FIRST STATE BANK
FULL-TIME TELLER
LIVINGSTON MAIN BRANCH DRIVE-IN
Closes 09/02/2026

WE HIRE VETERANS

Responsibilities:

- Provide quality, efficient, friendly service promptly
- Responsible for accurately processing routine transactions at a bank including cashing checks, depositing money, and collecting loan payments
- Accepts checks, cash, and other forms of payment from customers
- Records all transactions electronically
- Counts cash in drawer at end of business day and makes sure amounts balance
- Responsible for safe and accurate handling of money processed
- Must verify customer's identity and make sure account has enough money to cover transaction when cashing a check
- Must be careful not to make errors when counting cash
- Scans and files documents
- Performs a variety of duties to provide existing and potential customers with appropriate and accurate services while insuring confidentiality and security of accounts
- Promotes the bank's products and services, answers questions, and directs customers to appropriate department for specialized services
- Follows established policies and procedures for the position and operates within compliance with federal regulations.
- Duties may evolve over time to support departmental goals, new products, and changing operational needs.
- The employee may be assigned to different functions within the department, as necessary.

Requirements:

- High school diploma or equivalent
- One to three months of teller experience and/or training or one year handling and balancing cash drawer or one year as a customer service representative
- Pass background check
- Proficiently using computer for processing customer transactions
- Using 10-key by touch
- Interacts with others
- May sit on stool or stand for extended period
- Kneels/squats, bends/stoops, pushes/pulls, reaches overhead, twists, and transfers up to 26 pounds
- Must be discreet and trustworthy.
- Pay attention to details
- Pleasing personality
- Able to not become rattled when customer volume is high.
- Must like people and enjoy helping them since there is constant customer contact.
- A consistent positive, cooperative, self-motivated, courteous, and professional attitude is considered an essential function.
- Must treat others with respect and in a professional manner.
- Expected to work as a team and roll up sleeves and pitch in as necessary to get job done.
- Should regard coming to work on time, working shift as scheduled, and leaving at the scheduled time as essential functions of job.

Works rotating day shifts. One week will work 6:45-3:30 Monday through Friday. Another week will work Monday through Thursday from 8:45-5:30. Required to work at least one Saturday each month from 7:30-12:15. Management reserves the right to change this schedule.

All qualified applicants will receive consideration for employment without regard to race, color, sex, sexual orientation, gender identity, religion, national origin, disability, veteran status, or other legally protected status.

APPLICATIONS MUST BE SUBMITTED TO HUMAN RESOURCES BY THE END OF THE DAY ON 09/02/2026.

You may pick up an employment application at any of our branches or apply online at https://www.workintexas.com.

APPLICATION FOR EMPLOYMENT

FIRST STATE BANK

Livingston • Onalaska • Shepherd • Jasper • Woodville • Buna

P.O. BOX 1277 - LIVINGSTON, TEXAS 77351-1277

(936) 327-5211 - FAX (936) 329- 7259

An Equal Opportunity Affirmative Action Employer

Please contact Human Resources if you need a reasonable accomidation to complete this Application for Employment

APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

IDENTIFICATION

NAME (LAST) (FIRST) (MIDDLE) (PREFERRED NAME)

SOCIAL SECURITY NUMBER

PRESENT ADDRESS (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE NUMBER

EMAIL ADDRESS

CELL PHONE NUMBER

U.S. CITIZEN ☐ YES ☐ NO

IF NO, VISA TYPE

REFERRED BY

ARE YOU OVER 18 YEARS OF AGE ☐ YES ☐ NO

IF NO, A WORK PERMIT WILL BE REQUIRED

ARE YOU LEGALLY ELIGIBLE FOR PERMANENT EMPLOYMENT IN THE UNITED STATES? (IF HIRED, VERIFICATION WILL BE REQUIRED BY LAW). ☐ YES ☐ NO

PERSONAL DATA

POSITION DESIRED

SALARY DESIRED

DATE AVAILABLE FOR EMPLOYMENT

APPLYING FOR ☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ SUMMER

HAVE YOU PREVIOUSLY APPLIED WITH OR BEEN EMPLOYED BY FIRST STATE BANK? ☐ YES ☐ NO DATE(S)

INDICATE SPECIAL QUALIFICATIONS OR SKILLS

HAVE YOU EVER BEEN BONDED? ☐ YES ☐ NO

EVER REFUSED BOND? ☐ YES ☐ NO

IF YES, GIVE NAME AND ADDRESS OF COMPANY

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST (INCLUDING BUT NOT LIMITED TO ROBBERY, EMBEZZLEMENT, PERJURY, TAX EVASION, ETC.)? ☐ YES ☐ NO

(NOTE: A "YES" answer does not automatically disqualify you for employment, since the nature of the offense will be reviewed in light of all the surrounding circumstances, including the duties of the positions.)

IF YES, GIVE NATURE, TIME, PLACE, AND DISPOSITION OF CASE

EDUCATION

SCHOOLS	NAMES AND LOCATIONS OF INSTITUTIONS	GRADUATED YES	GRADUATED NO	DEGREE RECEIVED	AREAS OF SPECIALIZATION
HIGH SCHOOL		☐	☐		
COLLEGE		☐	☐		
OTHER		☐	☐		

COLLEGE MAJOR MINOR

COURSES, WORKSHOPS, SEMINARS AND OTHER SPECIALIZED OR ADVANCED TRAINING RECEIVED

EDUCATION (CONT'D.)

MEMBERSHIPS, ACTIVITIES, POSITIONS OF LEADERSHIP (SCHOOL, CIVIC, COMMUNITY, SPECIAL INTEREST GROUPS, EXCLUDING ANY ORGANIZATION, THE NAME OR CHARACTER OF WHICH MAY REVEAL RACE, RELIGION OR NATIONAL ORIGIN OF ITS MEMBERS)

CURRENT HOBBIES

OFFICE MACHINES AND EQUIPMENT OPERATED	TYPING WPM	SHORTHAND WPM

FOREIGN LANGUAGE SKILLS

SPEAK	READ	WRITE

EMPLOYMENT DATA

LIST EMPLOYERS BEGINNING WITH MOST RECENT

NAME OF EMPLOYER | YOUR TITLE

LOCATION EMPLOYED | SUPERVISOR NAME AND TITLE | SUPERVISOR PHONE NUMBER

FROM - MONTH AND YEAR | TO - MONTH AND YEAR | STARTING SALARY | PRESENT OR FINAL SALARY | NUMBER OF PERSONS SUPERVISED

REASON(S) FOR LEAVING | IF STILL EMPLOYED MAY WE CONTACT PRESENT EMPLOYER ☐ YES ☐ NO

DESCRIBE YOUR RESPONSIBILITIES

NAME OF EMPLOYER | YOUR TITLE

LOCATION EMPLOYED | SUPERVISOR AND TITLE | SUPERVISOR PHONE NUMBER

FROM - MONTH AND YEAR | TO - MONTH AND YEAR | STARTING SALARY | PRESENT OR FINAL SALARY | NUMBER OF PERSONS SUPERVISED

REASON(S) FOR LEAVING

DESCRIBE YOUR RESPONSIBILITIES

NAME OF EMPLOYER | YOUR TITLE

LOCATION EMPLOYED | SUPERVISOR AND TITLE | SUPERVISOR PHONE NUMBER

FROM - MONTH AND YEAR | TO - MONTH AND YEAR | STARTING SALARY | PRESENT OR FINAL SALARY | NUMBER OF PERSONS SUPERVISED

REASON(S) FOR LEAVING

DESCRIBE YOUR RESPONSIBILITIES

OTHER EMPLOYERS WITHIN THE LAST 10 YEARS, IF APPLICABLE

NAME OF EMPLOYER	LOCATION	DATES FROM	DATES TO	POSITION

NAME LAST FIRST

POSITION APPLIED FOR

DATE:

BUSINESS REFERENCES

LIST PERSONS WITH WHOM YOU HAVE HAD A BUSINESS RELATIONSHIP, INCLUDING FORMER SUPERVISORS NOT NAMED ON THE PREVIOUS PAGE, WHO WOULD BE QUALIFIED TO KNOWLEDGEABLY COMMENT ON YOUR QUALIFICATIONS AND ABILITIES.

NAME	ORGANIZATION AND LOCATION	PHONE NO.	BUSINESS RELATIONSHIP

READ THOROUGHLY BEFORE SIGNING

I understand that this application will be given every consideration, but its receipt does not imply that I will be employed.

The above information is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. The Company has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damage resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

The Company, at its own expense, arranges for surety bond for each of its employees. I understand that unless my background is acceptable to a surety company (not relative to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status) it will be difficult to secure this bond and the Company may be unable to offer me employment.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion, with or without prior notice and the Company may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

In the event of my employment, I shall conform to all company policies and procedures.

THIS APPLICATION WILL ONLY BE CONSIDERED FOR CURRENT POSITION APPLIED FOR AT THIS TIME. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO RE-APPLY WITH FIRST STATE BANK FOR ANY FUTURE OPEN POSITIONS.

SIGNATURE DATE

DATE EMPLOYED	DIVISION/DEPARTMENT	POSITION	SALARY	DATE OF BIRTH
APPROVAL	GRADE	RC#	REVIEW	

EEO-1 Self-Identification Form

First State Bank of Livingston is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, ***First State Bank of Livingston*** invites applicants to **voluntarily** self-identify their gender, race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT) Date: _____

Position(s) Applied For: _____

Location of Position: _____

Referral Source(s): ☐ State Employment Agency ☐ Friend ☐ Relative ☐ Walk-In ☐ Company Website ☐ Other _____

Name: _____ Phone ____-____-____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY STATE ZIP CODE

1. Gender

☐ Male ☐ Female

2. Ethnicity

Are you Hispanic or Latino? *A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.*

☐ Yes, I am Hispanic or Latino. ☐ No, I am not Hispanic or Latino.

3. Race

IMPORTANT – *If you checked "No, I am not Hispanic or Latino" on #2, then check one or more of the following, as they apply:*

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

☐ Black or African American
A person having origins in any of the Black racial groups of Africa.

☐ 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.

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

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: Date:

Employee ID:
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: Date of Hire:

PRE-OFFER PROTECTED VETERAN
SELF-IDENTIFICATION FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a period of war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you believe you belong to any of the categories of protected veterans listed above, **please indicate by checking the appropriate box below**.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ **I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE**

☐ **I AM NOT A PROTECTED VETERAN**

☐ **I CHOOSE NOT TO SELF-IDENTIFY**

_____		
Signature	**Date**	**Print Name**

PLEASE RETURN THIS FORM TO YOUR HUMAN RESOURCES REPRESENTATIVE