



F.N.B. Corporation

FOR OFFICE USE ONLY

Job Req Number	
Job Position Number	
Possible Work Location	Possible Positions
Hire Date	Position
Department	Salary

EMPLOYMENT APPLICATION
AFFILIATE:

Please print clearly in ink. If you need assistance in completing the application, please let us know so that we can discuss a reasonable accommodation.

PERSONAL

Date: _____
 Name: _____ Social Security No: _____
 Last Name First Middle Initial

Present Address: _____ Telephone No: _____
 City _____ State _____ Zip Code _____ E-Mail _____

How long have you lived at the above address? _____

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

Will you have permanent employment authorization to accept employment if it is offered to you? Yes No

Will you ever require employment sponsorship or transfer of employment sponsorship? Yes No

Type of work desired: _____ Salary Requirements: _____

How were you referred to us? _____

What is your work preference? Full-Time Part-Time

Specify days and hours if part-time: _____

Have you completed an application here before? _____ If yes, when? _____

List any relatives working for us: _____

Have you been convicted of a criminal offense?

Yes No If yes, please disclose the circumstances and dates of conviction.

Have you participated in a pretrial diversion program or a similar program, whether formal or informal, which resulted in a suspension or eventual dismissal of the charges of criminal prosecution upon your agreement to treatment, restitution, or other non-criminal alternatives?

Yes No If yes, please state the offense(s) for which you entered into such program(s).

Has the offense(s) been expunged from the records?

Yes No If yes, please provide any documents evidencing the expungement.

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge: _____

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT
BEGINNING WITH MOST RECENT**

I.

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Name of Business									
Address of Business									
Type of Business									

II.

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Name of Business									
Address of Business									
Type of Business									

III.

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Starting Salary	Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Name of Business									
Address of Business									
Type of Business									

May we contact the employers listed above? _____

Indicate by number which one(s) you do not wish us to contact: _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

EDUCATION

	SCHOOL NAME & ADDRESS	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED YES/NO	DEGREE
HIGH SCHOOL OR PREPATORY			1 2 3 4		
BUSINESS SCHOOL			1 2 3 4		
COLLEGE			1 2 3 4		
GRADUATE WORK			1 2 3 4		

List scholastic honors, offices held, and activities in which school/college: (You may exclude those which indicate race, color, religion, sex or national origin).

If you did not graduate, indicate number of credits completed: _____

Are you planning to pursue further studies? Yes No Day School Night School

SPECIAL SKILLS AND ABILITIES

Typing _____ WPM, Office Machines Operated _____

PC Skills & Application Proficiencies: _____

List Professional Licenses and/or Certificates: _____

Please provide any additional information you believe would be of value in considering you for employment: _____

PLEASE READ BEFORE SIGNING

If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

FNB Corporation does not unlawfully discriminate in employment and FNB Corporation will not use any question on this application for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. FNB Corporation will give this application every consideration; however, the FNB Corporation's receipt does not imply FNB Corporation will employ the applicant.

FNB Corporation, at its own expense, arranges for a surety bond for each of its employees. If the surety company is unwilling to issue the bond for any non-discriminatory or lawful reason, FNB Corporation will be unable to offer employment.

I understand that employment is conditioned upon my ability to safely perform, with reasonable accommodation, the position for which I have applied. Additionally, I authorize FNB Corporation to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment to a position in FNB Corporation, I understand that I am responsible for learning, understanding and complying with all rules, regulations, policies and procedures of FNB Corporation. My failure to do so may result in my discharge. I also understand that if I am hired, FNB Corporation may terminate my employment at any time, with or without cause, and without liability to me for wages, salary or benefits except as may be due prior to such termination.

I understand that any job offer, which may result out of this employment application, is contingent upon my producing satisfactory documentation proving my identity and authorization for employment in the United States. And satisfactory background checks to include, but not limited to, credit, reference, criminal, and driving records based upon FNB Corporation's application policy.

In processing this employment application, I authorize FNB Corporation to make inquiries relating to my suitability for employment. Depending on the position, this may include information pertaining to my character, general reputation, policy record, and credit history. In making such inquiries, FNB Corporation will abide by all legal requirements with respect to gathering the data; using it for employment related purposes and disclosing said data.

I certify that all statements made by me on the application are true and complete to the best of my knowledge and that I have nothing that would, if disclosed, affect this application unfavorably. I hereby authorize FNB Corporation to investigate the statements contained in the application and any other information I provide in connection with my application for employment. I understand that any false or misleading statement or omission may result in my application being rejected or, if I am hired, in my discharge from employment.

I hereby acknowledge that I have read the above statement, that I understand the same, and I agree with and/or consent to the terms, conditions and requirements as stated above.

Signature of Applicant

Date

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

DISCLOSURE

As part of the employment or application for employment (including contract for services), consumer reports may be requested from external agencies. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from the service provider concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to the service provider, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and recipients of any reports on you that the service provider has previously furnished within the two-year period preceding your request.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, SERVICE PROVIDERS CONTRACTED, AND ANY PARTY OR AGENCY CONTACTED BY THESE SERVICE PROVIDERS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

The service provider is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which the service provider has or obtains, and my employment history, if I am hired, may be supplied by the service provider to other companies that subscribe to the service provider. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

PLEASE PRINT CLEARLY

NAME: _____
Last Previous Name First Middle Initial
(Used in the last 7 years)

CURRENT ADDRESS: _____
Street Address City State Zip

PHONE: (Please list daytime and alternate numbers) _____

LIST ALL ADDRESSES FOR PAST 7 YEARS:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE#: _____ STATE ISSUED: _____

SIGNATURE: _____ DATE: ____/____/____

It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than two years or both." REV 5/00

EMPLOYMENT REFERENCES

Give the names, addresses and phone numbers of three persons who will provide us thorough, meaningful references on your **current and/or previous employment**. Starting at PRESENT or MOST RECENT, please limit references to one individual from each place of employment. Please list the phone number or email address as to where we can contact each reference.

Contact Name & Title _____	Employer () Phone Number _____			
Employer Name _____	Employment Information	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Date Hired</td><td style="width: 50%;">Date Left</td></tr></table>	Date Hired	Date Left
Date Hired	Date Left			
Employer Address _____	Employer City _____	Employer State _____		
Applicant's Position Title _____				

Contact Name & Title _____	Employer () Phone Number _____			
Employer Name _____	Employment Information	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Date Hired</td><td style="width: 50%;">Date Left</td></tr></table>	Date Hired	Date Left
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Date Hired	Date Left			
Employer Address _____	Employer City _____	Employer State _____		
Applicant's Position Title _____				

CONSENT

I understand that any offer of employment I may receive from FNB Corporation is dependent upon thorough and reliable reference from current and/or previous employers and references. I understand that FNB Corporation personnel will hold any reference information obtained from these sources in strict confidence and I waive any right to such information.

I authorize each of my former employers to provide all of the material facts of my employment and termination of employment to FNB Corporation. I also authorize FNB Corporation to investigate any matter relating to any answer, statement or references that I have made within this application and to make inquiry of any persons or organization that is not a consumer-reporting agency. I hereby waive and release all parties with respect to and from all liability for any damages that may result from furnishing, obtaining and acting upon any and all of such information.

Signature Date



INVITATION FOR INCLUSION UNDER AFFIRMATIVE ACTION
PROGRAMS FOR VETERANS AND INDIVIDUALS WITH DISABILITIES

F.N.B. Corporation is a Government contractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled, qualified disabled veterans, and qualified protected veterans. F.N.B. Corporation has developed affirmative action programs to employ and advance in employment, qualified individuals with disabilities, qualified special disabled veterans, and qualified protected veterans.

If you are an individual with a disability, a disabled veteran, or covered veteran and would like to be considered under our affirmative action programs, please complete the section below.

This information is provided voluntarily. A person who chooses not to provide this information will not be subject to adverse actions by the company. The information obtained will be kept in strict confidence, except that (a) necessary management and supervisory personnel may be informed in order to ensure proper placement and to accommodate a disability that you have identified, (b) first aid and safety personnel may be informed when and to the extent appropriate, if the condition might require emergency treatment, and (c) government officials investigating affirmative action program compliance under the above cited Acts may be informed.

Disabled Veteran – (1) 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 (2) A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran – 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.

Armed Forces Service Medal Veteran – any 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.

Other Protected Veteran – 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.

To be included in our Affirmative Action Program, please mark all the classifications that apply to you:

Disabled Veteran _____
Other Protected Veteran _____
Recently Separated Veteran _____ Discharge Date: _____
Armed Forces Service Medal Veteran _____
Individual with a disability (not disabled veteran) _____

Name _____ Date: _____