

# 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  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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.