



**INTERNATIONAL
BANCSHARES CORPORATION**

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

THE INFORMATION GIVEN ON THIS FORM IS FOR USE BY THE INTERNATIONAL BANCSHARES CORP. ANSWER EACH QUESTION FULLY AND ACCURATELY. THE USE OF THIS FORM DOES NOT INDICATE THAT THERE ARE ANY POSITIONS OPEN AND DOES NOT IN ANY WAY OBLIGATE IBC. THIS APPLICATION WILL BE KEPT ACTIVE FOR ONE MONTH. INTERNATIONAL BANCSHARES CORP. IS AN EQUAL OPPORTUNITY EMPLOYER.

IDENTIFICATION	NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		APPLICATION DATE
	ADDRESS (INCLUDE ZIP)		CITY	STATE	ZIP	PHONE NUMBER (INCLUDE AREA CODE)
					HOME	WORK OR ALTERNATE
ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			EVER APPLIED OR BEEN EMPLOYED BY A IBC BANCORPORATION MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			IF YES, WHERE _____ WHEN _____			

PERSONAL	POSITION DESIRED		EMPLOYMENT DESIRED Full Time Regular Part Time Temporary		SALARY DESIRED	DATE AVAILABLE	WILL YOU PERFORM SHIFT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
	PLEASE LIST OFFICE AND COMPUTER PROGRAM SKILLS						TYPING - WPM
	FOREIGN LANGUAGE SKILLS						WHO REFERRED YOU TO IBC? <input type="checkbox"/> FRIEND WHO WORKS AT IBC? NAME _____
	SPEAK		READ		WRITE		<input type="checkbox"/> RELATIVE WHO WORKS AT IBC? NAME _____
	DAYS OFF WORK LAST 12 MONTHS		HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAVE YOU EVER BEEN REFUSED A BOND? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> NEWSPAPER NAME OF NEWSPAPER _____
HAVE YOU EVER BEEN CONVICTED OF, PLED NOLO CONTENDRE, OR RECEIVED DEFERRED ADJUDICATION FOR A FELONY OR MISDEMEANOR OR ANY CRIMES INVOLVING MORAL TURPITUDE? <input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> AGENCY - NAME _____	
IF YES, GIVE NATURE, TIME, PLACE, AND DISPOSITION OF CASE **						<input type="checkbox"/> OTHER - EXPLAIN _____	

	SCHOOL NAME & LOCATION	DATES ATTENDED		MAJOR / MINOR	DEGREE	GRADE AVERAGE		DEGREE DATE
		FROM	TO			OVERALL	MAJOR	
	HIGH SCHOOL				DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	GRADUATE							
OTHER (INCLUDE SPECIAL TRAINING, MILITARY COURSES & APPRENTICESHIPS COMPLETED)								
EXPLAIN ANY PLANS YOU HAVE FOR FURTHER STUDY					* IF NOT A HIGH SCHOOL GRADUATE, INSERT NUMBER OF SCHOOL YEARS COMPLETED ** IF NO DEGREE HAS BEEN OBTAINED, INSERT NUMBER OF COLLEGE CREDIT HOURS COMPLETED			

MILITARY				
SERVICE RECORD AND RESERVE STATUS				
BRANCH	DATES OF SERVICE	HIGHEST RANK	PRINCIPAL DUTIES	TYPE OF DISCHARGE

PERSONS FAMILIAR WITH YOUR WORK OR ACADEMIC BACKGROUND			
NAME	POSITION & COMPANY	LOCATION	PHONE
FRIENDS OR RELATIVES WHO ARE EMPLOYEES OF THIS ORGANIZATION OR ANY BANK			
NAME	RELATIONSHIP	POSITION & COMPANY	LOCATION

NAME HONORARY, TECHNICAL AND PROFESSIONAL MEMBERSHIPS, ALSO LIST PROFESSIONAL LICENSES HELD

IN WHAT VOLUNTEER ACTIVITIES HAVE YOU PARTICIPATED?
(DESCRIBE NATURE OF ACTIVITY, OFFICES HELD, LETTERS AND HONORS RECEIVED, I.E. CIVIC, EXTRACURRICULAR, GOVERNMENTAL, ETC.)

LIST OF EMPLOYERS BEGINNING WITH PRESENT OR MOST RECENT

NAME OF EMPLOYER		LOCATION EMPLOYED		PHONE		FROM-MO/YR	TO-MO/YR
YOUR TITLE	SUPERVISOR AND TITLE		STARTING SALARY	FINAL SALARY		IF STILL EMPLOYED MAY WE CONTACT PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON(S) FOR LEAVING							
DESCRIBE YOUR PRINCIPAL RESPONSIBILITIES							

NAME OF EMPLOYER		LOCATION EMPLOYED		PHONE		FROM-MO/YR	TO-MO/YR
YOUR TITLE	SUPERVISOR AND TITLE		STARTING SALARY	FINAL SALARY		MAY WE CONTACT PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON(S) FOR LEAVING							
DESCRIBE YOUR PRINCIPAL RESPONSIBILITIES							

NAME OF EMPLOYER		LOCATION EMPLOYED		PHONE		FROM-MO/YR	TO-MO/YR
YOUR TITLE	SUPERVISOR AND TITLE		STARTING SALARY	FINAL SALARY		MAY WE CONTACT PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON(S) FOR LEAVING							
DESCRIBE YOUR PRINCIPAL RESPONSIBILITIES							

NAME OF EMPLOYER		LOCATION EMPLOYED		PHONE		FROM-MO/YR	TO-MO/YR
YOUR TITLE	SUPERVISOR AND TITLE		STARTING SALARY	FINAL SALARY		MAY WE CONTACT PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REASON(S) FOR LEAVING							
DESCRIBE YOUR PRINCIPAL RESPONSIBILITIES							

OTHER EMPLOYERS WITHIN THE PAST 10 YEARS, IF APPLICABLE

NAME OF EMPLOYER	DATES		POSITION
	FROM	TO	

** Conviction will not necessarily bar employment. Consideration will be given to the nature of the crime, its seriousness, age at time of offense, rehabilitation and position for which you are applying.

I certify that the foregoing statements are true and correct. I understand that the falsification or material omission of any of the information requested on this form or during my pre-employment interview will result in rejection of this application or, if discovered during my employment, may result in my dismissal. I authorize each person and entity identified above to disclose to the Bank any and all information they may have concerning me, including my past performance, employment record and character. I expressly release these persons from any and all liability for furnishing responses to these inquiries.

I authorize the bank to investigate my credit and my employment and personal background. If I am denied employment as a result of a credit report, the bank will inform me of this reason and the name and address of the reporting agency that supplied the report.

I understand and agree that from time to time the Bank may require me to submit to a drug and/or alcohol test, and that refusal to submit to such test will be grounds for refusal to hire me or termination of my employment if already hired.

The Bank, at its own expense, arranges for a surety bond for each of its employees. I understand that if the bonding company refuses my application for a bond for any reason, the bank, in its sole discretion, may hire or retain me as an employee. I agree that, if my position requires me to use a motor vehicle, I will maintain a safe driving record, both on and off the job, and a valid appropriate driver's license, as a condition of my continued employment.

I further agree that, upon request at any time, I will submit to drug and/or alcohol testing, and/or a physical examination by a bank physician, as a condition of my initial or continued employment. Any such testing or examination will be at the Bank's expense.

I understand and agree that all disputes between IBC and me concerning my employment or the termination thereof will be submitted to arbitration in accordance with the National Rules for the Resolution of Employment Disputes of the American Arbitration Association which are in effect at the time the dispute arises.

I understand and agree that, if I am employed by the Bank, then regardless of the stated frequency of payment of my wages or salary (e.g., per month, per year), the Bank may terminate my employment at any time, with or without cause or prior notice, and no promises to the contrary shall be binding upon the Bank unless committed to writing and signed by me and the President of the Bank. If employed, I agree to comply with all rules and regulations of the Bank at present and as modified from time to time during my employment including, without limitation, the agreement to arbitrate any disputes between me and the bank.

APPLICANT'S SIGNATURE _____

VOLUNTARY DISCLOSURE OF AFFIRMATIVE ACTION INFORMATION

The members of INTERNATIONAL BANCSHARES CORP., are subject to various federal statutes, executive orders, and regulations regarding Equal Employment Opportunity and their reporting requirements. The following information is requested in order to meet these reporting requirements; your response is voluntary and will not affect your employment opportunities in any manner.

Race/Ethnic Information (used for government reporting purposes only)				Sex
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Female
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Male

IF YOU QUALIFY UNDER ANY OF THE FOLLOWING PLEASE CHECK

- Disabled - "Disabled Individual" is a person who: (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment.
- Veteran of Vietnam Era - "Veteran of Vietnam Era" is a person who: (1) Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- Disabled Veteran - A Disabled Veteran is a person entitled to benefits for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

INTERNATIONAL BANCSHARES CORP. AND ITS MEMBER ORGANIZATIONS ARE EQUAL OPPORTUNITY EMPLOYERS.

Whether or not the information above is provided, please sign and date this form.

Printed Name

Date

Signature



BACKGROUND VERIFICATION DISCLOSURE

The International Bank of Commerce may request a consumer report on all employees and job applicants. This consumer report may include information about your credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics.

If you are denied employment as a result of a consumer report, the company will provide you a copy of the report and the name and address of the reporting agency that supplied the report. I hereby consent and authorize the company to request a consumer report.

Print Name _____

Signature _____

Date of Birth _____
(Optional)

Date _____



CONSUMER REPORT VERIFICATION DISCLOSURE

The International Bank of Commerce may request a consumer report on all employees and job applicants. This consumer report may include information about your credit worthiness, credit standing, credit capacity, character, general reputation or personal characteristics. I hereby authorize the Bank to obtain a consumer report.

If you are denied employment as a result of a consumer report, the company will provide you a copy of the report and the name and address of the reporting agency that supplied the report.

If you are a resident of Oklahoma and would like a copy of your credit report please check here_____.

Print Name_____

Signature_____

Date of Birth_____

(Optional)

Date_____