

FIRST NATIONAL BANK

Of Mifflintown

APPLICATION FOR EMPLOYMENT

The First National Bank of Mifflintown is an equal opportunity employer dedicated to a policy of non-discrimination in all areas of employment. In accordance with this policy, all qualified applicants for employment will be considered without regard to race, color, creed, religion, sex, national origin, age, marital status, or the presence of a protected disability.

GENERAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Length of time at this address
Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state dates: _____			Social Security Number
Position Desired			How did you hear about the position?
Are you related to anyone working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state individual's name and relationship: _____			Are you available to work <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Are you a U.S. citizen, an alien lawfully admitted to permanent residence, or an alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Federal law requires that you provide documents which verify your identity and your eligibility for employment in the U.S. As a condition of employment, you are required to provide such documentation and to sign a form establishing that you are lawfully able to work in the U.S.</i>			When will you be available to begin work?
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full, including date(s) _____			
Were you ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state branch of service and dates served _____			
If you were employed with The First National Bank of Mifflintown in the past twelve months, did you serve as a "senior examiner" for the Bank for the two or more months during the last twelve months of your employment with the agency? "Senior examiner" means an officer or employee: (i) who has been authorized by an agency to conduct examinations on behalf of the agency, (ii) who has been assigned continuing, broad, and lead responsibility for examining the financial institution, and (iii) whose responsibilities for examining a financial institution (a) represent a substantial portion of his/her assigned responsibilities; and (b) require him or her to interact routinely with officers or employees of the financial institution or its affiliates. ____ Not applicable ____ No ____ Yes If so, discuss with Human Resources Manager.			

EDUCATION & SKILLS

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

What other education or training have you had? Please describe the type of training, the source, and the dates.

What job skills do you possess? _____

ADDITIONAL INFORMATION

Memberships in professional and civic organizations, special accomplishments, awards, etc.
 (Exclude those which may disclose your race, color, religion, age, or national origin)

EMPLOYMENT

Beginning with your present or most recent employer, please list below the four most recent positions you have held. If additional space is required, please continue on a separate sheet of paper.

Please place a check mark in the boxes for those employers we may contact.

1	<input type="checkbox"/> Company Name	Telephone ()
	Address	Employed—Month and Year From To
	Name of Supervisor	Hourly Rate/Salary Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	<input type="checkbox"/> Company Name	Telephone ()
	Address	Employed—Month and Year From To
	Name of Supervisor	Hourly Rate/Salary Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	<input type="checkbox"/> Company Name	Telephone ()
	Address	Employed—Month and Year From To
	Name of Supervisor	Hourly Rate/Salary Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	<input type="checkbox"/> Company Name	Telephone ()
	Address	Employed—Month and Year From To
	Name of Supervisor	Hourly Rate/Salary Start Last
	State Job Title and Describe Your Work	Reason for Leaving

REFERENCE CHECKS

Please list three employment references whom we may contact for the purpose of obtaining information relating to your previous employment. If not previously employed, please list education or personal references.

Name and Position	Organization	Address	Telephone Number

AUTHORIZATION AND ACKNOWLEDGMENT

I hereby certify that all answers given and statements made are true and correct. I hereby give The First National Bank of Mifflintown the right to make a thorough investigation into my previous employment, education, and references. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. If hired, I understand that my employment is at will and constitutes no expressed or implied contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

FOR BANK USE ONLY

Schedule Interview: Yes No Date: _____

Comments: _____

Source Code: (W) Walk-in _____, (R) Referral _____, (N) Newspaper _____, (A) Agency _____

(X) AAP Recruiting Efforts _____, (O) Other _____.

Disposition Code: (A) Application Held _____, (N) Not Hired _____, (H) Hired _____,

(P) Pending _____, (X) Offer Refused _____.

AFFIRMATIVE ACTION INFORMATION FORM

Qualified applicants are considered without regard to race, color, creed, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

In order to help us comply with Federal/State equal employment opportunity and affirmative action record keeping and reporting requirements, we would like you to answer the questions listed below.

Please note that completion of this form is strictly voluntary.

This Information Form will be kept in a confidential file separate from the Application for Employment.

Date _____

Name (Print) _____ Telephone No. _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Position(s) Applied For _____

Referred by _____

- Race/Ethnic Group:
- White (Not Hispanic or Latino)
 - Black or African American (Not Hispanic or Latino)
 - Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 - Asian (Not Hispanic or Latino)
 - American Indian or Alaska Native (Not Hispanic or Latino)
 - Hispanic or Latino
 - Two or more races
 - Race Missing or Unknown

Gender: Male Female

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

First National Bank Of Mifflintown may obtain information about you from a consumer-reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, worker’s compensation claims, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by HR Screening Services, Inc., 521 Cedar Way, Oakmont, PA, 15139, 800-261-6268, or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing First National Bank Of Mifflintown to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by First National Bank Of Mifflintown by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or University- Roswell (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by HR Screening Services, Inc., 521 Cedar Way, Oakmont, PA, 15139, 800-261-6268, another outside organization acting on behalf of First National Bank Of Mifflintown and/or First National Bank Of Mifflintown itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company as listed under California law.

Last Name _____ First _____ Middle _____

Other Names/Alias/Maiden _____

Social Security* # _____ Date of Birth* _____

Driver’s License # _____ State of Driver’s License _____

Present Address _____ Phone Number _____

City/State/Zip _____

Signature: _____ Date: _____

Can we contact your present employer? Yes _____ No _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you.

Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file.

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA.

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted.

A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.

However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.

If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information.

If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported.

In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited.

A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information.

A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.

Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or

insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators.

If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580*202-326-3761
National banks, federal branches/agencies of foreign banks (word National or initials N.A. appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219*800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551*202-452-3693
Savings associations and federally chartered savings banks (word Federal or initials F.S.B. appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552*800-842-6929
Federal credit unions (words Federal Credit Union appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314*703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429*800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590*202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250*202-720-7051