:

<input type="checkbox"/>	VETERAN. I served actively in the United States Army, Navy, Marine Corps, Air Force or Coastal Guard, in a reserve unit of one of these military components, or in The National Guard of the United States, and was discharged or released under conditions other than Dishonorable.
<input type="checkbox"/>	DISABLED VETERAN. I have a disability which entitles me to Veterans Administration disability compensation rated at 30 percent or more, or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
<input type="checkbox"/>	VETERAN OF THE VIETNAM ERA. I served more than 180 days on active duty with one of the United States Armed Forces (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; (2) in all other cases, between August 5, 1964, and May 7, 1975; or he/she met either of the preceding criteria and was discharged or released from active duty for a service-connected disability.
<input type="checkbox"/>	ORPHAN OF A VETERAN. I am the child of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
<input type="checkbox"/>	SURVIVING SPOUSE OF VETERAN. I am the surviving spouse, who has not remarried, of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
<input type="checkbox"/>	OTHER VETERAN DESIGNATION. I served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and has been discharged with other than a dishonorable discharged or has been discharged for an established service-connected disability, and is competent.

How did you find out about this job?

<input type="radio"/> Job Fair	<input type="radio"/> Professional Organization	<input type="radio"/> Newspaper _____
<input type="radio"/> Professional Publication	<input type="radio"/> Walk-in	<input type="radio"/> Friend
<input type="radio"/> Texas A&M Employment Office	<input type="radio"/> Job Line	<input type="radio"/> Internet
<input type="radio"/> Job Bulletin	<input type="radio"/> Texas Employment Commission	<input type="radio"/> Other _____

SIGNATURE	DATE
------------------	------

Authorization to Obtain Credit Report Information
From an Outside Source

By signing this document, I hereby authorize Kleberg First National Bank to obtain information regarding my creditworthiness, standing or capacity, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that Kleberg First National Bank, in making a decision regarding my future employment with them, may use information from such a report.

Signature of Applicant

Date