

TWIN RIVER APPLICATION FOR EMPLOYMENT

TO APPLICANT: All applications are considered without regard to the applicant's race, color, national origin, religion, sex, age, disability, sexual orientation, gender identity, gender expression, veteran status, or any other individual characteristic protected by applicable local, state, or federal employment laws. Reasonable accommodations which do not cause an undue hardship are afforded to qualified employees with known disabilities to help enable them to perform the essential functions of their jobs. Minorities are encouraged to apply.

PERSONAL

(Please Print)

Date _____

Name _____ Social Security No. _____
Last First Middle

Address _____
No. Street City State Zip

Telephone No. _____ Mobile No. _____

Referred by: Advertisement Emp. Agency Employee Friend Walk-in Other Source name _____

Position(s) applied for _____ Full Time Part Time

If part time specify days/hours _____ Rate of pay expected \$ _____ per _____

Have you worked for us before? _____ If YES, when? _____ Position _____

Indicate any special qualifications or skills _____

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
High School				
College		Major: _____ Degree: _____		
Other				

Twin River is subject to Title 28, Chapters 29-38 of Rhode Island General Laws, which governs Workers' Compensation.

- Are you over 18 years of age? _____ If NO, state your age: _____ (Employment subject to minimum legal age verification)
 - Are you a U. S. Citizen? _____ If NO, are you legally authorized to work in the United States? _____
 - Have you ever been bonded in prior employment? _____ If YES, list name of employer(s): _____
 - Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? _____ If YES, list prior convictions: _____
- _____

PRIOR EMPLOYMENT

Employer:	Phone:	From:	To:
Address: _____ City, State, Zip			
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer:	Phone:	From:	To:
Address: City, State, Zip			
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone:	From:	To:
Address: City, State, Zip			
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

Applicant Statement

The information provided by me in this Application for Employment is true and complete to the best of my knowledge. I understand that, if I am employed, my employment will be on an at-will basis (unless modified by an applicable collective bargaining agreement). I further understand that any misrepresentation or false statements contained herein or which I make during any job interview I may have may result in the immediate termination of my employment. I hereby authorize Twin River to investigate any or all statements in this application as it deems necessary.

I expressly authorize, without reservation, Twin River, its representatives, employees, and/or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may otherwise have against Twin River, its agents, employees and/or representatives for seeking, gathering and using such information in the employment process. I also waive any rights and claims I may otherwise have against all other persons, corporations or organizations for furnishing such information about me.

I understand that Twin River does not unlawfully discriminate in employment and that no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by any applicable local, state or federal law.

I understand that this application remains current for six months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law or as these rights may be modified by an applicable collective bargaining agreement. This application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreement contrary to the foregoing language is valid unless it is in writing and signed by the employer's president.

I also understand that if I am offered employment, I will be required to provide proof of my identity and proof that I am legally authorized to work in the United States. In this regard, applicable federal immigration laws require that I complete I-9 paperwork prior to beginning work.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Date: _____ Signature of Applicant: _____



**EQUAL EMPLOYMENT OPPORTUNITY AND
AFFIRMATIVE ACTION FORM**

Name _____ **Circle One: Male Female**

Position Applied For: _____

Twin River is an Equal Employment employer. As such we are required to file summary reports for civil rights purposes regarding the status of our applicants and employees. This information is strictly voluntary, confidential, and should you be hired, it will be kept in a separate file from your personnel records. This information will not be used as a determination for any decisions regarding your employment with Twin River.

_____ Two or more races (Not Hispanic or Latino)

_____ Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

_____ White (Not Hispanic or Latino) – a person having origins in any of the original people of Europe

_____ Asian (Not Hispanic or Latino)

_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

_____ Black or African American (Not Hispanic or Latino)

Are you a veteran of the Vietnam Era (on active duty for more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975)?

___ Yes ___ No

Are you a Special Disabled Veteran (a veteran who is entitled to compensation under laws administered by the Veterans Administration for a disability or a person who was discharged or released from active duty because of a service-connected disability)?

___ Yes ___ No

Please consult the Human Resources Office should you require further information on determining whether you fall into any of the above categories.

Disclosure or refusal to provide this information will not subject an applicant to any adverse treatment. We appreciate your cooperation.