



1401 Hwy 62-65 North
P.O. Box 550
Harrison, Arkansas 72602
Phone: 870-741-7641

Employment Application

This company is an Equal Opportunity Employer, Applicants are considered for current open positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or other legally protected status. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Applications are active for 60 days. If you have not been contacted or employed within this 60 days, you must reapply to be considered for a specific open position.

Read and answer all questions carefully and completely. All sections must be completed.

Answer All Questions – Please Print

Date of Application _____

Name: (Last, First, Middle Initial)				
Address: (Number & Street)		City	State	Zip
Home Phone Number:		Alternate Phone Number:		
Specific Position Applied For:		Do you prefer:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you related to any current employee of this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the employee's name and relationship.				
Are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Employment will be contingent upon providing proof of citizenship or work authorization.				
Do you consistently have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you over the age of eighteen (18)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date _____		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.				
Have you been known by any other name(s) that we may require to verify your education and employment records furnished in this application. If yes, identify name(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you learn about the position for which you are applying?				

Employment Record

List your last four employers starting with current or most recent, include self-employment, military service, and part-time jobs. You may also include job-related volunteer activities.

1. Present or Last Employer:	Phone No.	Address	City	State	Zip
From: Mo/Yr _____ To: Mo/Yr _____	Supervisor Name: _____	Last Hourly Rate/Salary: \$ _____	Full-Time _____ Part-Time _____		
Job Title(s):		Reason for Leaving:			
Description of Duties:					
2. Present or Last Employer:	Phone No.	Address	City	State	Zip
From: Mo/Yr _____ To: Mo/Yr _____	Supervisor Name: _____	Last Hourly Rate/Salary: \$ _____	Full-Time _____ Part-Time _____		
Job Title(s):		Reason for Leaving:			
Description of Duties:					
3. Present or Last Employer:	Phone No.	Address	City	State	Zip
From: Mo/Yr _____ To: Mo/Yr _____	Supervisor Name: _____	Last Hourly Rate/Salary: \$ _____	Full-Time _____ Part-Time _____		
Job Title(s):		Reason for Leaving:			
Description of Duties:					
4. Present or Last Employer:	Phone No.	Address	City	State	Zip
From: Mo/Yr _____ To: Mo/Yr _____	Supervisor Name: _____	Last Hourly Rate/Salary: \$ _____	Full-Time _____ Part-Time _____		
Job Title(s):		Reason for Leaving:			
Description of Duties:					
Have you ever been fired or asked to resign from a Job? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Explain:			
Can we contact your current employer, and does he/she know you are applying elsewhere?					
On what date would you be available to work?					

Education

Name of School	City and State	Curriculum/ Major	Grade Point Average	Degree/Diploma/ Certificate
High School:				
College/ University:				
College/ University:				
Trade/ Vocational:				
Business/Other list bank related courses such as AIB and banking schools:				
Describe any specialized training, apprenticeship, skills and extra-curricular activities:				
List any scholarships, academic honors or special achievements:				

If you have had previous experience in a bank? If so, list bank(s) and position held.

Office Skills

Indicate any office skills you have acquired through training and experience.

Typing Speed _____ wpm	Calculator/10-key adding machine By Touch? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Personal computer – List type(s) model(s):	
Software	
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Access
<input type="checkbox"/> Microsoft Excel	Other _____

Military Service

Branch of Service:	Rank:
Period of Duty:	Date of Discharge:
Describe your duties and training:	

Civic/Professional/Trade Association Memberships/Activities

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

Summary

Summarize other skills and qualifications relating to the position for which you are applying not already mentioned.

References

Please provide requested information for three references who have known you for the past five years or more, and who are not related to you and are not previous employers.

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

Please read the following statements carefully, then date and sign in the space indicated below. If you have any questions concerning these statements, please ask the interviewer before signing this application.

I certify that all information I have provided in this application (or any other accompanying documents) is correct, accurate, and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my preemployment evaluation may result in denial of employment or termination, if I am hired.

I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision, including criminal, financial, or credit records, through any investigators, or credit bureaus/agencies of the company's choice. I authorize the companies, education institutions or individuals named to provide any information regarding my employment and background, and I release them from all liability resulting from disclosing such information.

In making this application for employment, it is understood and accepted that as a part of the application and employment process, and/or during employment, I may be asked to submit to physical examinations, which includes testing for alcohol and drugs, all in accordance with the law. By signing this application, I hereby agree to submit to such examinations and tests and release all persons and companies, including First Federal Bank, from any liability arising out of such examinations and tests. I further agree to the release of the results of any examinations and tests to First Federal Bank.

I understand that this application does not represent an offer of, or contract for, employment. I understand that if employed, I will be required to abide by all company policies, standards and regulations. I understand that employment with this company is "at will", and that no guarantee of employment exists. If employed, I may terminate employment at any time for any reason with or without cause and the company may terminate my employment at any time, for any reason with or without cause.

Finally, I understand that none of the benefits or policies in any publication issued to me by First Federal Bank are intended by reason of their publication to confer any rights or privileges upon me, or to entitle me to be or remain employed by First Federal Bank or change my status as an "At will" employee. I understand that all such statements or provisions are procedural or are a guideline and First Federal Bank has the right to change any policy or procedure at any time without notice.

Date

Signature of Applicant



1401 Hwy 62-65 North
Harrison, Arkansas 72602

P.O. Box 550
Phone: 870-741-7641

Non-Smoking Policy

The Arkansas Clean Indoor Air Act of 2006 (Act) became effective July 21, 2006. In part, this Act prohibits smoking in all enclosed areas within places of employment and public places, such as banks. Specifically, the Act prohibits smoking in the following areas: common work areas, conference and meeting rooms, private offices, elevators, hallways, employee lounges, stairs, and restrooms. Smoking and the use of all tobacco products is prohibited in all indoor areas on First Federal Bank property. Smoking and the use of tobacco products is permitted in designated outdoor smoking areas. First Federal Bank will not discriminate or retaliate against any individual for making a complaint regarding a violation of the Act or for cooperating with an investigation regarding a violation of the Act.

It is the responsibility of supervisory personnel to enforce this policy. Violations will be handled through normal disciplinary channels.

All applicants for employment will be notified of this policy in writing.

I acknowledge that I have read and understood this policy.

Signature of Applicant

Date

Voluntary Applicant Data Record

This company is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color creed, national origin, sex, age, disability or veteran status. Various government agencies request statistical information regarding our hiring practices. **Your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential. Your answers will in no way be used against you.** Thank you for your cooperation.

Please Specify Your Sex

Check one

Male	<input type="checkbox"/>
------	--------------------------

Female	<input type="checkbox"/>
--------	--------------------------

I choose not to disclose	<input type="checkbox"/>
--------------------------	--------------------------

Spanish/Hispanic/Latino

Check one

No	<input type="checkbox"/>
----	--------------------------

Yes	<input type="checkbox"/>
-----	--------------------------

I choose not to disclose	<input type="checkbox"/>
--------------------------	--------------------------

Please Specify Your Race

Check all that apply

White	<input type="checkbox"/>
-------	--------------------------

Black or African American	<input type="checkbox"/>
---------------------------	--------------------------

American Indian or Alaskan Native	<input type="checkbox"/>
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Asian	<input type="checkbox"/>
-------	--------------------------

Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
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OR

I choose not to disclose	<input type="checkbox"/>
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Signature

Date

**Fair Credit Reporting Act:
Disclosure and Authorization Statement**

To: All Applicants for Employment

Please Read Carefully Before Signing Below

In processing my application for employment, I understand that First Federal Bank may obtain or have prepared a consumer or investigative consumer report for employment purposes, concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background record, or mode of living.

I understand that upon written request to First Federal Bank, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. (I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.)

By signing below, I am authorizing First Federal Bank to obtain a consumer or investigative consumer report(s) on me as part of the Bank's preemployment background screening process. If I am offered employment by First Federal Bank, I further authorize the company to obtain additional consumer or investigate consumer reports on me for employment purposes at any time during my employment.

By my signature below, I also acknowledge that First Federal Bank has provided me with a summary of my rights under the federal Fair Credit Reporting Act.*

Name: _____
(Please Print)

Signature of applicant: _____

Date Signed: _____

* (A summary of such rights prepared by the Federal Trade Commission is attached.)

Appendix A to Part 601

Prescribed Summary of Consumer Rights

The prescribed form for this summary is as a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the chart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



INFORMATION RELEASE FORM

I authorize and allow Penmac Personnel Services, Inc. (Penmac) to furnish any and all information relating to pre-employment testing and screening to my prospective employer. In addition, I release Penmac, my prospective employer, and their respective employees and agents from any and all legal claims that I may have arising from or relating to Penmac's disclosure of the above-described information to my prospective employer(s).

WAIVER AND RELEASE OF CLAIMS

By signing below, I release Penmac Personnel Services, Inc., and its employees and agents (collectively, "Penmac") from all potential liability relating to your acquisition and use of consumer reports, reference information from my prior employers, pre-employment test results, educational transcripts, degree verification, criminal background checks, driving record, social security verification, credit history and other information. I understand that I release and waive my right to take legal action against Penmac based on this reasons, unless such legal action can be brought under the federal Fair Credit Reporting Act.

To be completed: Criminal Background Check (state) _____
 Driving Record Education Social Security Verification Credit History

Candidate's Signature

Candidate's Name (please print)

Candidate's Address, City, State, Zip

Social Security Number

Candidate's DOB

School Name (for Education Verification) _____ State _____

Date _____ DL# (for MVR) _____ State _____

Interviewer _____

Company Name _____

**Penmac Personnel
106C Industrial Park Rd.
Harrison, AR 72601
870-743-3007
870-743-1263 Fax**



First Federal Bank

Employment Reference Consent and Release

Applicant Name: _____ SSN: _____

I, _____, hereby give consent to any and all prior employers of mine, or my current employer, to provide the information below with regard to my employment with the prior or current employers to First Federal Bank.

This consent is valid for a period of six (6) months from the date indicated below. A copy of this form shall serve as an original.

Signature: _____ Date: _____

Instruction to Current/Former Employer

The individual named above has applied for employment with First Federal Bank. Please respond candidly to the requests for information listed below and return your written responses via either facsimile or U.S. Mail. This Consent and Release is intended to comply with Arkansas Act 1474 of 1999, and Act to provide current and former business employers with protection for providing job information about current or former employees to prospective employers.

Please return information to: Human Resource Director
First Federal Bank
P.O. Box 550
Harrison, AR 72602
Phone: (870) 365-8332 or Fax: (870) 741-7518

Company: _____

Employment Dates: From _____ To _____

Position Held and Job Duties: _____

Current or last rate of pay and wage history: _____

Was this employee dependable? Yes No

Was this employee honest? Yes No

Details of any threats of violence, harassing _____

Was his/her separation from employment Voluntary Involuntary

Is this person eligible for rehire? Yes No

Additional Comments: _____

Signature of person completing this form _____ Date _____

Title _____ Phone Number _____

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –

No employer can deny you a job or fire you because of your national origin.

Unless mandated by law or government contract, employers cannot require you to be a U.S. Citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



