

# Application for Employment

FNB Oxford Bank

*Void after 45 days*

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name  Social Security #

Last First Middle

Address

Street City State Zip Code

Telephone  Mobile/Beeper/Other  E-mail Address

Position(s) applied for  Date of application

Referral Source (Please check the appropriate category and name the source.)

<input type="checkbox"/> Walk-in <input type="text"/>	<input type="checkbox"/> School <input type="text"/>
<input type="checkbox"/> Employee <input type="text"/>	<input type="checkbox"/> Job Fair <input type="text"/>
<input type="checkbox"/> Advertisement <input type="text"/>	<input type="checkbox"/> Staffing Agency <input type="text"/>
<input type="checkbox"/> Company's Website <input type="text"/>	<input type="checkbox"/> Government <input type="text"/>
<input type="checkbox"/> Other Internet <input type="text"/>	Employment Agency <input type="text"/>
	<input type="checkbox"/> Other <input type="text"/>

If necessary, best time to call you at is \_\_\_\_\_

May we contact you at work?  Yes  No

If yes, work number and best time to call:  
\_\_\_\_\_

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

If no, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If yes, give date(s) and positions(s)  
\_\_\_\_\_

Have you ever been employed here before?  Yes  No

If yes, give dates From \_\_\_\_\_ To \_\_\_\_\_

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

Date available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time

Educational Co-Op  Seasonal  Temporary

Will you relocate if the job requires it?  Yes  No

Will you travel if the job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?  N/A  Yes  No

Will you work overtime if the job requires it?  Yes  No

If no, please explain \_\_\_\_\_

Driver's license number if driving may be required in position for which you are applying:  
\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

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

Have you ever been convicted of a crime?  Yes  No

If yes, please provide date(s) and details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER

### Employment History

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

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)		Commission / Bonus / Other \$ _____	
Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission / Bonus / Other \$ _____	
What did you like the most about your position?			
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title (for most recent position held)		Commission / Bonus / Other \$ _____	
Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission / Bonus / Other \$ _____	
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Immediate supervisor and title (for most recent position held)		Commission / Bonus / Other \$ _____	
Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per
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Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per
Summarize the type of work performed and job responsibilities.		Commission / Bonus / Other \$ _____	
What did you like the most about your position?			
What were the things you liked least about the position?			

**Employment History** (continued)

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: \_\_\_\_\_

**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** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years _____	<input type="checkbox"/> Internet	_____	Years _____
<input type="checkbox"/> Spreadsheet	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____
<input type="checkbox"/> Presentation	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____
<input type="checkbox"/> E-mail	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____

**Educational Background**

Starting with your most recent school attended, provide the following information.

School (include City & State)	Number of Years Completed	Completed	GPA Class Rank	Major/Minor
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED _____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED _____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED _____	_____
_____	_____	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other	<input type="checkbox"/> GED _____	_____

**References**

List name and telephone number 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.

Name	Title	Relationship to You	Telephone	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Related Information**

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

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

Organization	Offices Held

List special accomplishments, publications, awards, etc.

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

\_\_\_\_\_

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers? \_\_\_\_\_

Yes    No    Not Applicable

If yes, please explain: \_\_\_\_\_

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

\_\_\_\_\_

**Additional Information**

State any additional information you feel may be helpful to us in considering your application

[Large empty text area for providing additional information]

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the 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 a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 45 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 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 authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**FNB Oxford Bank is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, genetic information, sexual orientation, veteran status or any other status protected under local, state and federal laws. FNB Oxford Bank 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 race, color, religion, gender, national origin, age, disability, genetic information, sexual orientation, veteran status or any other status protected under local, state and federal laws. FNB Oxford Bank likewise does not tolerate harassment based on race, color, religion, gender, national origin, age, disability, genetic information, sexual orientation, veteran status or any other status protected under local, state and federal laws. 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). FNB Oxford Bank 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 foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# Affirmative Action Voluntary Information

*Void after 45 days*

Completion of information below is voluntary.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.  
 In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.  
 Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for  Date

### Referral Source

- Walk-In                       Governmental Employment Agency                       Private Employment Agency  
 Employee                       Relative                       School  
 Advertisement - Source                        Other

Name of person who referred you IF APPLICABLE

### Applicant Information

Name  Telephone #   
Last                      First                      Middle  
 Address   
Street                      City                      State                      Zip Code  
 Male     Female

### Please check one of the following Equal Employment Opportunity Identification Groups:

- American Indian / Alaskan Native                       Hispanic / Latino                       Asian                       Two or More Races  
 Native Hawaiian / Other Pacific Islander                       Black or African American                       White (Not Hispanic or Latino)

### For Administrative Use Only

Positions(s) applied for     Available     Not Available     Other  
 Other positions considered for

Hired  Yes     No

Position hired for  Date of hire

From the EEO job classifications listed below, which one best describes the position filled

- Officials and Managers                       Sales Workers                       Operatives (semi-skilled)  
 Professionals                       Office and Clerical Workers                       Laborers (unskilled)  
 Technicians                       Craft Workers (skilled)                       Service Workers

Notes

Completed by  Date

## 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](http://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: \_\_\_\_\_

## Invitation to Self-Identify

This employer is a Government contractor 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: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

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.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll free, at **1-866-4-USA-DOL**.

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**