



## Application for Employment

Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Department. First National Bank of Griffin considers qualified applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, protected veteran status, or any other protected characteristic.

Please complete this form and return by mail, fax, or email to the Human Resource Department. This application must be completed in full, and it **must include the specific job title for which you are applying**. Leaving this blank, writing "any", or "all", or not a specific title **will NOT be considered for employment**.

Position Applied for: \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
First Middle Last

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the United States?  Yes  No

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

During the past 7 years, have you been convicted of, or plead guilty to any crime?  Yes  No  
If Yes, please provide dates and details: \_\_\_\_\_

*Answering yes does not disqualify you from employment. Factors such as nature of offense, dates of offense, and position sought will be taken into account while evaluating the applicant.*

Date available for work: \_\_\_\_\_ Salary Requirements \$ \_\_\_\_\_ per \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary  Seasonal

Do you possess a valid driver's license?  Yes  No Driver's License # \_\_\_\_\_

An Equal Opportunity Employer including Veterans and Disabled

## Employment History

List all work experience beginning with your **current or most recent position**.

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address(Street, Address City, State, Zip) \_\_\_\_\_

Name & Title of Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

May we contact for a reference?  Yes  No Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Summarize Work Responsibilities \_\_\_\_\_

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Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Summarize Work Responsibilities \_\_\_\_\_

What has been your most enjoyable job in the past? Why? \_\_\_\_\_

What has been your least enjoyable job in the past? Why? \_\_\_\_\_

If there are any gaps in your employment history (other than personal illness, injury, or disability), please explain this period of time: \_\_\_\_\_

Have you ever been involuntarily discharged from a job, or asked to resign from a job? \_\_\_\_\_

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

**Education Information**

	School Name, City, and State	Course of Study/Major	Graduated		Degree Received
High School			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Skills and Qualifications**

Please summarize any skills, qualifications, certifications, or experience(s) that qualify you for this position.

Computer skills: \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**Applicant's Statement**

1. I certify that the information provided by me on the application is true, complete, and correct.
2. I understand that misrepresentations, falsifications, or material omissions in any of this information or data may result in First National Bank's exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.
3. This application does not constitute employment until a job offer has been made and the terms of employment have been agreed upon. I understand that if I am hired, I may resign at any time, and likewise First National Bank may terminate my employment at any time, with or without cause, and without previous notice.
4. I authorize First National Bank to verify all information contained in this application, including employment history, personal references, criminal and credit history, and educational background as part of review of this application.
5. I understand that if I am hired, I will be required to provide proof of identity and that federal immigration laws require me to complete an I-9 form.
6. I understand that First National Bank does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or disqualifying any applicant from consideration from employment on any basis prohibited by applicable local, state or federal law.

Your signature indicates that this application is complete and correct to the best of your knowledge.

I certify that I have read and agree to the Applicant's Statement above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YOU ARE WELCOME TO ATTACH A RESUME OR OTHER INFORMATION IF YOU FEEL IT WILL GIVE US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.

First National Bank of Griffin, Georgia  
CONSENT TO DRUG AND/OR ALCOHOL SCREENING

Name of Employee or Applicant (Please Print)

\_\_\_\_\_

Last

First

Middle

I understand that in accordance with First National Bank of Griffin's policy of providing and maintaining a safe and healthful working environment for its employees, that I will submit to a drug and/or alcohol screen test.

I hereby authorize the release of the results of the test to certain members of the Bank's management who are in a need-to-know position, and the Bank's designated medical or professional representatives.

I understand that if I test positive for unlawful drugs or alcohol, I will be in violation of Bank policy and subject to discipline, up to and including termination of employment or withdrawal of a conditional job offer.

I release First National Bank of Griffin, its employees, management, and its designated medical or professional representatives, from any and all claims or causes of action resulting from this test, including but not limited to, any errors in the test or testing process, the release of the results of the test to such persons, and any decisions resulting therefrom. I understand that in the event I receive a positive confirmed test result, I may contest or explain the result to the employer within five (5) working days after written notification of the test result.

I acknowledge that a photocopy of this signed form has the same validity as an original signed copy of this form. I acknowledge that I have fully read and understand this form and I consent to drug and alcohol testing under the terms discussed above and in the Bank's Substance Abuse Policy. I acknowledge and agree that I have had an opportunity to ask questions about this form before signing it.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

**PERMISSION AND RELEASE FORM FOR A BACKGROUND INVESTIGATION**

\_\_\_\_\_  
(Name) First Middle Last Maiden/Former Names

\_\_\_\_\_  
(Current Address) Number & Street City/Town State/Zip Code How long at this address

\_\_\_\_\_  
(Previous Address) Number & Street City/Town State/Zip Code How long at this address

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number

\_\_\_\_\_  
Drivers License State Drivers License Number

In connection with my application for employment with First National Bank, I hereby authorize said company and any authorized agent acting on its behalf to prepare an investigative report and an investigative consumer report on my background including a Social Security Trace through the Credit Bureaus for address verification. I therefore authorize, request and require any persons or institutions contacted to furnish **S2Verify, LLC.**, or its agents, any information they have concerning any criminal records, motor vehicle records, my work history and achievements, education history and achievements, credit worthiness, credit standing and credit capacity, general reputation and character.

As an inducement to provide this information, I hereby release and forever discharge each and every such person or institution from any and all claims of liability in law or in equity, that may arise of furnishing such information to **S2Verify, LLC.**, or any authorized agent of that company.

I may, upon written request, receive further information as to the nature and scope of such investigation. Any inquiries are to be directed to the agency/company as listed in the two preceding paragraphs.

My signature below indicates my understanding and acceptance of all the above terms and stipulations.

\_\_\_\_\_  
Signature Date

**For BANK use only**

MVR \_\_\_\_\_ State: \_\_\_\_\_ Credit History: **FORM: ABS MUST BE SUBMITTED**

Criminal History \_\_\_\_\_ State(s) \_\_\_\_\_ Employment Verification: \_\_\_\_\_

Education Verification: \_\_\_\_\_

Other: Please List \_\_\_\_\_

Person to contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Ext. \_\_\_\_\_

**If requesting Education and Employment Verifications a copy of the applicants resume must be attached.**

# FAIR CREDIT REPORTING ACT

## CONSUMER DISCLOSURE AND GENERAL Authorization

In connection with my application for employment with *First National Bank*, I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended (“FCRA”), 15 U.S.C. 1681 et seq. may be obtained by the Company from a consumer reporting agency (“Agency”). I further understand that the Agency may not give out Information about me to the Company without my written consent. It is also understood that the Agency may not report medical information about me to the Company without my specific prior consent as to the release of such information, which is in addition to the general authorization herein.

I understand that an investigative consumer report is a special type of consumer report in which information about my character, general reputation, personal characteristics and mode of living is obtained through personal interviews. In the event an investigative consumer report is obtained, I request additional disclosures provided for below as follows:

Upon my written request to the Company within a reasonable period of time after my receipt of this Fair Credit Reporting Act Consumer Disclosure and General Authorization the Company shall make a complete and accurate disclosure of the nature and scope of the investigation requested. It is understood that this disclosure shall be made in writing mailed, or otherwise delivered, to me not later than five (5) days after the date on which the request for such disclosure was received from me or such report was first requested, whichever is later in time.

I hereby authorize the Company now or at any time while I am employed by the Company, to obtain a consumer report or investigative consumer report on me, as applicable. This authorization does not include the release of my medical information. I further acknowledge that I have received a summary of my rights under the FCRA.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Address (Street)*

\_\_\_\_\_  
*City, State, Zip*

**FORM: ABS**

**Voluntary Invitation to Applicants to Self-Identify**

First National Bank of Griffin is an Equal Opportunity/Affirmative Action employer, and as a federal contractor, we are required to take affirmative action to employ and advance females, minorities, and protected veterans. To comply with these laws, we invite you to voluntarily self-identify your race/ethnicity, gender, and protected veteran status. Please complete the information below and return as instructed. Submission of this information is voluntary and will not, in any way, subject you to any adverse treatment. Responses will be kept confidential and will not be used in a manner that is inconsistent with any law. To assist us in monitoring the effectiveness of our recruitment efforts, indicate how you were referred to our Company. Please identify advertisement, website, agency or individual.

<p><b>HOW DID YOU LEARN OF THE JOB OPENING?</b></p>	<p> <input type="checkbox"/> State Employment Office                      <input type="checkbox"/> Company Website                      <input type="checkbox"/> Other Website: Specify                      <input type="checkbox"/> Other Advertisement: Specify  <input type="checkbox"/> Employee Referral             </p>
<p><b>GENDER:</b></p>	<p> <input type="checkbox"/> Male                      <input type="checkbox"/> Female                      <input type="checkbox"/> I choose not to disclose             </p>
<p><b>ETHNICITY:</b></p>	<p> <input type="checkbox"/> Hispanic or Latino - all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.  <input type="checkbox"/> Not Hispanic or Latino - everyone who is not "Hispanic or Latino," as defined above.  <input type="checkbox"/> I choose not to disclose.             </p>
<p><b>RACE:</b></p>	<p><b>If you selected "Hispanic or Latino," DO NOT complete this section. Otherwise, please check one:</b></p> <p> <input type="checkbox"/> White (Not Hispanic or Latino): all persons having origins in any of the original people of Europe, North Africa, or the Middle East  <input type="checkbox"/> Black or African American (Not Hispanic or Latino): All persons having origins in any of the black racial groups of Africa  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – any persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands  <input type="checkbox"/> Asian (Not Hispanic or Latino) – all persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam  <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino) - all persons having origins in any of the original peoples of North or South America, and who maintain cultural identification through tribal affiliation or community attachment  <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – all persons who identify with more than one of the above races  <input type="checkbox"/> I choose not to disclose.             </p>
<p><b>VETERAN STATUS:</b></p>	<p>                 "Disabled Veteran" is defined as a (1) 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 Department of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.                  "Active Duty Wartime or Campaign Badge Veteran" means any 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.                  "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.                  "Recently Separated Veteran" is defined as any veteran discharged or released from active duty in the past three years.                  If you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.  <input type="checkbox"/> I identify as one or more of the categories of protected veterans listed above.  <input type="checkbox"/> I am not a protected veteran, or I choose not to disclose my protected veteran status.             </p>

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Voluntary Self-Identification of Disability

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: \_\_\_\_\_