



FARMERS BANK & TRUST CO.

DISCLOSURE OF INTENTION TO OBTAIN CONSUMER REPORT FOR EMPLOYMENT PURPOSES

This disclosure is being provided to you pursuant to the Federal Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681a *et seq.* and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C. Under the FCRA and its implementing regulations, Farmers Bank & Trust Co. is required to make a clear and conspicuous written disclosure to you that Farmers Bank may obtain a consumer report or an investigative consumer report, which may include a credit report, on you from a national Credit Reporting Agency ("CRA"). This report may be used to evaluate your eligibility for hire within this company or at any time during your employment with Farmers Bank & Trust Co. Additional reports may be obtained during your employment.

Signed this _____ day of _____, 20____.

Farmers Bank & Trust, Human Resources

I, ^(print) _____, acknowledge that I received this Disclosure on
_____, _____, 20____.

Applicant's Signature

Address: _____



***Authorization for Release of Information and for the
Procurement of a Background Report***

I consent to have a background investigation made as to my character, professional reputation, employment history, driving record, social security information, criminal record, and other pertinent information. I hereby authorize Farmers Bank & Trust Co. to obtain a background report containing the foregoing information from Securint, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, past employers, personal interviews with those who know me, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Securint within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Securint, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Securint, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Securint, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES___ NO___

DATE

APPLICANT'S SIGNATURE

Printed Name: _____

Address: _____

City/State/Zip: _____



Farmers Bank & Trust

Drug Free Workplace Policy

Consent to be Tested

EMPLOYEE NAME: _____
(Please Print)

As a condition of new or continued employment, I hereby consent to the collection by appropriate medical personnel of urine or blood or other samples and to the release of the results of such samples, together with any related medical information, to authorized representatives of Farmers Bank & Trust. I understand that my consent is voluntary and that this consent is needed only if I desire employment or continued employment.

I understand that failure to fully comply with the Drug Free Workplace Policy or a positive test result that indicates, in the opinion of the employer, my inability to perform my job because of current illegal drug use or intoxication will result in discharge or withdrawal of any conditional job offer.

I further agree to hold Farmers Bank & Trust, its agents, directors, officers, and employees harmless from any and all liability in connection with any physical testing, including but not limited to, testing for alcohol, illegal drug or controlled substance content in my urine, blood, or other bodily tissue.

EMPLOYEE SIGNATURE: _____

DATE: _____

WITNESS: _____

DATE: _____



FARMERS BANK & TRUST

REFERENCE CHECKING FORM

Dear _____

Your former employee, _____, has applied for a position with our company. By signing the authorization below, the employee consents for you to provide information related to employment with you. Please respond candidly to the questions listed below and return your written response via fax or mail. Arkansas law provides you with a limited immunity from civil liability for the consequences of your disclosure of the information listed below. See Ark. Code Ann. ' 11-3-204.

1. Date and duration of employment. _____
2. Last pay rate and salary history. _____
3. Please attach a job description or list job duties. _____

4. Please provide the last written performance evaluation. _____
5. Please provide the employees attendance history. _____
6. Did you administer any drug or alcohol tests within the year previous to the date of this request? ____ If yes, did the employee test positive for illegal drugs, prescription drugs for which the employee could not produce a prescription or alcohol over the limit set by your company? _____
7. Did the employee engage in any harassing acts such as threatening violence at work or toward a co-worker? ____ If yes, please explain. _____

8. Was the employee separated from work voluntarily, or involuntarily? _____
9. Please state the reason for separation. _____
10. Is the employee eligible for rehire? _____ If not, why not? _____

CONSENT

I, _____, hereby give my consent to any and all prior employers of mine to provide the above information with regard to my employment with them to Farmers' Bank & Trust. This consent is valid for as long as my application with Farmers' Bank & Trust is active or for six months from the date of my signature, whichever comes first. A copy shall serve as an original.

Applicants signature

Date

The information provided above was given by _____
[employer or agent of former employer]

P.O. Box 250 • Magnolia, AR 71754 • (870) 235-7000

P.O. Box 977 • Camden, AR 71711 • (870) 836-5701

www.fbtarkansas.com



APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

NAME _____
Last First MI

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
Street City State Zip

PERMANENT ADDRESS _____
Street City State Zip

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES ___ NO ___

IF OFFERED EMPLOYMENT, CAN YOU PRODUCE PROOF OF ELIGIBILITY TO WORK IN THE U.S.? YES _____ NO _____

LAST

EMPLOYMENT DESIRED

POSITION _____

FULL TIME _____ PART TIME _____

DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS OR ABILITIES _____

ACTIVITIES: (CIVIC, ATHLETIC, SCHOOL, ETC.) _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS OR AFFILIATION WITH ANY LABOR UNION

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW ALL EMPLOYERS FOR THE LAST 10 YEARS, ATTACH A SEPARATE SHEET IF NECESSARY, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, PHONE NUMBER, AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF
EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NUMBER

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____ If so, EXPLAIN _____

APPLICANT'S STATEMENT AND AGREEMENT

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT.

- I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.
- I UNDERSTAND AND AGREE THAT THE COMPANY MAY PROCURE OR HAVE PREPARED AN INVESTIGATIVE CONSUMER REPORT ON ME AS AN APPLICANT FOR EMPLOYMENT (INCLUDING A CREDIT REPORT), AND FURTHER UNDERSTAND THAT UPON WRITTEN REQUEST I MAY OBTAIN A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION.
- I UNDERSTAND THAT UNLESS ACTED UPON THIS APPLICATION WILL BECOME INACTIVE AFTER NINETY (90) DAYS.
- I VOLUNTARILY GIVE FARMERS BANK AND TRUST THE RIGHT TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT, SCHOOLING, AND ACTIVITIES AND AGREE TO COOPERATE IN SUCH INVESTIGATION, AND RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS, SCHOOLS, COMPANIES, OR CORPORATIONS SUPPLYING AND COLLECTING SUCH INFORMATION.
- I UNDERSTAND THAT UPON ANY OFFER OF CONDITIONAL EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO A DRUG TEST. IF THIS TEST DETECTS THE PRESENCE OF AN ILLEGAL SUBSTANCE, THE OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

SIGNATURE OF APPLICANT _____ DATE _____