

Employment Application

We consider applicants for employment without regard to race, color, religion gender, national origin, age, disability, sex, citizenship status, genetic information or any other legally protected status.

Applicant Information									
Full Name:				Date:					
	Last	First		<i>M.I.</i>					
Address:									
	Street Address			Apartment/Unit #					
	City			State ZIP Code					
Phone:				Email					
Date Availab	le:			Desired Salary:					
Position App	lied for:								
How did you learn about us? Advertiser Rela			Employ	yment Agency I Inquiry Friend Other					
Are you 18 year of age or older?		YES	NO						
Are you a citizen of the United States?		YES	NO	$\begin{array}{cc} \text{YES} & \text{NO} \\ \text{If no, are you authorized to work in the U.S.?} & \square & \square \end{array}$					
Have you ever worked for this company?		YES	NO	If yes, when?					
Have you ever been employed with us before?		YES	NO	If yes, when?					
Are you currently employed.		YES	NO	If yes, when?					
Are you available to work: Full Time □ Part Time □ Mornings or Afternoons									
Are you curr to recall?	ently on lay-off status and subject	YES	NO						
Can you trav	el if a job requires it?	YES	NO						

Education								
High School:	Addre	ess:						
From:	To: Did you gradua	YES te?	NO □	Diploma:				
College:	Addre	ess:						
From:	To: Did you gradua	YES te?	NO	Degree:				
Other:	Addre		NO					
From:	To: Did you gradua	YES te?	NO □	Degree:				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.								
Describe any	job related training received in the United States 1	Military.						
	Previous	Employn	nent					
Company:				Phone:				
Address:								
Job Title:	Startin	Starting Salary:\$						
Responsibiliti	es:							
From:	To:	To: Reason for Leaving:						
May we conta	act your previous supervisor for a reference?	YES		NO				
Company:								
Address:				Supervisor:				
Job Title:	Startin	Ending Salary	:\$					
Responsibiliti	les:				_			
From:	То:	Reaso	on for L	eaving:				

Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>
Responsibilities:		
From: To:	Reason for Le	eaving:
May we contact your previous supervisor		0
List professional trade, business or civic ac religion, national origin, age, ancestry, disa		de membership which would reveal gender, race,
Summarize job-related skills and qualifica	References	experience.
Please list three professional references.		
Full Name:		Relationship:
		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
	Disclaimer and Signature	

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Authorization

I confirm that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge and understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, when discovered by the Company.

I understand that any employment is conditional on a background check. I authorize the company to thoroughly investigate all statements contained in this application or resume, and I authorize my former employers and references to disclose information regarding my former employment character and actual reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of, or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examination and you have my permission that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and secure and placed in my personnel file. I understand that my employment or continued employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by the Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time.

Signature:

Date:

Please email completed applications to: fmbankhr@fmbankne.com