

For your privacy, please place your completed application in an envelope and mail to:
PointBank, Human Resources Department, P.O. Box 278, Pilot Point, TX 76258

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex (including pregnancy), marital status, disability, age, veteran status, and any other status as protected by applicable law. No question on this application is intended to secure information to be used in a discriminatory manner. Receipt of your completed application does not imply that you will be employed. Consideration of your application for employment necessitates that you apply for a specific position, you meet all minimum qualifications required for that position, and that you complete all required application forms in full.

(PLEASE ANSWER ALL QUESTIONS COMPLETELY.)

PERSONAL DATA

Name _____ Date _____
(Last) (First) (Middle)

Address _____ Telephone: Home ____ / ____
(Street) (City) (State) (Zip)

Are you 18 years of age, or over? Yes No

Cell ____ / ____

Are you authorized to work in the United States? Yes No

Business ____ / ____

(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used in prior employment _____

GENERAL INFORMATION

Applying for position as _____ Salary Requirement _____
 Full-Time Part-Time Temporary Which location _____

Date Available _____ Would you object to shift work? Yes No

Have you previously applied for work with our company? Yes No

If yes, when? _____ Type of position for which you applied _____

How were you referred to our company?

Employee Advertisement School Drop in Agency Other

Name of referral source indicated above _____

Have you ever plead guilty to, been convicted of, received probation or deferred adjudication for a criminal offense (see "Convictions", Page 4)? Yes No

If yes, give date and circumstances _____

Have you ever been involuntarily discharged from a position? Yes No

If yes, give date and circumstances _____

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or other health care provider selected by the company? Yes No

EMPLOYMENT**LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.**

Current, or last, employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

EMPLOYMENT (Continued)

Please explain any gaps in your employment history. Attach an additional sheet if necessary.

EDUCATION	STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRADUATE?	DEGREE RECEIVED
High School					
College		From _____ To _____			
College		From _____ To _____			
Other Education		From _____ To _____			
Other Education		From _____ To _____			

Are you presently in school? Yes No If yes, give expected completion date _____

List courses you are taking _____

EXPERIENCE/SPECIAL SKILLS

List applicable work experience relative to your ability to perform the functions of the position for which you are applying. _____

List applicable professional or technical licenses/certifications relative to your ability to perform the functions of the position for which you are applying. _____

List awards, honorary positions or volunteer work relative to your ability to perform the functions of the position for which you are applying. _____

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience. _____

PERSONAL REFERENCES*

*Not relatives or employers

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME, ADDRESS, AND PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

List below the names of relatives employed by this company and their relationship to you.

CONVICTIONS: A conviction does not automatically disqualify you from consideration for the position. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any false statements or omissions on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that the nature of our employment relationship is employment-at-will, which means either you or the company may terminate the employment relationship at any time for any or no reason, with or without notice. If I choose to give prior notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, and consent to an inquiry that may include information as to my character general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc.

In the event of my employment, I will comply with all rules and procedures as set forth in the company's policy manual or other employment practices of the company.

I also understand that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company. **Would you agree to a pre-employment drug screening by a physician, clinic or other health care provider selected by the company?**

Yes No. Please be aware that PointBank has a drug-free workplace policy which, among other things, requires pre-employment and, under certain circumstances, post-employment drug testing.

I understand that completion of this form does not grant me status as an applicant or guarantee that I will be employed by the company.

I have read and understand the above statements and accept them as conditions of employment with the company.

Signature of Applicant

Signature of Applicant

Applicant Name _____ Date _____

PointBank
Application for Employment

Work-Related References

Please list employment references below. References must be work related [please list supervisors/managers from your previous employer(s)], and/or people who can vouch for your work ethics.

Name: _____

Position or Occupation: _____

Company: _____

Phone Number(s): _____

How Long Known: _____

Name: _____

Position or Occupation: _____

Company: _____

Phone Number(s): _____

How Long Known: _____

Name: _____

Position or Occupation: _____

Company: _____

Phone Number(s): _____

How Long Known: _____

Name: _____

Position or Occupation: _____

Company: _____

Phone Number(s): _____

How Long Known: _____

FAIR CREDIT REPORTING ACT PRE-NOTIFICATION

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information about you is obtained through personal interviews with third parties, such as family members, current and former business associates and employees, financial and credit sources, law enforcement authorities, friends, neighbors, or others with whom you are acquainted. This inquiry may include information as to your character, general reputation, personal characteristics, work habits, actions and performance, and mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I, the undersigned, understand this notification and authorize PointBank to initiate an investigation as outlined in the above referenced Fair Credit Reporting Act Pre-Notification Statement.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

VOLUNTARY APPLICANT DATA SURVEY

It is the policy of PointBank to provide equal opportunities in employment to all individuals with respect to recruitment, hiring, training, promotion and other terms and conditions of employment without regard to race, color, religion, sex (including pregnancy), age, veteran status, marital status, disability, national origin, or any other status protected by law. Further, the bank supports affirmative action efforts and will undertake such efforts to ensure that all applicants and employees are afforded equal employment opportunity.

In an effort to fulfill all appropriate government record keeping and reporting requirements, we request that you provide the following information. Please be aware that the information provided on this form is confidential and voluntary. It will not be retained with your application or be considered in any personnel action.

Name (Last) (First) (Middle) Date

Position Applying For

EQUAL EMPLOYMENT OPPORTUNITY CLASSIFICATION

(Voluntary Information)

RACE/ETHNIC GROUP

(Check only one box)

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black
- Hispanic
- White
- Other (specify): _____

SEX

- Female
- Male

VETERAN STATUS: Do you qualify as a veteran?

- Yes
- No

REFERRAL SOURCE (may check more than one)

- Employee
- Advertisement
- School
- Drop in
- Other (specify) : _____