

Application for Employment

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

Please Print

Position applied for _____ Application Date ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone () _____ Cellular/Other # () _____ E-mail address _____

Shift preferred ☐ 1 ☐ 2 ☐ 3 ☐ Any Expected pay _____

Would you accept full-time work? ☐ Yes ☐ No Would you accept part-time work? ☐ Yes ☐ No

On what date would you be available for work? _____

If necessary, best time to call you is _____ : _____ AM
PM ☐ Home ☐ Cellular/Other

How were you referred to our Company? _____

Have you submitted an application here before? ☐ Yes ☐ No If yes, please give date(s) and position(s): _____

Have you ever been employed here? ☐ Yes ☐ No If yes, please give dates: _____

Is this application a request for reemployment following an extended military leave of absence from our Company? ☐ Yes ☐ No
If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? (If yes, proof is required if hired.) ☐ Yes ☐ No

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

NOTE: 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 the extent permitted by law.

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

Will you travel if required? ☐ Yes ☐ No Will you work overtime if required? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ☐ Yes ☐ No ☐ N/A

Have you ever been bonded? ☐ Yes ☐ No

Please provide your driver's license number, if driving is required for this job. _____ State _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our Company? ☐ Yes ☐ No If yes, please explain: _____

NOTE: 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: _____

Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

☐ Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

☐ Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

☐ Employer _____

Contact Name _____ E-mail _____

Address _____ Phone () _____

Job Title _____ Supervisor _____

Dates employed: from (mm/yy) ____/____ to (mm/yy) ____/____ Hourly rate/salary: starting ____/____ final ____/____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employment Experience (continued)

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

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain: _____

Education Background

High School: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? ☐ Yes ☐ No Degree or diploma _____

Continuing Education: _____

Special Training or Skills

Languages, machine operation, etc., that would be of benefit in the job for which you are applying.

Social Security Number

SS# _____ — — The Company will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers 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	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

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, résumé 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 nondefamatory 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 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.

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 as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature _____ Date ____/____/____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

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

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

EEO-1 Self-Identification Form

American National Bank & Trust is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, **American National Bank & Trust** invites applicants to **voluntarily** self-identify their gender, race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For: _____

Location of Position: _____

Referral Source(s): ☐ State Employment Agency ☐ Friend ☐ Relative

☐ Walk-In

☐ Company Website

☐ Other _____

Name: _____ Phone _____ - _____ - _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

1. Gender

☐ Male

☐ Female

2. Ethnicity

Are you Hispanic or Latino? *A person of Cuban, Mexican, Puerto Rican, Central or South*

American, or other Spanish culture or origin, regardless of race.

☐ Yes, I am Hispanic or Latino. ☐ No, I am not Hispanic or Latino.

3. Race

IMPORTANT – If you checked “No, I am not Hispanic or Latino” on #2, then check one or more of the following, as they apply:

☐ White

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Black or African American

A person having origins in any of the Black racial groups of Africa.

☐ American Indian/Alaskan Native

A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

☐ Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

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. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

☐ I am not a veteran. (I did not serve in the military.)

☐ I belong to the following classifications of protected veterans (Choose all that apply):

☐ DISABLED VETERAN

☐ RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

☐ ARMED FORCES SERVICE MEDAL VETERAN

☐ I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

☐ I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

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.



AUTHORIZATION FOR BACKGROUND INVESTIGATION and FAIR CREDIT REPORTING ACT (FCRA) ACKNOWLEDGEMENT

By signing below, I acknowledge receipt of the following notices and certify that I have read and understood them:

- PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU

By signing below, I authorize **Financial Professionals** ("the Company"), which is third party hired by American National Bank & Trust to conduct background investigations and to obtain "**consumer reports**" and "**investigative consumer reports**" about me for employment purposes at any time during the hiring process and throughout my employment, if applicable. Further, I acknowledge by my signature below that I have read and understand my rights under the Fair Credit Reporting Act ("FCRA").

Financial Professionals contract with VeriCorp on all background screenings. To enable VeriCorp, a consumer reporting agency, to complete the above reports about me for the Company, I hereby authorize, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or other party to furnish information about me to VeriCorp.

Signature: _____

Date: _____

Printed Name: _____

Witnessed by: _____

Date: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

First Name	Middle Name	Last Name
Social Security Number	Date of Birth (mm/dd/yyyy)	Please Check One of the Following
		<input type="checkbox"/> Male <input type="checkbox"/> Female

Please provide Alias/Maiden/Previous Name(s). Use the back of this form if more space is needed

First Name	Middle Name	Last Name	Years Used

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

Address	City	State	County & Zip Code	Dates To-From

Complete if applying for a position that may involve driving a motor vehicle.

Driver's License Number	State Issued	Expiration Date

EMAIL ADDRESS (If you wish to be contacted this way)

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A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

- **You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580 (877) 382-4357