

FNB Community Bank Application for Employment



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

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

Phone: _____ Email: _____

If Necessary, best time to call you is: _____

Date Available: _____ SSN# : _____

Desired Salary: \$ _____ Position Applied For: _____

Referral Source

- Walk-in
 Company's Website
 Other Internet
 Job Fair
 Government Employment Agency
 Employee
 Advertisement
 School
 Other
 Staffing Agency

Type of Employment Desired: Full-Time Part-Time

May we contact you at work? Yes No

If you are under 18 and it is required, can you furnish a work permit? Yes No

Are you legally eligible for employment in this country? Yes No

If No, Are you authorized to work in the US? Yes No

Have you Submitted an application here before? Yes No If Yes, Give Dates and Position: _____

Have you ever been employed here before? Yes No If yes, when? _____

Have you ever been bonded? Yes No Date available for Work _____

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the Attendance requirements of the Position? No 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
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: _____