

FNB Community Bank Application for Employment



Full Name: _____ Date: _____
 Last First M.I.

Address: _____ Apt/Unit # _____
 Street Address
 City State Zip Code

Phone: _____ Email: _____

If Necessary, best time to call you is: _____

Date Available: _____ SSN# : _____

Desired Salary: \$ _____ Position Applied For: _____

Referral Source

<input type="checkbox"/>	Walk-in Employee	<input type="checkbox"/>	Company's Website Advertisement	<input type="checkbox"/>	Other Internet School	<input type="checkbox"/>	Job Fair Other	<input type="checkbox"/>	Government Employment Agency Staffing Agency
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Type of Employment Desired:	<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Part-Time
May we contact you at work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If you are under 18 and it is required, can you furnish a work permit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you legally eligible for employment in this country?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If No, Are you authorized to work in the US?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you Submitted an application here before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
				If Yes, Give Dates and Position: _____
Have you ever been employed here before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
				If yes, when? _____
Have you ever been bonded?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
				Date available for Work _____
Will you relocate if job requires it?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will you travel if job requires it?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If they have been explained to you, are you able to meet the Attendance requirements of the Position?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

Answering "Yes" to the following question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" or been convicted of a crime? Yes No

If yes, please provide dates and details: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your Ability to work for our company? Yes No

If Yes, Please Explain: _____

Will you work overtime if required? Yes No

If No, Explain _____

Are you able to perform the "Essential Functions" of the job for which you are applying (with or without Reasonable Accommodation)? Yes No Need more information about the job's "essential functions" to respond

Please note: This Question above is not designed to elicit information about an applicants disability. Please do not provide information about the existence of a disability particular accomodation, or whether accomodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Driver's license number required if driving may be required in the job for which you are applying: _____ DL# _____ State _____

Employment History

Starting with your most recent employer, provide the following information.

Current Employment/Previous Employment

Employer: _____ Phone: _____
Address: _____ Immediate Supervisor: _____
Email Address: _____

Starting Job Title/Final Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Job Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No Later

What did you like most about your Position? _____

What did you like least about your Position? _____

Previous Employment

Employer: _____ Phone: _____
Address: _____ Immediate Supervisor: _____
Email Address: _____

Starting Job Title/Final Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Job Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No Later

What did you like most about your Position? _____

What did you like least about your Position? _____

Previous Employment

Employer: _____ Phone: _____
Address: _____ Immediate Supervisor: _____
Email Address: _____

Starting Job Title/Final Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Job Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No Later

What did you like most about your Position? _____

What did you like least about your Position? _____

Employment History Continued

Previous Employment

Employer: _____ Phone: _____
Address: _____ Immediate Supervisor: _____
Email Address: _____
Starting Job Title/Final Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Job Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No Later

What did you like most about your Position?

What did you like least about your Position?

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain

Educational Background

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____
Major/Minor: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____
Major/Minor: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills

Word Processing Spreadsheet Presentation Internet E-Mail Other _____ Other _____

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors.
If not applicable, list three school or personal references who are not related to you.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____
 Address: _____

Related Information

On all questions in this section:

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental, or physical disabilities, veteran/reserve, National Guard, or any other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

Organization	Offices Held

List special accomplishments, publications, awards, etc.

In your current or Previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If Yes, Explain: _____

Is there any other job-related information you want us to know about you? _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Do not sign until you have read the above applicant statement. I certify that I have read, fully understand, and accept all terms of the forgoing applicant Statement.

Signature of Applicant: _____

Date: _____

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. 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 Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____

- MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY
- WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)
- HISPANIC OR LATINO ASIAN (not Hispanic or Latino)
- AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)
- NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)
- TWO or MORE RACES (not Hispanic or Latino)
- I CHOOSE NOT TO SELF-IDENTIFY

This company is also 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 veterans in the following classifications:

- 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 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](#).

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

Voluntary Self-Identification of Disability

Form CC-305
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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: