

# FNB MERCHANTS, LLC

## Application

### PERSONAL DATA

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

State name of any relatives working for company: \_\_\_\_\_

Referred by: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you legally eligible for employment in the USA?  Yes  No Cell Phone: \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you on lay-ff subject to rehire elsewhere?  Yes  No

Have you ever been convicted of a crime other than a minor traffic offense?  Yes  No

If so, state the nature of the offense and the date the offense took place \_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL HISTORY

Type	Institution/Location	No. Years	Degree/Major

### GENERAL

*Special Skills, Activities, knowledge, or credentials that you feel add to your qualifications for the position applied for, Include any job-related training received in the military.*


Indicated any foreign languages you can speak, read and/or write:


## EMPLOYMENT HISTORY

(Start with your present or last job, include any job-related military service assignments.)

**(PLEASE PRINT)**

Employer	Dates Employed		Responsibilities/Work Performed
Address	From	To	
Telephone Number			
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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REFERENCES:				
Name	Company Name	Telephone #	Title	Years Acquainted
1.				
2.				
3.				

**I understand and acknowledge the following:**

1. I understand that any offer of employment may be conditioned on passing a medical examination, including drug and/or alcohol testing, and that a positive test will result in rejection of employment application and withdrawal of the conditional offer of employment.
2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.
3. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when, how, or in what context discovered to be false or omitted, may result in my immediate termination.
4. I understand that I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work.
5. I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at-will and for no definite period. I understand and agree that the Company may terminate my employment at any time, with or without cause, and with or without notice, at my option or the option of the Company.
6. I understand that no supervisor or manager may alter or amend the conditions set forth above.

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

\_\_\_\_\_  
Date

**DRUG TESTING RELEASE**

"I hereby consent to submit to a urinalysis and/or other test as determined by FNB Merchants, LLC. (The Company) as part of the hiring process. I understand that the purpose of the test is to detect the presence of illegal drugs in my system and with my signature, I consent to this test and that the current use of illegal drugs will cause my application for employment to be withdrawn from further consideration.

I further agree to hold harmless The Company and its agents (including the physician or clinic), from any liability arising In whole or in part, out of the collection of specimens, testing, and use of test results information in connection with The Company's consideration of my application of employment.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and Release form is voluntary on my part and that I have not been coerced into signing this document by anyone."

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

\_\_\_\_\_  
Date

**FNB Merchants, LLC is an Equal Opportunity Employer.**

Applicants will be considered without discrimination based on race, religion, color, sex, age, national origin, martial status, disability or veteran status.

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