

EDUCATION

Type of School	Name of School	City and State	Major Course of Study	Last Year Completed	Diploma or Degree	Grade Average
High School				<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
College				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Post Graduate						
Other						

Extracurricular activities: (Exclude activities relating to race, religion, national origin, gender, age or disability)

Leadership Positions held: (Exclude activities relating to race, religion, national origin, gender, age or disability)

MILITARY EXPERIENCE

N/A

Service Branch: _____ Dates: ____ / ____ / ____ Rank at Discharge: _____

Type of Discharge: _____

Skills Acquired: _____

BUSINESS EXPERIENCE

Have you ever been discharged or asked to resign from any position? Yes No If yes, explain where, when, and why:

Have you ever been suspended or placed on probation by an employer for attendance, job performance or conduct?

Yes No If yes, please explain: _____

Please explain all periods of unemployment: _____

Do you have any other job that you would expect to continue if employed here? Yes No If yes, please explain:

Please list any other business or companies in which you are involved or have a financial interest:

JOB EXPERIENCE

(FULL AND PART-TIME, STARTING WITH MOST RECENT. YOU MUST LIST ALL EMPLOYERS FOR AT LEAST THE PAST TEN YEARS.)

Present or Most Recent Employer:	From:	To:	Name and Title of Immediate Supervisor:
Street Address:	Telephone Number:	()	Your Position (s):
City, State, Zip:	Wage or Salary:	\$	Reason for Leaving

Previous Employer:	From:	To:	Name and Title of Immediate Supervisor:
Street Address:	Telephone Number:	()	Your Position (s):
City, State, Zip:	Wage or Salary:	\$	Reason for Leaving

Previous Employer:	From:	To:	Name and Title of Immediate Supervisor:
Street Address:	Telephone Number:	()	Your Position (s):
City, State, Zip:	Wage or Salary:	\$	Reason for Leaving

Previous Employer:	From:	To:	Name and Title of Immediate Supervisor:
Street Address:	Telephone Number:	()	Your Position (s):
City, State, Zip:	Wage or Salary:	\$	Reason for Leaving

Previous Employer:	From:	To:	Name and Title of Immediate Supervisor:
Street Address:	Telephone Number:	()	Your Position (s):
City, State, Zip:	Wage or Salary:	\$	Reason for Leaving

PROFESSIONAL REFERENCES

List four individuals who can discuss your work history and job performance.

Name/Title	Company Name	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRIVING DATA

(Complete this section only if driving a motor vehicle is a duty of the position for which you are applying. If in doubt, ask.)

Type of Driver's License: _____ Years of Driving Experience: _____

License Number _____ Expiration Date: _____ State: _____

Have you ever had a driver's license revoked or suspended? Yes No Is yes, when? _____

Reason(s): _____

List any major accidents you have had:

LIST ALL MOTOR VEHICLE VIOLATIONS FOR THE LAST THREE YEARS

Type of Violation	City/County and State	Date	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACKNOWLEDGMENT - READ CAREFULLY

I certify that the facts set forth above in my application and any resume I have submitted are true and correct. I understand that any false statements, misrepresentations, or omissions on this application, my resume, or any other FBFHC document shall be considered a sufficient basis for rejection of my application and for dismissal if hired, regardless of when discovered. In the event of my employment with FBFHC, I agree to conform to the rules and regulations of FBFHC and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by FBFHC at any time, at FBFHC's option and without prior notice to me. I understand that this application will be given every consideration, but its receipt does not imply that I will be employed. I also understand that if I am employed, my employment will be at-will, meaning that employment may be terminated by me or the company for any or no reason, with or without cause, at any time. I further understand that nothing in this application is to be considered in any way as a contract of employment. I acknowledge and agree that any statement or representation, whether written or oral, past or present, which is contrary to my right and FBFHC's right to an at-will employment relationship is void and unenforceable and should not be relied upon in the absence of a written contract of employment signed by the Chief Executive Officer of FBFHC.

I hereby authorize FBFHC to conduct any investigation it deems necessary regarding my application. I also hereby authorize FBFHC to gather and to release information about me, together with their opinion on these matters, without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I authorize any former employer, present employer, schools, colleges, and universities, personal references and/or any other person or persons, to disclose to the company any information or opinions they may have concerning me, my character, or my employment record. I hereby unconditionally release FBFHC, any former employers, their agents and employees, and all references listed in this application from any and all claims demands or liabilities arising out of or related to such investigation or disclosure, including liability arising from negligence.

I understand that FBFHC may, in the course of its investigation of my application, obtain an investigative consumer report on me, as defined in the Fair Credit Reporting Act, and I understand that such report may include information as to my character, general reputation, personal characteristics, working skills and abilities, and mode of living. I understand that FBFHC is required to furnish to me upon proper request and within a reasonable time, according to the law, the nature and scope of the investigation.

Signature of Applicant

Date

(This application will not be considered unless signed)