



1507 G Street, Lewiston, ID 83501 208-746-4848
 900 5th Street, Clarkston, WA 99403 509-758-4848
 201 2nd Street, Asotin, WA 99403 509-243-8848
 3330 10th Street, Lewiston, ID 83501 208-743-4848

www.twinriver.bank

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, or disability that does not prohibit performance of essential job functions.

| Date of Application | | Position Applied For | | | |
|--|-------------------|--|----------------|-------------------------|-------------------------|
| Last Name | | First Name | Middle Initial | Social Security No. | |
| Address | | | City | County | |
| State | Zip Code | Phone (Home or where you can be reached) | | E-mail Address | |
| Is there any information we would need about your name or use of another name for us to be able to check your employment and credit history? Please specify: | | | | | |
| Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. If hired would you be able to provide the necessary documents of proof of the legal right to work? YES NO | | | | | |
| Have you ever been convicted of a felony? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.) | | | | | |
| Have you ever been bonded? YES NO If yes please explain: | | | | | |
| Referral Source Please indicate your referral source: | | | | | |
| Education Check highest grade completed: 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours. | | | | | |
| Schools | Name and Location | Graduate? | S/Q Hrs. | Major/Minor Course Work | Type of Degree Received |
| High School | | YES NO | | | |
| College(s) University (s) | | YES NO | | | |
| Graduate or Professional | | YES NO | | | |
| Other educational, vocational school, internships, etc. | | YES NO | | | |
| Special training programs and seminars you have completed in the last five years (list): | | | | | |
| If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: | | | | | |
| Membership in professional, honorary, or technical societies (list): | | | | | |
| Licenses and certifications (List, giving dates and sources of issuance): | | | | | |

SKILLS Check the following skills, experiences, etc., which you have:

Sign Language
 Foreign language (specify)
 Adding Machine/calculator
 Typing (specify WPM)
 Shorthand/speedwriting (specify WPM)

Word Processing
 Computer Applications (Please list programs)
 Other

WORK HISTORY Please account for all periods of employment and breaks in service for the last 10 years. (Use Additional Sheets if Necessary) **YOU MAY NOT SUBSTITUTE A RÉSUMÉ FOR THIS INFORMATION.**

If currently employed, may we contact your employer? YES NO

| | | | | | |
|--|--|------------------------------------|--------------------|------------------------|--|
| Current or Last Employer: | | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: | |
| Date Employed (mo/yr) | Starting Salary \$ per | Ending or Current Salary \$ per | Reason for Leaving | | |
| Date Separated (mo/yr) | List major duties in order of their importance in the job: | | | | |
| Full Time Years Months | | | | | |
| Part Time Years Months | | | | | |
| If part time, number of hours worked per week: | | | | | |
| Employer: | | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: | |
| Date Employed (mo/yr) | Starting Salary \$ per | Ending or Current Salary \$ per | Reason for Leaving | | |
| Date Separated (mo/yr) | List major duties in order of their importance in the job: | | | | |
| Full Time Years Months | | | | | |
| Part Time Years Months | | | | | |
| If part time, number of hours worked per week: | | | | | |
| Employer: | | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: | |
| Date Employed (mo/yr) | Starting Salary \$ per | Ending or Current Salary \$ per | Reason for Leaving | | |
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| Employer: | | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: | |
| Date Employed (mo/yr) | Starting Salary \$ per | Ending or Current Salary \$ per | Reason for Leaving | | |
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| Employer: | | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: | |
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| Full Time Years Months | | | | | |
| Part Time Years Months | | | | | |
| If part time, number of hours worked per week: | | | | | |

REFERENCES (Please list at least one present or former manager)

| Name | E-mail or Address | Phone | Business Relationship |
|------|-------------------|-------|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and Twin River Bank; and unless otherwise provided in writing, such relationship shall be defined as "employment at will" where either party may dissolve the relationship.

I further understand that no employee or supervisor except the Chief Executive Officer or designee has the authority to enter into any agreement or contract of employment for any specific terms of employment such as length of service, future salary increases, or agreement contrary to this application. Furthermore, I understand and agree that any such agreement entered into by the Chief Executive Officer or designee will not be enforceable unless it is in writing.

I acknowledge that consideration for employment is contingent on the results of a reference, credit and background check, and meeting bonding requirements as explained in the attached ***Disclosure and Authorization for Background Investigation***.

| | |
|--|------|
| Signature of Applicant (unsigned applications will not be processed) | Date |
|--|------|

Please submit your completed application to any of our branch locations or mail to:

**Twin River Bank
 ATTN: Human Resources
 1507 G Street
 Lewiston, ID 83501**

or FAX to: **208-746-4758**
 or email to marni@twinriver.bank

Thank you!



Disclosure and Authorization for Background Investigation

I understand that in connection with my application for employment, Twin River Bank may use an outside agency to research and verify information I have provided. I hereby authorize Twin River Bank and/or entity directed by Twin River Bank prior to, or at any time after my employment commences, to obtain a consumer report for employment purposes. I understand that this consumer report may include inquiries regarding my work history; credit records; court records, including criminal convictions record, as permitted by law; driving history; verifications of Social Security number; and references obtained from professional and personal associates.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Twin River Bank or other entities that obtain information for Twin River Bank. I further fully release Twin River Bank, its employees, officers, directors, agents, successors and assigns, and all other parties involved in the investigation, from any claim or action for any liability whatsoever related to the process or results of the background/reference investigation.

I understand results of my background check and/or credit report may be used in determining whether to make me an offer of employment and other employment decisions, and that the Disclosure Authorization is not an offer for employment by Twin River Bank or a contract with Twin River Bank.

I understand that I am authorized to request a copy of reports that may be obtained in the background investigation process. If you would like a copy of the reports obtained, please check this box

Dated: _____

Applicant Signature: _____

Print Name: _____