

**FIRST STATE BANK OF LIVINGSTON
SHEPHERD BRANCH
FULL TIME TELLER / CSR
Closes 08/31/2026**

WE HIRE VETERANS

Responsibilities:

- Provide quality, efficient, friendly service promptly
- Answer incoming calls and transfer to appropriate personnel in a pleasant and professional manner
- Receive cash and other monetary instruments for deposits and payment
- Verify signatures, amounts, and available balances with due diligence
- Balance cash
- Scan and file documents
- Open new checking, savings, certificate of deposit, IRA, and safe deposit box accounts
- Perform a variety of duties to provide existing and potential customers with appropriate and accurate services while insuring confidentiality and the security of accounts and the safe deposit boxes
- Promote the bank's products and services, answer questions, and direct customers to appropriate department for specialized services
- Follow established policies and procedures for the position and operate within compliance with federal regulations

Requirements:

- Proficiently using computers for processing customer transactions, opening new accounts, word processing and other functions
- Using 10-key by touch
- High school diploma or equivalent
- Pass background check
- Interact with others
- May sit on stool or stand for extended period of time
- Kneels/squats, bends/stoops, pushes/pulls, reaches overhead
- Twists, and transfers up to 26 pounds.
- Three months of Teller experience and/or training or one year cash handling and balancing cash drawer or one year as a customer service representative **preferred** but not required. Ones with experience may be selected over ones without experience.
- Must be discreet and trustworthy
- Consistently positive, cooperative, self-motivated, courteous and professional attitude is an essential function of this position
- Must treat others with respect and in a professional manner
- Must like people and enjoy helping them since there is frequent customer contact
- Must pay attention to detail and not become rattled when there is more work to do than can be completed on schedule or customer volume is high
- Expected to work as a team player and roll up sleeves and pitch in as necessary to get the 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. Works Monday through Friday from 7:00 a.m. to 3:30 p.m. one week, and Monday through Friday from 9:00 a.m. - 5:30 p.m. Also, must work at least one Saturday per month from 7:30 a.m. to 12:00 p.m. Management reserves the right to change 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 08/31/2026.

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 accomodation 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		DEGREE RECEIVED	AREAS OF SPECIALIZATION
	YES	NO				
	HIGH SCHOOL					
	COLLEGE					
	OTHER					
	COLLEGE MAJOR	MINOR				
COURSES, WORKSHOPS, SEMINARS AND OTHER SPECIALIZED OR ADVANCED TRAINING RECEIVED						

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: T_____

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:
Employee ID:

Date:

(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