



**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

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

Name: \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S?  Yes  No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  Yes  No

Have you ever been terminated from employment or asked to resign by an employer?  Yes  No

**If yes**, please provide company names and details \_\_\_\_\_

Can you work any shift?  Yes  No

Can you work overtime, including weekends?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear about us?  Walk In  Advertisement  Referral  Other \_\_\_\_\_

Have you ever worked for this company before?  Yes  No

Explain \_\_\_\_\_

Do you know anyone who works for our company?  Yes  No If yes, who? \_\_\_\_\_

**EDUCATION**

High School name and Location \_\_\_\_\_

Number of years attended \_\_\_\_\_ Degree Received \_\_\_\_\_

Subjects studied/Major \_\_\_\_\_

College or University \_\_\_\_\_

Number of years attended \_\_\_\_\_ Degree Received \_\_\_\_\_

Subjects studied/Major \_\_\_\_\_

Trade, Business or Correspondence School \_\_\_\_\_

Number of years attended \_\_\_\_\_ Degree Received \_\_\_\_\_

Subjects studied/Major \_\_\_\_\_

**EMPLOYMENT HISTORY** Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From \_\_\_\_\_ To \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

Summarize the nature of work performed and job responsibilities

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Do you have any special skills experience and/or training that would enhance your ability to perform the position Applied for? If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

Computer Skills (please describe):

\_\_\_\_\_  
\_\_\_\_\_

Driver's License number if driving is an essential job function: \_\_\_\_\_ State \_\_\_\_\_

**REFERENCES** Give the name of three persons not related to you, whom you have known at least three (3) years.

1. Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Address \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
Company \_\_\_\_\_ Email \_\_\_\_\_  
Telephone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Address \_\_\_\_\_  
Company \_\_\_\_\_ Email \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Please read carefully before signing.**

CNB Bank is an equal opportunity employer. CNB Bank does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for CNB Bank to hire me. If I am hired, I understand that either CNB Bank or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of CNB Bank has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to CNB Bank true and complete information on this application. No requested information has been concealed. I authorize CNB Bank to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**

**“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.”**

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



# Authorization Release Form

**Name:** (First) (Middle) (Last) (Maiden)

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**Social Security Number** (9 digits) **Date of Birth: (00/00/0000)** (8 digits)

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**Drivers' License Number:** (16 digits) **(State)** (2 digits)

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**Current Address Since:** (Street) (City) (State/Zip)


**Previous Employment:** (Employer) (City) (State)

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(Contact Name) (Contact Phone Number)

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(Title) (Salary) (Start Date 00/00) (End Date)

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**Education:** (Institution/ School Name)

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(City) (State) (Graduation Date)

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(Highest Degree Obtained) (Major)

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Have you ever been convicted of any crime, excluding convictions that have been sealed, expunged, or legally eradicated? YES  NO

If yes, please list below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Account:</b> CNB BANK INC	<b>For Internal Use Only:</b>	
<b>SSN/NATL/CNTY*</b>	<input type="checkbox"/> <b>SSN/NATL/7yrCNTY*</b>	<input type="checkbox"/>
<b>SSN VERIFICATION</b>	<input type="checkbox"/> <b>COUNTY CRIMINAL SEARCH*</b>	<input type="checkbox"/>
<b>7 YEAR COUNTY CRIMINAL SEARCH*</b>	<input type="checkbox"/> <b>NATIONAL CRIMINAL DATABASE</b>	<input type="checkbox"/>
<b>EDUCATION VERIFICATION*</b>	<input type="checkbox"/> <b>WORKER'S COMPENSATION SEARCH</b>	<input type="checkbox"/>

\* Pass thru fees may apply and vary by state.



# Authorization Release Form

I hereby authorize CNB Bank Inc., Alliant Diagnostics, and their designated agents and representatives to conduct a review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes and for future preparation of a consumer report or investigative consumer report for purposes of retention, promotion or reassignment unless revoked in writing. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; workers compensation for employment; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Alliant Diagnostics or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Alliant Diagnostics, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from liability to the extent permitted by law for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. If an investigative consumer report is conducted I understand that I have the right to request additional information about the nature of the report and a copy of the report by calling Alliant Diagnostics.

### NOTICE TO CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS

Under California, Minnesota, and Oklahoma law, the consumer reports we order on you is defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California, Minnesota, and Oklahoma Civil Code, you may view the file maintained on you by Alliant Diagnostics during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Alliant Diagnostics in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. I want to receive a free copy of any investigative consumer report requested on my by checking this box:

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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



PO Box 130  
101 S. Washington Street  
Berkeley Springs, WV 25411-0130  
304 – 258 – 1520  
www.cnb.bank

***FAIR CREDIT REPORTING ACT  
DISCLOSURE/AUTHORIZATION***

The Federal Fair Credit Reporting Act requires that we advise you that we intend to obtain your consumer report (credit report) in conjunction with your application for employment.

Your completion of this form and signature below will indicate your receipt of this disclosure, as well as your authorization for us to request your consumer report for employment purposes.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# VOLUNTARY SELF-IDENTIFICATION FORM

CNB Bank, Inc. is required by federal law to maintain the following information for equal employment opportunity purposes. The requested information is voluntary. All information received will be kept confidential and separate from your personnel file. Refusing to complete this form will in no way result in an adverse employment action.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

1.  Male  Female

2. Please check one:

Elect not to self-identify.

Hispanic or Latino, defined as a person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin regardless of race.  
(Please skip to question 2.)

Not Hispanic or Latino (Please answer questions 1b and 2.)

3. Select from the following:

White, defined as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American, defined as a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander, defined as a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian, defined as a person 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.

American Indian or Alaska Native, defined as a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races, defined as all persons who identify with more than one of the above five races.