

OMNIBANK, N.A.

MEMBER FDIC

Application For Employment

OMNIBANK, NA is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, national origin, sex, pregnancy, veteran status, or disability.

NO APPLICATION WILL BE CONSIDERED UNLESS ALL INFORMATION LISTED ON THIS FORM IS COMPLETED IN FULL. PLEASE PRINT LEGIBLY

Cole Approval: _____

Hiring Approval: _____

PERSONAL	Last Name		First Name		MI	
	NAME					
	No. and Street		Apt.#	City	State/Zip	
	Current Address					
	No. and Street		Apt.#	City	State/Zip	
	Mailing Address					
Social Security No.		Home Telephone No.		Alternative Telephone No. (if available)		
Do you have the legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you <u>over</u> the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		DO NOT LIST YOUR AGE Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of any criminal offense (including misdemeanors and / or felonies)? If "Yes", list year, charge and outcome of each offense below. (An affirmative answer to this question will not necessarily preclude your employment with OMNIBANK.) Yes <input type="checkbox"/> No <input type="checkbox"/>						

EDUCATION	TYPE OF SCHOOL	NAME OF SCHOOL AND CITY / STATE	Did you graduate?	COURSE TAKEN		
	High School					
	Business / Trade School or Military Training/Education					
	Banking Courses or School (AIB, IBAT, TBA)					
	College / University				Degree	Major
						Minor
Graduate School				Degree	Major	
					Minor	

POSITION	POSITION APPLYING FOR:		Date Available:			
	Type of Employment Desired:	Full-Time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer <input type="checkbox"/>	Temporary/Contract <input type="checkbox"/>	
	Hours available to work:	Monday through Friday:	Saturday:	Salary/mo. Required		
	Have you ever applied with OMNIBANK before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when?					
	How did you hear about this position? <input type="checkbox"/> Newspaper Ad Which one? _____ <input type="checkbox"/> Internet Ad <input type="checkbox"/> Bank Website <input type="checkbox"/> Walked-In/Called Bank <input type="checkbox"/> Agency Which one?: _____ <input type="checkbox"/> Referral By Whom?: _____ <input type="checkbox"/> Other: _____					

JOB SKILLS AND ABILITIES	PLEASE IDENTIFY WHICH OF THE FOLLOWING SKILLS AND ABILITIES YOU HAVE RECEIVED TRAINING OR EXPERIENCE							
	COMPUTER PROGRAMS	LIST TYPE	Years	Months	EQUIPMENT	LIST TYPE	Years	Months
Operating Systems					Banking Machines / Equipment			
Software Applications					PBX			
Banking Software / Programs					10-Key / Adding Machine	Keystrokes per minute		
					Typing Skills	WPM		

Have you ever served in the United States Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you ever been dismissed or forced to resign from any employment? If "Yes," please explain below <i>(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>				
LIST ALL OF THE LAST FIVE EMPLOYERS, MOST RECENT AT TOP AND WORK DOWN. <i>(Account for ALL time periods, including SELF-EMPLOYMENT and TEMPORARY/CONTRACT AGENCIES.)</i>						
EMPLOYMENT	1. Employer		Date started	(month / year)	Position Held:	
	Address		Date Ended	(month / year)	Duties:	
	City	State	Starting Pay			
	Telephone #		Ext.	Ending Pay		
	Reason For Leaving:				Supervisor's Name:	
	2. Employer		Date started	(month / year)	Position Held:	
	Address		Date Ended	(month / year)	Duties:	
	City	State	Starting Pay			
	Telephone #		Ext.	Ending Pay		
	Reason For Leaving:				Supervisor's Name:	
	3. Employer		Date started	(month / year)	Position Held:	
	Address		Date Ended	(month / year)	Duties:	
	City	State	Starting Pay			
	Telephone #		Ext.	Ending Pay		
	Reason For Leaving:				Supervisor's Name:	
	4. Employer		Date started	(month / year)	Position Held:	
Address		Date Ended	(month / year)	Duties:		
City	State	Starting Pay				
Telephone #		Ext.	Ending Pay			
Reason For Leaving:				Supervisor's Name:		
List any employers we may not contact						
Please explain why:						
References	List three (3) Professional references (not relatives)		Yrs. Known	Company Name / Occupation		Telephone Number
						()
						()
					()	

Additional Qualifications	Use this section to explain how your previous work, educational or specialized training experiences adequately prepares you for this position.
COMMENTS	Use this section to supplement information provided in the previous sections of this application that you feel could not be fully explained in the space provided.
AGREEMENT	<p>APPLICANT AGREEMENT: I authorize OMNIBANK, N.A. to make inquiries for the purpose of verifying job history, education, credit history, and criminal court records. I hereby release from liability and hold harmless OMNIBANK, N.A. any of its agents, or any entity providing factual and objective employment-related data to OMNIBANK, N.A. I specifically authorize the release of all records from any entity involved in the inquiry process, including The Cole Group former employers (including payroll/attendance information), insurance companies, United States District Courts, County and State District Courts, Industrial Accident Boards, Police Departments, Federal Agencies and Credit Reporting Firms.</p> <p>If employment has been offered, I understand that it is temporary and conditional until all information is verified. I understand that any falsifications or omissions shall be cause for immediate dismissal or withdrawal of the conditional offer. I understand that my employment is at will and that I can be terminated from, or quit this job at any time for any reason, with or without cause.</p> <p>Applicant Signature: _____ Date: _____</p>

Bank Use Only:	Department: _____	Title: _____	
Offer Accepted:	Start Date: _____	Time: _____	Rate of Pay: _____

VOLUNTARY DEMOGRAPHIC SURVEY

The following information is collected strictly for mandatory reporting requirements by the Department of Labor. We ask that you take the time to complete this information so that we may compile more accurate data for the Equal Opportunity Survey. This information will be kept separate from all applications so as to have no bearing on employment decisions. Below you will find descriptions of the categories for your convenience.

Today's Date: _____

Position for which you are applying _____
(List only 1 position):

Is vacant position full-time? yes no

Circle below the branch where the position is located (or branch of preference):

Greenspoint OST Wayside Westchase Lockhart Spicewood Bee Caves San Antonio

Please Check the appropriate boxes below. Be sure to check two (2) boxes: one (1) for gender and one (1) for race / ethnicity. If you identify with more than one (1) race / ethnicity, choose only one(1).

Gender: Male Female

Race / Ethnicity: American Indian / Alaskan Native Asian Black/African American
 Native Hawaiian / Other Pacific Islander White Hispanic / Latino (All Races)
 Hispanic / Latino (White Race Only) Hispanic / Latino (All Other Races)

Department of Labor EEO-1 Race/Ethnicity Definitions:

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, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black / African American A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

Native Hawaiian / Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

Hispanic / Latino (All Races) A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Hispanic / Latino (White Race Only) A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of white race.

Hispanic / Latino (All Other Races) A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.



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CONSUMER REPORT AUTHORIZATION

Employees of OMNIBANK, N.A. are required by policy to have acceptable credit histories at the time of hiring and to maintain acceptable credit histories while employed. Therefore, before the applicant for employment is hired, before an employee is promoted, and at other appropriate times, OMNIBANK, N.A. may review the individual's credit history in order to verify compliance with OMNIBANK's policy.

This is to inform you that OMNIBANK, N.A. wishes to obtain a consumer report and/or an investigative consumer report on you from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, or retention as an employee.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

APPLICANT (OR EMPLOYEE):

I hereby voluntarily authorize OMNIBANK, N.A. to obtain a consumer report or investigative consumer report on me and further request any present or former employer, school, police department, financial institution, or other persons having personal knowledge about me to provide to the bearer any and all information in their possession regarding me in connection with the current or future employment I may have with OMNIBANK, N.A. A photocopy of this authorization may be accepted in lieu of the original, and I specifically waive any written notice from any present or former employer or other individual or entity who may provide information based upon this authorized request. I understand this authorization is to be part of my written employment materials.

Please print legibly, sign and date below:

Name: _____

Address: _____ Apt. # _____

City, State, Zip _____

Social Security # _____

Signature: _____ Date: _____