

Application for Employment

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

Privacy Policy:

Our privacy policy protects the privacy of your personally-identifying information that you provide us online.

Security Notice:

You should ONLY fill this application on-line if you are using a browser, such as Netscape or Explorer, 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) Complete and print this application.
- 2) Mail to Lytle State Bank, P. O. Box 575, Lytle, TX 78052 or drop off at 14631 S. FM 2790 W., Lytle, TX 78052

Lytle 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:

Name (Last, First MI):

Social Security Number:

Address (Street, City, State, Zip Code):

Telephone:

Other Number:

Email Address:

Position Applied For:

REFERRAL SOURCE:

Walk-In

Other Internet

Government Employment Agency

Employee

School

Other:

Advertisement

Job Fair

Company's Website

Staffing Agency

PRE-EMPLOYMENT QUESTIONS:

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 date(s) and position(s):

Have you ever been employed here before? Yes No

If **yes**, give dates (mm/dd/yyyy): From / / To / /

Are you legally eligible for employment in this country? Yes No

Date available for work (mm/dd/yyyy): / /

What is your desired salary range or hourly rate of pay? \$ per

Type of employment desired:

Full-Time Part-Time Seasonal Temporary Educational Co-Op

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?

N/A Yes No

Will you work overtime if required? Yes No

If **no**, please explain:

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

Number: State:

Have you ever been bonded? Yes No

Answering "yes" to the following question 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.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? Yes No

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

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If yes, please explain:

EMPLOYMENT HISTORY:

Starting with your most recent employer, provide the following information:

Employer: Telephone: () -

Address:

Starting Job and Final Job Title:

Immediate supervisor and title (for most recent position held):

May we contact for a reference? Yes No

Why did you leave?

Summarize the type of work and job responsibilities:

What did you like most about your position?

What did you like least about your position?

Dates Employed (mm/yyyy): / to /

Starting Compensation: Hourly Salary

\$ per

Final Compensation: Hourly Salary

\$ per

Employer: Telephone: () -

Address:

Starting Job and Final Job Title:

Immediate supervisor and title (for most recent position held):

May we contact for a reference? Yes No

Why did you leave?

Summarize the type of work and job responsibilities:

What did you like most about your position?

What did you like least about your position?

Dates Employed (mm/yyyy): / to /

Starting Compensation: Hourly Salary

\$ per

Final Compensation: Hourly Salary

\$ per

Employer: Telephone: () -
Address:
Starting Job and Final Job Title:
Immediate supervisor and title (for most recent position held):
May we contact for a reference? Yes No
Why did you leave?
Summarize the type of work and job responsibilities:
What did you like most about your position?
What did you like least about your position?
Dates Employed (mm/yyyy): / to /
Starting Compensation: Hourly Salary
\$ per
Final Compensation: Hourly Salary
\$ per

Employer: Telephone: () -
Address:
Starting Job and Final Job Title:
Immediate supervisor and title (for most recent position held):
May we contact for a reference? Yes No
Why did you leave?
Summarize the type of work and job responsibilities:
What did you like most about your position?
What did you like least about your position?
Dates Employed (mm/yyyy): / to /
Starting Compensation: Hourly Salary
\$ per
Final Compensation: Hourly Salary
\$ per

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

SKILLS AND QUALIFICATIONS:

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing:	Years:	<input type="checkbox"/> Internet:	Years:
<input type="checkbox"/> Spreadsheet:	Years:	<input type="checkbox"/> Other:	Years:
<input type="checkbox"/> Presentation:	Years:	<input type="checkbox"/> Other:	Years:
<input type="checkbox"/> E-mail:	Years	<input type="checkbox"/> Other:	Years:

EDUCATIONAL BACKGROUND:

Starting with your most recent school attended, provide the following information.

School (include City and State):

Years Completed: Type of Completion:Choose Type: Major/Minor:

School (include City and State):

Years Completed: Type of Completion:Choose Type: Major/Minor:

School (include City and State):

Years Completed: Type of Completion:Choose Type: Major/Minor:

School (include City and State):

Years Completed: Type of Completion:Choose Type: Major/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:

Title:

Telephone: () -

Relationship:

Number of years known:

Name:

Title:

Telephone: () -

Relationship:

Number of years known:

Name:

Title:

Telephone: () -

Relationship:

Number of years known:

RELATED INFORMATION:

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude information 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.

Organization:

Offices Held:

Organization:

Offices Held:

Organization:

Offices Held:

List any special accomplishments, publications, awards, etc...

Exclude information 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.

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

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

I expressly authorize, without reservation, the employer, its representatives, 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any 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 for me 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 with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, joke, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

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) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Affirmative Action Voluntary Form

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/ reserve/ national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for:

Date (mm/dd/yyyy): / /

Referral Source:

- Walk-In
- Employee
- Advertisement – Source
- Government Employment Agency

- Relative
- Private Employment Agency
- School
- Other:

Applicant Information

Name:

Telephone: () -

Address:

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|--|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black/African America |
| <input type="checkbox"/> White | |

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** _____