



Application for Employment

PO Box 130, Hondo, TX 78861

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for, Date of application, Referral Source (Advertisement, Employee, Relative, Government Employment Agency, Walk In, Private Employment Agency, Other), Name, Address, Telephone#, Mobile/Beeper/Other Phone#, E-mail

If necessary, best time to call you at home is ___:___ am/pm

May we contact you at work? ___ yes ___ no

If yes, work number and best time to call () ___:___ am/pm

If you are under 18 and it is required, can you furnish a work permit? ___ yes ___ no

If no, please explain _____

Have you submitted an application here before? ___ yes ___ no

If yes, give dates From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? ___ yes ___ no

Date available for work ___/___/___ What is your desired salary range? \$___

Type of employment desired ___ Full-Time ___ Part-Time ___ Temporary ___ Seasonal ___ Educational Co-op

Will you relocate if job requires it? ___ Yes ___ No Will you travel if job requires it? ___ yes ___ no

Are you able to meet the attendance requirements of the position? ___ yes ___ no

Will you work overtime if required? ___ yes ___ no

If no, please explain _____

Have you ever been bonded? ___ yes ___ no

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? ___ yes ___ no

If yes, please provide date (s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary).

Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE# ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE			
		HOURLY RATES/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING			
		HOURLY RATES/SALARY FINAL	
		\$ PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
EMPLOYER	TELEPHONE# ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
STARTING JOB TITLE/FINAL JOB TITLE			
		HOURLY RATES/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING			
		HOURLY RATES/SALARY FINAL	
		\$ PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
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REASON FOR LEAVING			
		HOURLY RATES/SALARY FINAL	
		\$ PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
EMPLOYER	TELEPHONE# ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING			
		HOURLY RATES/SALARY FINAL	
		\$ PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying. _____

Educational Background (if job related)

- A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable)

A.SCHOOL	B.NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors.

If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Additional Information

List profession, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE,

COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS. _____

List any additional information you would like us to consider. _____

EXPERIENCE/JOB SKILLS

COMPUTERS:

- PCS
 - MAINFRAME
- LIST MODELS USED:

WORK PROCESSING:

- LETTERS
- STATISTICAL
- TECHNICAL
- MANUSCRIPT

TYPING:

- MANUAL
 - ELECTRICAL
- ____WPM

BOOKEEPING/ACCOUNTING:

- MANUAL
- COMPUTERIZED
- GENERAL LEDGER
- TRIAL BALANCE
- ACCOUNTS PAYABLE
- BANK RECONCILIATION
- OTHER _____

SECRETARIAL:

- GENERAL
- EXECUTIVE
- BILINGUAL
- COLLECTIONS
- FILINGS
- RECEPTION
- MICROFILM RESEARCH

SOFTWARE:

- WINDOWS
 - DOS
 - LOTUS
 - WORD PERFECT
 - MICROSOFT WORD
 - OTHER _____
- _____

GRAPHICS:

- DESK TOP PUBLISHING
- IBM
- OTHER _____
- SOFTWARE USED
- PAGEMAKER
- WORD
- CAD
- VENTURA

PRODUCTIONS:

- COMPUTERIZED
 - MANUAL
 - INVENTORY
 - PURCHASING
 - OTHER _____
- _____

GENERAL:

- LASER PRINTERS
- IBM
- HEWLETT/PACKARD
- OTHER _____

- ADDING MACHINES
- TEN KEY TOUCH
- FULL KEY

- PROOF MACHINES
- SINGLE POCKET
- UNISYS NCR
- MULTI POCKET
- UNISYS NCR

- TELLER SYSTEMS
- VERTEX
- NET TELLER
- CRI

- READER/SORTER
- BANIC TECH
- _____

AUTHORIZATION/ RELEASE FORM

I hereby authorize Community National Bank and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written pertaining to me to Community National Bank or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Community National Bank, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability from damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand that all information furnished below will only be used to initiate the comprehensive review of my background and/or consumer report.

Print Name _____				
	(First)	(Middle)	(Last)	(Maiden)
Former Name(s) and Dates used: _____				
Current Address:	Since _____	_____		
	(Mo/Yr)	(Physical Street)	(City)	(State/Zip)
Previous Address:	Since _____	_____		
	(Mo/Yr)	(Physical Street)	(City)	(State/Zip)
	Since _____	_____		
	(Mo/Yr)	(Physical Street)	(City)	(State/Zip)
	Since _____	_____		
	(Mo/Yr)	(Physical Street)	(City)	(State/Zip)
DOB ____/____/____	Soc Sec No. _____	Drivers License Number/State _____		
Signature: _____		Date: ____/____/____	Phone: _____	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer its representative, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration, I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____