



**FIRST
NATIONAL
BANK**

IN GOD WE TRUST

APPLICATION FOR EMPLOYMENT

***** ALL APPLICANTS ARE SUBJECT TO CREDIT CHECK, CRIMINAL BACKGROUND CHECK, AND DRUG TESTING *****

First National Bank/FNB Wealth Management is an Equal Opportunity Employer. First National Bank/FNB Wealth Management does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law.

NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		(MAIDEN NAME)	DATE OF APPLICATION	
ADDRESS		CITY	STATE	ZIP CODE
CELL PHONE NUMBER		HOME PHONE NUMBER	E-MAIL ADDRESS	
DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE			SOCIAL SECURITY NUMBER	
PRIMARY TYPE OF WORK APPLIED FOR (POSITION)		WHAT IS YOUR SALARY RANGE?	DATE OF BIRTH	
DATE AVAILABLE FOR WORK		ARE YOU INTERESTED IN: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ANY FRIENDS OR RELATIVES WORK HERE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TO THE BEST OF YOUR KNOWLEDGE, ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE JOB(S) FOR WHICH YOU ARE APPLYING?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? If yes, Explain: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU A CITIZEN OF THE UNITED STATES?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NOT, HAVE YOU RECEIVED AUTHORIZATION FROM THE UNITED STATES IMMIGRATION & NATURALIZATION SERVICE TO WORK IN THIS COUNTRY?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION				
	NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	GRADUATION DATE	COURSE OF STUDY/ DEGREE EARNED
HIGH SCHOOL/GED				
COLLEGE				
TRADE, BUSINESS, OR GRADUATE SCHOOL; SPECIAL TRAINING, SKILLS, COURSEWORK				

EMPLOYMENT HISTORY

DATE, MONTH & YEAR		NAME, ADDRESS & PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
From:	To:				

REFERENCES (LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

No.	Name	Address	Business	Phone	Years known
1.					
2.					
3.					

I certify that the foregoing answers are true and correct to the best of my knowledge and understand that any misstatement or omission as to any fact will constitute grounds for my immediate dismissal or rejection of my application. The correctness of all statements made in this application may be investigated. In connection with such investigation, I authorize all former employers and other persons contacted to release any and all information in their possession which has or may have a bearing on my suitability as an applicant, and I release all employers or other persons supplying or requesting such information from any and all liability.

Neither the acceptance of this application nor the subsequent entry into a type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement, and the like, as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of First National Bank/FNB Wealth Management or otherwise to change in an respect to employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument of the Personnel Committee. Both the undersigned and First National Bank/FNB Wealth Management may end the employment relationship at any time, without specified notice or reason, and without liability by First National Bank/FNB Wealth Management to the undersigned except for earned wages or salary.

I recognize and acknowledge that First National Bank/FNB Wealth Management is fully committed to a work place free from illegal drugs and persons who abuse drugs. In this regard, I expressly consent to a pre-employment drug test, criminal, background, and credit check, the results of which will be considered by First National Bank/FNB Wealth Management in its decision to hire me.

DATE: _____ SIGNATURE OF APPLICANT: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Remarks: _____

Scheduled for an interview: Yes No

Date of Employment: _____

Recommended for Hire: Yes No

Job Title: _____ Rate: _____

Department: _____

Supervisor's Signature: _____ Applicant's Signature: _____

Effective: _____

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with First National Bank/FNB Wealth Management, I understand consumer reports and/or investigative reports will be requested by Company and its Agency. These reports may contain information about your character, general reputation, personal characteristics and mode of living. These reports may include, but are not limited to, credit reports and credit history information; criminal, civil and other public records and history; public court records (e.g., bankruptcies, tax liens and judgements); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and social security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

Printed Full Name: _____

Signature: _____ Date: _____

Effective: _____

DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with First National Bank/FNB Wealth Management, I understand consumer reports and/or investigative reports will be requested by Company and its Agency. These reports may contain information gathered from personal interviews, as applicable, with former employers, past or current associates of mine, etc., to gather information regarding my work, character, general reputation, mode of living and personal characteristics, and professional or educational qualifications may be obtained. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

Printed Full Name: _____

Signature: _____ Date: _____

Effective: _____

AUTHORIZATION FOR CONSUMER REPORTS

I hereby authorize procurement of consumer and investigative report(s) by First National Bank/FNB Wealth Management from Agency. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: B&B Reporting, ("Agency"), 401 South Market Street, Scottsboro, Alabama 35768, telephone number (256) 574-2524, (toll free telephone number) 844- 752-1356, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bbreporting.com.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

I authorize Company and Agency and my employer to use email communication with me to provide me with notices and information regarding any report or use of such report. The background check Disclosure and Authorization forms, in original, faxed, photocopies, or electronic form, will be valid for any reports that may be requested by Company or Agency.

Printed Full Name: _____

Signature: _____ Date: _____

Effective: _____