

**APPLICATION FOR EMPLOYMENT  
FMB • P.O. Box 340 • Monticello, FL 32345**

Name: \_\_\_\_\_  
   Last    First    Middle

Present Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
   Street    City/State/Zip    Years                          Months

Previous Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
   Street    City/State/Zip    Years                          Months

Telephone No.: \_\_\_\_\_ Are you 18 years of age or older? [ ] Yes [ ] No

Have you ever worked for this company before? [ ] Yes [ ] No  
   If Yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here? [ ] Yes [ ] No  
   If Yes, name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, or prosecution deferred? [ ] Yes [ ] No  
   If Yes, please give date and details of each: \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including any period of unemployment.

Present or Past Employer _____ Address _____ City/State/Zip _____ Telephone _____	From  To	Pay	Position  Supervisor	Reason for Leaving
Previous Employer _____ Address _____ City/State/Zip _____ Telephone _____	From  To	Pay	Position  Supervisor	Reason for Leaving
Previous Employer _____ Address _____ City/State/Zip _____ Telephone _____	From  To	Pay	Position  Supervisor	Reason for Leaving

Previous Employer _____ Address _____ City/State/Zip _____ Telephone _____	From  To	Pay	Position  Supervisor	Reason for Leaving
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Have you ever been terminated? [ ] Yes [ ] No If Yes, please explain circumstances: \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

**EDUCATION**

	School Name/Location	Years Completed	Degree	Study or Major
Elementary				
High School				
College/University				
Graduate/Professional				
Trade/Correspondence				
Other				

**PERSONAL REFERENCES**

(No relatives)

Name	Relationship	Address	Telephone No.

**APPLICANT'S EMAIL ADDRESS:** \_\_\_\_\_

FMB is an equal opportunity employer and does not discriminate because race, color, religion, sex, age, citizenship, marital status, disability or national origin.

FMB is an eVerify employer and subjects all new employees to federal screening.

**EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and FMB has the same right. No one other than the President/CEO of FMB has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that FMB reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that FMB may contact my previous employers and I authorize those employers to disclose to FMB all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to FMB. I also authorize FMB to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any FMB responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and if employed, my employment will be for no definite period and "at will."

By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that FMB may obtain a consumer report or reports on me. I authorize FMB to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes but is not limited to credit checks, criminal background checks, Department of Motor Vehicle reports and investigative consumer reports. I authorize FMB to conduct electronic inquiry related to my background, including review of all social networking sites and internet sites, and to make adverse decisions as a result of such inquiries. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with my neighbors, friends or associates, or others with whom I am acquainted or who may have knowledge concerning any such items of information.

This application will be considered active for a maximum of 30 days. If you wish to be considered for employment after that time, you must reapply.

I HEREBY CERTIFY that all of the information I have provided in this application is true and accurate.

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

\_\_\_\_\_  
Date

We consider applicants for all positions without regard to race, color, sex, national origin, age, disability, veteran status or any other legal protected class. The information requested on this form is collected by FMB to comply with Affirmative Action/Equal Employment Opportunity and other federal laws and regulations. This information is considered confidential and will not be part of your official application for employment.

Position title for which you are applying: \_\_\_\_\_

Sex:  Male  Female

Date of birth: \_\_\_\_\_

Race: (check only one)

Hispanic or Latino

White (not Hispanic or Latino)

Black or African American (not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

American Indian or Alaska Native (not Hispanic or Latino)

Asian (not Hispanic or Latino)

Two or More Races (not Hispanic or Latino)

You are invited to identify yourself as a disabled veteran, veteran of the Vietnam Era, or disabled individual. This information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information will be used for Affirmative Action purposes. It is not used or considered in the selection process and is filed separately from the application.

**To qualify as a Disabled Veteran, you must be:**

A Veteran entitled to compensation for disability rate at 30% or more, or a person who is discharged or released from active duty because of a service-connected disability.

**To qualify as a Veteran of the Vietnam Era, you must be:**

A Veteran who served on active duty for more than 180 days (any part of which occurred during the Vietnam Era), and who was discharged with other than a dishonorable discharge or with a service-connected disability.

**To qualify as a Newly Separated Veteran, you must be:**

A Veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such Veteran's discharge or release from active duty.

**To qualify as Other Protected Veteran, you must be:**

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.

The Vietnam Era is defined by Federal Regulations as August 5, 1964 to May 7, 1975.

If you do qualify, which applies to you?

Disabled Veteran

Vietnam Era Veteran

Newly Separated Veteran

Other Protected Veteran

To qualify as a disabled individual, you must:

1. Have a physical or mental impairment which substantially limits one or more life activities (including employment);
2. Have a record of such impairment; or
3. Be regarded as having such impairment.

Do you qualify as such an individual?  Yes  No

***THIS INFORMATION IS FOR COMPLIANCE REPORTING ONLY.  
IT WILL BE REMOVED FROM YOUR APPLICATION PRIOR TO REVIEW.  
IT IS NOT CONSIDERED IN THE EMPLOYMENT PROCESS.***

## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers, employees and property, FMB will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for FMB, additional background reports may be ordered for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for FMB. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address [www.adpselect.com](http://www.adpselect.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to social security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning FMB at 850-997-2591. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on [A Summary of Your Rights Under the Fair Credit Reporting Act](#) and [A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22](#) as provided here.

### **AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize FMB to order my background report, including investigative consumer reports. I understand that FMB may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree that FMB may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY:** Date of Birth \_\_\_\_\_ (Month/Day/Year)

**Addresses Within The Past Seven Years (use a separate sheet as needed)**

Present Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Prior Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

From \_\_\_\_\_ (Month/Day/Year) To \_\_\_\_\_ (Month/Day/Year)

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

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box # 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8<sup>th</sup> Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>



**CONSENT FORM FOR DRUG AND ALCOHOL TESTING**

I, \_\_\_\_\_, understand and agree that as a condition of my employment or internship with FMB, I may be required to undergo a pre-employment or current employment urinalysis drug screen. I will also be liable for random, reasonable suspicion, follow-up, return to duty and post-accident drug testing as well. Further, I agree to undergo alcohol testing by breath, saliva or blood specimen should FMB require it. The drug test will screen for marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). The cut-off levels for each substance, the protocol for collection, laboratory and Medical Review Officer (MRO) procedures, and the dissemination of all information concerning test results will adhere to the Florida Drug Free Workplace Law as specified with 59A-24.000 through 59A-24.009. Further, I understand and agree that at no time during the course and scope of my employment or while on company property, will I have in my possession, on my person, or in my vehicle, any of the above-listed substances or alcoholic beverages. I understand that a violation of this agreement will constitute willful misconduct connected with the job and that I will be liable for disciplinary measures up to and including discharge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date