

# **Superior National Bank Employment Application**

Superior National Bank is an equal opportunity employer that does not discriminate on the basis of race, religion, national origin, ancestry, age, color, sex, gender, gender identity, gender expression, physical or mental disability, medical condition, pregnancy, military or veteran status, marital status, sexual orientation, genetic information or other characteristic protected by applicable law. If you have a disability that impairs your ability to be considered, interviewed or tested for a position, please let us know what accommodations you may require.

#### ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

Please sign the following forms included in the application: (1) Authorization and Understanding and (2) Disclosure and Release Form – Regarding Consumer Credit Reports

PERSONAL INFORMATION					
Name (Last, First, M.I.)		Home Phone Mobile Phone			Today's Date
Current Address (Street	, City, State, Zip Code	)	Email address:		
Permanent Address					
Are you legally authorize (If hired, proof of employment)			e) □ Yes □ N	lo	
Other names under which	ch you have been prev	iously employed or	used in school		
Have you ever applied have, when?	nere or been employed Position(s) appli		□ Yes □ No		
Names of friends and/or relatives employed at Relationship Superior National Bank & Trust  If under age 18, could you provide proof of eligibility to work, if employed? (check one)   Yes  No					
WORK PREFERENCES					
Position(s) Desired		cation(s) Preferred		Date Available to Start	
Hours Desired □ Full-Time □ Part-Time Hours per week				Salary Desired	
Referred by:					
MILITARY SERVICE RECORD AND RESERVE STATUS					
_				. =	
Branch	Dates of Service	Highest Rank Achieved	Principa	al Duties	Relevant Experience
Reserve Status					

### **EMPLOYMENT DATA**

Please fill out completely and do not indicate "Refer to Resume." List all current and former employment for the last ten years, beginning with the most recent. Include self-employment, time in school, and indicate periods of unemployment. List military service below. (Attach additional sheets if necessary)

Are you currently employed? □Yes □ No		If yes, may we contact your present employer before an offer is extended? □Yes □ No				
Employer Telephone			Job Title			
Address (Street, City, State, Zip Code)			Dates Employed (Mo/Yr) From To			
Immediate Supervisor Name Title			W	eekly scheduled	d hours	Ending Salary (Hr/Mo/Yr)
Primary Responsibilities						
Did you voluntarily terminate your employ ☐ Yes ☐ No ☐ Currently employed	ment? (Chec	k one)		Reason(s) for	leaving (if ap	pplicable)
Employer	Telephone				Job Title	
Address (Street, City, State, Zip Code)		Dates Er From	nplo	oyed (Mo/Yr)	То	
Immediate Supervisor Name Title			W	eekly scheduled	d hours	Ending Salary (Hr/Mo/Yr)
Primary Responsibilities						
Did you voluntarily terminate your employment? (Check one)  ☐ Yes ☐ No  Reason(s) for leaving  May we contact? (Check one) ☐ Yes ☐ No					ne) □ Yes □ No	
Employer	Telephone	T			Job Title	
Address (Street, City, State, Zip Code)  Date From			mplo	oyed (Mo/Yr)	То	
Immediate Supervisor Name Title			W	Weekly scheduled hours Ending Salary (Hr/Mo		Ending Salary (Hr/Mo/Yr)
Primary Responsibilities						
Did you voluntarily terminate your employment? (Check ☐ Yes ☐ No				Reason(s) for May we conta	_	ne) □ Yes □ No
Franksia	Talanhana				lab Titla	
Employer Telephone		Job Title				
Address (Street, City, State, Zip Code)		From	Dates Employed (Mo/Yr) From To			
Immediate Supervisor Name Title			W	eekly scheduled	d hours	Ending Salary (Hr/Mo/Yr)
Primary Responsibilities						
Did you voluntarily terminate your employment? (Check o☐ Yes ☐ No				Reason(s) for May we conta	•	ne) □ Yes □ No

EDUCATION				
School Attended	Name Address Course of Study Degree/Diploma			
High School/ GED				
College				
College				
Graduate School				
Licenses, Co	ertifications, etc. (Please list and	d describe)		
Experiences	s, skills and/or qualifications yo	ou feel would be useful for th	is position	
Professiona	I Memberships			
Describe an	y plans you have for further st	udy		
	ver had a professional license e list and describe.	or certification revoked or su	uspended? (Check one) 🗆 Ye	es □ No
one) □ Yes	rently under investigation by a □ No e list and describe.	ny agency or department co	ncerning any licensure or certi	fication matter? (Check
Have you ever been fired or asked to resign because of a policy or procedural violation?  (Check one) □ Yes □ No  If yes, please list and describe.				
GENERAL INFORMATION				
Section 19 of convicted of a	ulatory and bonding purposes the Federal Deposit Insurance a criminal offense involving dis re-trial diversion program in co	e Act generally prohibits an i honesty or breach of trust o	nsured depository institution for money laundering, or an indi	rom allowing an individual vidual who has agreed to
	any reason(s) to believe you e list and explain.	u might not be bondable (C	theck one) □ Yes □ No	
Have you ever been convicted of a crime or participated in pre-trial diversion program, excluding routine traffic offenses, but including alcohol-related driving offenses? (Check one) □ Yes □ No If yes, please list and describe.				
Are there any felony charges pending against you currently? (Check one) $\Box$ Yes $\Box$ No f yes, please list and describe.				
		(Continued on next p	page)	

PROFESSIONAL REFERENCES			
Please list three individuals who are familiar with your work or academic background. Do not use relatives as references.			
Name	Position and Employer	Location	Phone and/or Email

NOTE TO APPLICANTS: <i>DO NOT</i> answer this question unless you have been informed about the requirements of the job for which you are applying:			
Are you able you have app	•	or without accommodation, the essential functions of the job for which	
	□ Yes	□No	

# TO BE COMPLETED BY HUMAN RESOURCES

Date Employed:	Department/Area:
Job Title:	Level: Supervisor
☐ Full-time ☐ Part-time ☐ Hours per week	☐ Salaried ☐ Salaried, Non- ☐ Hourly exempt
Regular Seasonal	Start date End date
Starting Annual Salary \$Rate:	Hourly Rate \$
Reviewed by:	Supervisor
HR Representative	Date

## **AUTHORIZATION AND UNDERSTANDING**

Initials I certify that the information contained in this application is true and correct. I understand that incomplete, falsification or material omission of any of the information requested on this form or during my preemployment interview will result in the rejection of this application, or if discovered after my employment, may result in my dismissal.
Initials I authorize Superior National Bank to verify the information I have provided and to make any investigation of my background deemed necessary, both at the time of application and later during my employment, if hired. I understand that the types of investigations which the Bank may perform, including, but may not be limited to, credit history reports and criminal record reports. I understand that I may have to provide further information to assist in these investigations and that I may be fingerprinted. I understand that I have the right to request certain information about the nature and scope of the report, such as the name and address of the agency making the report. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contacted by the Bank to furnish any information relevant to my application for employment. I further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I also waive all written notice from all prior employers related to providing such information.
Initials I have no objection to signing an employment agreement on confidential information. I consent to all medical examinations and drug and alcohol testing required by the Bank, both during the selection process and throughout employment, if I am hired. I understand that refusal to submit to such test(s) will be grounds for refusal to hire me or termination of my employment if already hired.
Initials I understand and agree that employment with the bank is at will and that either the Bank or I can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that pre-existing understandings which contradict an at-will status of employment are canceled. Further, I understand that only the President has any authority to enter into any agreement for any fixed period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the President and me.
Initials In consideration of my employment, I agree to conform to the rules, policies, and regulations of the Bank at present and as modified from time to time during my employment, including, without limitation, the agreement to arbitrate any disputes between me and the Bank.
Initials If I am hired, I acknowledge that Superior National Bank reserves the right to search company- owned property, including but not limited to desks, hardware, software, and all data or information stored on computers, telephones, voicemail, mobile devices, etc., at any time, with or without notice and with or without cause.
Initials I understand that any job offer is conditioned upon my proof of my legal authorization to work in the United States. I certify that I have read and understand this application, including all the sections above. I also understand that an incomplete application will not be considered.
Initials I agree not to begin any action or suit relating to employment with the Bank more than six months after the date of the employment action at issue and I waive any statute of limitations to the contrary.
My signature below indicates that I have read and understood the above paragraphs.
Signature of Applicant Date

#### **Disclosure and Release Form**

#### **Regarding Consumer Credit Reports**

In connection with my application for employment, Superior National Bank may obtain consumer reports concerning me for purposes of my potential employment with Superior National Bank. I hereby authorize Superior National Bank to procure consumer reports concerning me for employment purposes.

I understand that the phrase "consumer reports" in this context means:

Any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for employment.

I further understand that any procurement or use of consumer reports for employment purposes is governed by the Fair Credit Reporting Act, 15 U.S.C. § 1681-1681u. In addition, I understand that the consumer reporting agency may compile and report public record information to Superior National Bank. I acknowledge that I have been provided with a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act" prior to signing this Disclosure and Release Form.

Print Name	Social Security Number (required for obtaining report)
Applicant's signature	Date

Para información en español, visite <u>www.consumerfinance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

### 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 <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> 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:
  - o a person has taken adverse action against you because of information in your credit report;
  - o you are the victim of identity theft and place a fraud alert in your file;
  - o your file contains inaccurate information as a result of fraud;
  - o you are on public assistance;
  - o 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 <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> 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 <a href="https://www.consumerfinance.gov/learnmore">www.consumerfinance.gov/learnmore</a> 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 many 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 1-888-5-OPTOUT (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:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, saving associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
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	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
associations	d. National Credit Union Administration Office of
d. Federal Credit Unions	Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street
(Continued on next page)	Alexandria, VA 22314

TYPE OF BUSINESS:	CONTACT:
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357