

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is:

____:____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

Yes No

If Yes, state name, relationship and location _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	No. Of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: / /

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as well as references in connection with an employment candidate.

This application for employment shall be considered subject to a period of time not to exceed 90 days. Any candidate not hired to be considered for employment beyond the time period should prepare as to whether or not application has been withdrawn.

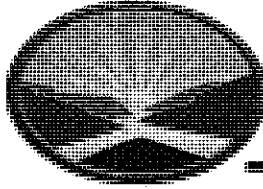
I hereby understand and acknowledge that unless otherwise defined by applicable law, my employment relationship with this organization is of an "at will" nature, which means that the Employer may terminate my employment at any time and for any reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of termination, I understand that false or misleading information given in my application or otherwise may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

This Application For Employment is sold for general use throughout the United States. ResourceOne™ assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



TWIN RIVER

NATIONAL BANK

By signing this document, I authorize Twin River National Bank to obtain information regarding my creditworthiness, standing, or capacity, character, general reputation, personal characteristics, or mode of living from any outside source that regularly provides such information. I understand that information from such a report may be used by Twin River National Bank in making a decision regarding my employment.

Signed

Adverse Action - Employment

We are sorry but we are unable to _____ at this time.
Our decision was based in whole or in part on information in a report from:

Name:

Address:

Telephone:

The reporting agency did not make the decision and is unable to provide the specific reasons why the decision was made. A copy of the report used in our decision and a summary of your rights under the Fair Credit Reporting Act was provided to you earlier. Under the Fair Credit Reporting Act, you have the right to dispute the accuracy or completeness of any information in that report.