

Voluntary Self-Identification of Disability

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. 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.

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

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

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:

Signature

Date



Falcon International Bank
7718 McPherson Rd.
Laredo, Texas 78045

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions regardless of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

P E R S O N A L	How Did You hear About Us?		
	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
	Last Name	First	Middle
	Date		
Street Address		Home Telephone	
City, State, Zip Code		Business Telephone	
Position Desired		Pay Expected	
		Social Security Number	
Have you ever been convicted of a Misdemeanor or Felony? Yes ___ No ___ If so, complete the following: (Do not include Minor traffic violations) Date: _____ Offense _____ Place _____ Disposition _____			

Best time to contact you at home is: _____: _____ AM
PM

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No
If Yes, state name, relationship and location _____

Are You currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawful becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work: _____

Are you available to work: Full Time Part Time Temporary
Please indicate: (Mornings Afternoons)
Please indicate dates available: _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree Received
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE				
Start with your present or last job. Include any job-related U.S. Military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.				
Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)	Hourly Rate/Salary			
	Starting	Final		
Starting/Present Job Title				
Supervisor				
Reason For Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)	Hourly Rate/Salary			
	Starting	Final		
Starting/Present Job Title				
Supervisor				
Reason For Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number(s)	Hourly Rate/Salary			
	Starting	Final		
Starting/Present Job Title				
Supervisor				
Reason For Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business, or civic activities and offices held.
You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Are you a veteran of the U.S. Military? Yes No

If so, please indicate branch _____ Date of service _____

Other qualifications related to the position you are seeking:

PERSONAL/PROFESSIONAL REFERENCES <small>Do not include family members or past supervisors.</small>			
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that this Employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, I am required to abide by all rules and regulations of the employer.

I, _____ hereby consent and authorize Falcon International Bank and / or its agent to prepare a pre-employment report including, but not limited, to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics and mode of living. This report may involve personal interviews with sources such as neighbors, friends, associates, and past employers. Public records may be used in this report, such as civil and criminal records, liens, judgments, bankruptcy, that are deemed to having a bearing on my character. I also consent to this check being performed at any time during my employment with Falcon International Bank.

- In using a consumer report for pre-employment screening, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the applicant to whom the report related, a copy of the report and a description in writing of your rights including the right to request disclosure of the nature, sources and recipients of any reports or information received by Falcon International Bank. Federal Trade Commission, Sec. 609 @ (3).**

Signature of Applicant

Date

Print Name _____

Social Security Number _____

Current Address _____ Dates _____

Prior Address _____ Dates _____