

**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**



We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital, veterans' status, sex, national origin, disability, sexual orientation, gender identity or any other legally protected status.

GENERAL INFORMATION

Full Legal Name (Print): _____

Home or Nearest Phone: _____

Address: _____

Emergency Phone #: _____ Social Security No.: _____ - _____ - _____

Are you over the age of 18? Yes No

Do you have the legal right to work in the United States? Yes No

Position(s) applied for: _____

How soon could you report to work? _____

Type of employment:

Rate of Pay Expected: _____

Full Time Part Time Temporary

What days and hours if part time? DAYS: _____

HOURS: From _____ AM/ PM To _____ AM/ PM

EDUCATION

Name and Address of School	Courses Majored In	Indicate Last Year Completed
High School:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 10 11 12
College:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4
College Degree:		Year Attained:

BACKGROUND INFORMATION

Have you applied for a job with us before? Yes No If so, when? _____

Have you ever worked for us before? Yes No If so, when? _____

Are you Bondable, i.e., over the age of 18? Yes No

Have you ever been denied Bond? Yes No

Have you ever been convicted of or pled guilty or "no contest" to a felony? Yes No

If so, state offense, date, court, and place where conviction occurred: _____

NOTE: Conviction of a felony may not automatically disqualify an applicant for employment.

Are you employed now? Yes No

If so, when do you desire to make a change: _____

WORK RECORD

(Start with most recent or present employer and complete in full.)

1. Prior Employer Name: _____

Address: _____

Immediate Supervisor: _____ Date Hire: _____ Starting Rate: _____

Job Title & Duties: _____ Date Left: _____ Last Rate: _____

Reason for Leaving: _____

May we contact this employer: Yes No Telephone No.: _____

2. Prior Employer Name: _____

Address: _____

Immediate Supervisor: _____ Date Hire: _____ Starting Rate: _____

Job Title & Duties: _____ Date Left: _____ Last Rate: _____

Reason for Leaving: _____

May we contact this employer: Yes No Telephone No.: _____

3. Prior Employer Name: _____

Address: _____

Immediate Supervisor: _____ Date Hire: _____ Starting Rate: _____

Job Title & Duties: _____ Date Left: _____ Last Rate: _____

Reason for Leaving: _____

May we contact this employer: Yes No Telephone No.: _____

4. Prior Employer Name: _____

Address: _____

Immediate Supervisor: _____ Date Hire: _____ Starting Rate: _____

Job Title & Duties: _____ Date Left: _____ Last Rate: _____

Reason for Leaving: _____

May we contact this employer: Yes No Telephone No.: _____

(Continue on reverse if additional space is needed)

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

PERSONAL REFERENCES

(Do not list relatives or former employers)

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

APPLICANT'S CERTIFICATION



PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING JOB APPLANT'S CERTIFICIATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and, except as indicated above, I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as Shamrock Bancshares, Inc. may make regarding driving records, law enforcement records, credit reports and my general background.

I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between Shamrock Bancshares, Inc. and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon Shamrock Bancshares, Inc. unless made in writing by or with the express written consent and authorization of Guy Sims. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that Shamrock Bancshares, Inc. retains the same right.

I understand that, depending on the position applied for, prior to being offered employment with Shamrock Bancshares, Inc. I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability, which will affect my ability to take the test, I will so inform Shamrock Bancshares, Inc. prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Shamrock Bancshares, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, the policies and rules, which are issued by Shamrock Bancshares, Inc., are not conditions of employment and that Shamrock Bancshares, Inc. may revise policies or procedures, in whole or in part, unilaterally at any time.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH SHAMROCK BANCSHARES, INC.

Signature of Applicant

Date

**NOTICE OF CRIMINAL HISTORY CHECK
AND PERMISSION TO PERFORM
CRIMINAL HISTORY INVESTIGATION**



This employer performs a criminal history check through CBC Innovis on every applicant for employment. **By your signature below, you are giving Shamrock Bancshares, Inc. permission to conduct a criminal history investigation with respect to the information below.**

Name of Applicant: _____

Signature of Applicant: _____

Alias Names (including all married names): _____

Date of Birth: _____

Social Security No.: _____

**RELEASE OF
EMPLOYMENT/PERSONNEL INFORMATION
AND WAIVER OF CONFIDENTIALITY**



This employer checks prior employment references on all applicants for employment. In order to facilitate Shamrock Bancshares' investigation into your prior employment, please sign the following waiver and release.

In connection with my application for employment with Shamrock Bancshares, Inc., I _____ (name), hereby give permission to the following previous employers whom I have listed below:

1. _____
2. _____
3. _____

to release information contained in my employment file and/or personnel file that concerns or relates to my work performance, work attitude, skills, character, and reason for leaving employment to Shamrock Bancshares, Inc., and any agent, officer or employee of Shamrock Bancshares, Inc. **This waiver and release does not include or cover confidential medical information or information relating to work-related injuries that may be contained in my employment and/or personnel files.**

This constitutes my waiver of confidentiality and privacy, and a release of information contained in my employment and/or personnel files as stated above. A copy of this Release of Employment/Personnel Information and Waiver of Confidentiality shall have the same force and effect as an original.

Name of Applicant: _____

Signature of Applicant: _____

Social Security No. of Applicant: _____ Date: _____

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

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 20006.**

- **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 identify 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.
- **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.

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 Bureau:

2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20006
 - b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

 - a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
 - c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
 - d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access
United States Small Business Administration
406 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

NOTICE OF CONSENT
(Applicant's Copy)



NOTICE TO APPLICANT:

As part of its employment application screening process, Shamrock Bancshares, Inc., uses a credit reporting agency to conduct personal background checks and credit checks on all applicants for employment. The information Shamrock Bancshares, Inc. receives from the credit reporting agency will come to Shamrock Bancshares, Inc. in the form of a "consumer credit report." The consumer credit report may contain information pertaining to the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The consumer credit report may also contain information relating to the criminal record or history of the applicant going back in time.

Under the federal Fair Credit Reporting Act, as well as under some states' laws, you have certain legal rights pertaining to any consumer credit report requested by Shamrock Bancshares, Inc. regarding you. Before taking any adverse action regarding your application for employment, Shamrock Bancshares, Inc. must provide to you a summary of your legal rights under the Fair Credit Reporting Act, a copy of the consumer credit report containing any information which lead to an adverse decision regarding your employment, and the name, address and telephone number of the consumer reporting agency that provided the consumer credit report.

By signing the CONSENT below, you are authorizing Shamrock Bancshares, Inc. to obtain a consumer credit report about you in accordance with federal and state law.

By checking this box, you are requesting to receive a copy of the consumer credit report we obtain.

CONSENT

I, _____ (PRINT NAME), give my consent for Shamrock Bancshares, Inc., to request and obtain a consumer credit report regarding me in accordance with the Fair Credit Reporting Act, and any applicable state law. I understand that a consumer credit report may contain information pertaining to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I also understand that the consumer credit report may contain information relating to my criminal record or history.

Signed: _____

Date: _____

NOTICE OF CONSENT
(Shamrock Bank's Copy)



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Signed: _____

Date: _____

INVITATION FOR SELF-IDENTIFICATION (AFFIRMATIVE ACTION SURVEY)



It is the policy of this Company (Shamrock Bancshares, Inc.) to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, sexual orientations, race, color, religion, creed, national origin, disability, veteran, or marital status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application of Employment.

Government Agencies require periodic reports on the gender, ethnicity, disability, and veteran status of applications. This data is for analysis and affirmative action only. This information is voluntary and will be treated confidentially. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Name: _____ Male Female

Job for which Application is submitted: _____

Location where you are making Application: _____

Referred by: _____ Date: _____

Check one of the following:

- White.** *An individual, not of Hispanic origin, with origins in any of the original peoples of Europe, North Africa, or the Middle East.*
- African American (Black).** *An individual, not of Hispanic origin, with origins in any of the Black racial groups of Africa.*
- Hispanic or Latino.** *A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture.*
Check One: (Black) (Latino) (White)
- Native Hawaiian.** *A person with origins in the original Hawaiian tribes.*
- Other Pacific Islander.** *A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippines, and Samoa; and, on the Indian Subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.*
- American Indian/Alaskan Native.** *A person with origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.*
- Other.** *Please specify:* _____

FOR OFFICIAL USE ONLY

- | | |
|---|---|
| A – Hired | G – Failed to Provide Required Docs. |
| B – Declined | H – Salary Requirements |
| C – Not Best Qualified | I – No Openings |
| D – Unfavorable Reference Check | J – Does Not Meet Educ. Req. |
| E – Unfavorable Interview | K – Withdrew Application |
| F – Unsatisfactory Experience/Qualifications | L – Qualified Applicant/No Opening |

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

Veteran Status Pre-Offer Solicitation

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**
- (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.

call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected Veterans listed above
- I am not a protected Veteran
- I decline to disclose my Veteran status