

APPLICATION FOR EMPLOYMENT

FIRST COMMUNITY

(PLEASE PRINT CLEARLY)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

REFERRAL SOURCE ___ Advertisement ___ Relative ___ Walk-in ___ Website
___ Employment Agency ___ Government Employment Agency ___ Other

First Community Bank does not discriminate on any employment practice on the basis of race, religion, color, sex, age, national origin, marital status, veteran's status, the presence of a non-job-related medical condition or disability. No question on this application is intended to secure information which could be of a discriminatory nature.

Name
Present address
Telephone Numbers: Home () Cell ()
Previous address
Social Security Number

Were you previously employed by us? yes ___ no ___ If yes, when? _____

Have you ever applied for employment with us before? yes ___ no ___ If yes, when? _____

Are you legally eligible to work in the United States? yes no

Are you currently employed? yes no

Can you travel if the job requires it? yes no

Have you ever been bonded? yes no

Have you ever been convicted of a felony yes no

If yes, please explain. _____

Were you in the U.S. Armed Forces? yes ___ no ___ If yes, what branch? _____

Are you available to work ___ full time ___ part time ___ temporary ___ shift work ___ overtime

If an employment offer were made, on what date would you be available for work? _____

RECORD OF EMPLOYMENT

(Please list most recent employment first.)

Name and Address of Company and Type of Business	FROM		TO		Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Title/Job duties:							
Telephone								

Name and Address of Company and Type of Business	FROM		TO		Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Title/Job duties:							
Telephone								

Name and Address of Company and Type of Business	FROM		TO		Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Title/Job duties:							
Telephone								

Name and Address of Company and Type of Business	FROM		TO		Monthly Starting Salary	Monthly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Title/Job duties:							
Telephone								

(Please note if you have worked under a different name for any of these employers.)

I hereby give my permission to contact the employers listed above concerning my prior work experience.

Signed _____

Please indicate any employers you do not wish us to contact.

Describe the skills and aptitudes you possess that would qualify you for a position with First Community Bank

RECORD OF EDUCATION

SCHOOL	Name and Address of School	Course of Study	Dates Attended	Circle last year completed	List diploma or degree
High School/ Prep School		N/A	N/A	1 2 3 4	N/A
Trade/ Business School				1 2 3 4	
College				1 2 3 4	
Graduate Work/ Other (<i>Specify</i>)				1 2 3 4	

Foreign Languages

Language _____
 Language _____

(Please Circle)

Speak Read Write
 Speak Read Write

Fluency Level

Good Fair
 Good Fair

PERSONAL REFERENCES

Please list three references who are not former employers or relatives.

Name and Occupation	Address	Telephone	Years Known
1.			
2.			
3.			

Please list professional, trade, business, or civic associations and any offices held. (Exclude organizations which would reveal sex, race, religion, national origin, age, disability, veteran or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, disability, veteran or other protected status.)

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Bank to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I authorize the Bank to investigate criminal court records and as a result I will be requested to complete an Authorization to Obtain Consumer and Investigative Consumer Report form.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. Because of amendments to the Fair Credit Reporting Act in 1997, I understand that extra procedures are required of the Bank. Thus, I will be notified as to those procedures if my application for employment necessitates a credit report. I further understand that any false information, misleading statements or omission of facts will be sufficient cause for rejection of my application if the Bank has not employed me and for immediate dismissal if the Bank has employed me.

I understand the Bank promotes an alcohol/drug free workplace. I agree to abide by the guidelines set forth in the Bank's alcohol/drug abuse policy. I understand it is the practice of the Bank to conduct pre-employment alcohol/drug testing at specific locations. Failure to successfully pass the Bank's drug screening procedure will preclude my employment application from further consideration. As such, by making application for employment I consent to alcohol/drug screening as directed by the Bank. I will comply with all rules, regulations, and policies set forth in the Bank's policy manual or other communications distributed by the Bank.

I understand that nothing in this employment application, in the Bank's policy statements or personnel guidelines, or in my communications with any Bank official is intended to create an employment contract between the Bank and me. I also understand that the Bank has the right to modify any of its policies without giving notice of the changes to me. No promises of employment have been made to me. I acknowledge that the Bank employs individuals under the employment-at-will doctrine and that this is not subject to any changes. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the Bank retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statements.

Signature of Applicant _____
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewer Name	Comments

Employed: YES NO Date of employment _____

Position _____ Department _____

Monthly Salary _____

Notes:

EMPLOYMENT DATA RECORD

____ I do not wish to provide the information requested below.
(Please Print)

First Community Bank is subject to Federal regulations requiring reporting of certain information on applicants for employment. To assist in this effort, all applicants are requested to complete this form. **Your cooperation is strictly voluntary.** This form will be kept separate from your employment application and the information contained will be kept confidential. It will not be available to personnel involved in the hiring process. The information given will be used only for reporting purposes in accordance with Federal laws and regulations.

If you do not wish to provide this information, please print your name, the date and please indicate such fact in the appropriate space below. **Your decision in this regard will not affect your application.**

SECTION 1 (To be completed pre-offer)

Date _____ Position applied for _____

Name _____

Address _____

-

City _____ State _____ Zip _____

Social Security Number _____ Male _____
Female _____

Race/Ethnic Origin: (Check One)

- ____ White
- ____ Hispanic or Latino
- ____ Black or African American (not Hispanic or Latino)
- ____ Asian (not Hispanic or Latino)
- ____ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- ____ American Indian/Alaskan Native (not Hispanic or Latino)
- ____ Two or More Races

SECTION 2 (To be completed post-offer)

Check if any of the following are applicable:

- ____ Vietnam Era Veteran
- ____ Other Protected Veteran
- ____ Newly Separated Veteran
- ____ Special Disabled Veteran
- ____ Disabled Individual

If you wish to be considered disabled for purposes of our Affirmative Action Program please identify your disability and what accommodations, if any, you may need to successfully perform your work.

Revised March 2008

**FIRST COMMUNITY BANK
CORPUS CHRISTI, TEXAS**

**CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT
DISCLOSURE**

First Community Bank may obtain a “consumer report” including but not limited to your personal background and credit information through credit agencies, records search, or other sources for purposes related to your application for employment or continued employment with First Community Bank including hiring, promotion, reassignment, or retention. First Community Bank may also obtain an “investigative consumer report,” as defined by the Fair Credit Reporting Act, to evaluate your personal background including character, general reputation, personal characteristics, and mode of living through personal interviews with neighbors, friends, associates, or other resources for purposes related to your application for employment or continued employment with First Community Bank. The Fair Credit Reporting Act requires that this disclosure inform you of your rights which are disclosed and titled “A Summary of Your Rights Under the Fair Credit Reporting Act.”

FIRST COMMUNITY BANK CORPUS CHRISTI, TEXAS

AUTHORIZATION TO OBTAIN CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT

The undersigned authorizes First Community Bank to obtain background and credit information through credit agencies, records search, or other sources for purposes related to the undersigned's application for employment or continued employment with First Community Bank including hiring, promotion, reassignment, or retention. The undersigned also authorizes First Community Bank to obtain an "investigative consumer report," as defined by the Fair Credit Reporting Act, to evaluate my personal background including character, general reputation, personal characteristics, and mode of living through personal interviews with neighbors, friends, associates, or other sources for purposes related to my application for employment or continued employment with First Community Bank. This authorization shall automatically remain effective throughout the application process and employment relationship, should one exist.

Signature

Date

PLEASE PRINT IN BLOCK, CAPITAL LETTERS

First Name

Middle(Maiden)

Last

Address

City/State/Zip Code

List any other last names you have ever used (maiden/former married name) and the years used:

Social Security Number _____

Position Applying For _____

Driver's License Number _____

State _____

Date of Birth _____

*** Information regarding date of birth is used for the sole purpose of securing background check information. It is in no way intended to be used for employment decisions.**

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (CRA's) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information and CRA's, specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>). You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA - usually to consider an application you have submitted to a creditor, insurer, employer, or other business, or to consider you for an unsolicited offer of credit.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can find out what is in your file.** Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning "risk scores", "credit scores", or other economic predictors that are in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report within 60 days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable actions toward you - such as denying an application for credit, insurance, or employment - must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's - to which it has provided data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Revised March 2008

- **Inaccurate information must be corrected or deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell the third party who furnished information to a CRA - such as a creditor who reports to a CRA - that you dispute an item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll free telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll free number, it must keep you off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA give several different agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection - FCRA Washington, D.C. 20580 *202-326-xxxx
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. 20219 *800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 *202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 *800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 *703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 *800-934-FDIC
Air, surface, or rail common carriers regulated by former civil Aeronautics Boards or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, D.C. 20590 *202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administration - GIPSA Washington, D.C. 20250 *202-720-7051