

F&M Bank Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Employment Desired

Position Desired (must be for a specific job vacancy)	Date Available	Wage Desired	Type of Employment Desired <input type="checkbox"/> Full -time <input type="checkbox"/> Part-time
Location Desired			

Are you currently employed? Yes No If yes, may we contact your present employer Yes No If No, explain why.

Have you ever applied with F&M Bank before?

Yes No If yes, when? For what position?

Personal Information

Last Name	First Name	Middle Initial
ADDRESS (Number, Street, City, State, ZIP)		
Home Telephone	Cell Telephone	REFERRED BY

Name all relatives employed by F&M Bank and their relationship to you:

Education

High School (city and state)	Number of Years <u>completed</u> :	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational, Trade, Business or Correspondence School (mailing address and complete phone number)	Course(s) of study:	Did you graduate or earn a certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Number of hours <u>completed</u> ?
College attended and location (mailing address and complete phone number)	Course(s) of study:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Number of hours <u>completed</u> ?

General Information

Special Courses, training, experience and/or skills related to the position for which you are applying :

Have you ever been convicted of a Crime? * Yes No If yes, describe the crime and name the jurisdiction (location) and the disposition (results) of the conviction:

Administrative, office, computer applications, and related skills: List software packages with release version, and specific systems experience.

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*A conviction includes a plea of guilty and/or *nolo contendere* (no contest). This information does not necessarily prohibit employment with the Company. This information is only for job-related purposes and used only to the extent permitted by applicable state and federal law.

Employment History

Employer		Full Address		Phone #
Dates Employed (day/month/yr.)		Position Title	Starting wage	Ending wage
From	To			
Main duties, responsibilities & accomplishments:				
Your name while employed			Name and position of your supervisor	
Reason for leaving				
Employer		Full Address		Phone #
Dates Employed (day/month/yr.)		Position Title	Starting wage	Ending wage
From	To			
Main duties, responsibilities & accomplishments:				
Your name while employed			Name and position of your supervisor	
Reason for leaving				
Employer		Full Address		Phone #
Dates Employed (day/month/yr.)		Position Title	Starting wage	Ending wage
From	To			
Main duties, responsibilities & accomplishments:				
Your name while employed			Name and position of your supervisor	
Reason for leaving				

I affirm that the information provided in this employment application is true and correct to the best of my knowledge. I understand that falsified information, a misrepresentation or omissions may disqualify me from further consideration for employment or may result in dismissal if discovered at a later date. I understand that if I am hired, the information given in this application will become a part of my personnel record.

I authorize F&M Bank to make a thorough investigation of my previous employment and training in connection with its consideration of my application. Through this document, or a copy, I authorize any person, agency, institution, company or other entity to give F&M Bank, any and all information they might have, and I release and indemnify all parties from liability for any damages that may result from furnishing any of this information to F&M Bank. I also indemnify F&M Bank, its officers, employees, and shareholders against any liability, which might result from the investigation, or inquiry they make, or in connection with the information that they receive.

If employed by F&M Bank, I understand agree that I would be obligated to abide by all its rules, regulations, policies and procedures. I certify that I will abide by all terms of the Drug-Free Workplace Program and understand that my failure to do so will result in withdrawal of my application from employment consideration, or result in my being ineligible for continuing employment, whichever is applicable.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between F&M Bank and myself for either employment or for the providing of any benefits. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that F&M Bank retains the same right.

I understand that this application will be in effect for thirty (30) days from the date indicated below and that if employment is not offered within that time period, I must reapply to be considered for future employment.

Signature

Date

INVITATION FOR SELF-IDENTIFICATION (AFFIRMATIVE ACTION SURVEY)

It is the policy of F&M Bank to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, race, color, religion, national origin, disability, veteran, or any other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Government Agencies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and affirmative action only. This information is voluntary and will be treated confidentially. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Name: _____ Male Female
Job For Which Application is Submitted: _____
Location Where You are Making Application: _____
Referred by: _____ Date: _____

Check one of the following:

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White** (Not Hispanic or Latino). A person having origins in any of the original peoples of Europe, the Middle East, or North America.
- African American or Black** (Not Hispanic or Latino). A person with origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino). A person with origins in the any of the people of Hawaii, Guam, Samoa, or other Pacific Islands..
- Asian** (Not Hispanic or Latino). A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, China, Japan, Korea, the Philippines, Cambodia, Malaysia, Pakistan, Thailand and Vietnam.
- American Indian/Alaskan Native** (Not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.
- Two or More Races** (Not Hispanic or Latino). All persons who identify with more than one of the above five races.

F & M Veteran Status Pre-Offer Solicitation

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**
- (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 to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by checking the appropriate box below:

- I identify as one or more of the classifications of protected Veterans listed above
- I am not a protected Veteran
- I am not a Veteran
- I decline to disclose my Veteran status

Signature

Date

Print

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format using a sign language interpreter, or using specialized equipment.

Do you require reasonable accommodation?

- Yes
 No

If so, please fill in the blank with any reasonable accommodation you need:

Signature

Date

Print

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.