

Driver's License: _____ Passport: _____ Social Security Card: _____ Other (Please specify): _____

NON-FACILITY / VENDOR EMPLOYEES - PAGE 2

Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? *Please circle one* YES or NO
 If you answered "YES", give details below (Separate sheet(s) can be used, if necessary). _____

Have you or your spouse ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)?
Please circle one YES or NO
 If you answered "YES", give details below (Separate sheet(s) can be used, if necessary). _____

PRIOR EMPLOYMENT HISTORY FOR PAST THREE YEARS:

Name and Address of Employer:	Type of Business	Date Employed	
		FROM:	TO:

Please provide the name, address and phone numbers of three persons whom have known you for 10 years.

Name	Address (Street, City, State, Zip)	Telephone # (Area Code)
		()
		()
		()

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. General Laws 41-4-1 *et seq.*:
 I agree to abide by all applicable statutes and regulations. I understand that I am freely consenting to any warrantless search by any governmental agency within the grounds of Twin River or Newport Grand ("the facility"), of the premises which I occupy or control, and my personal property and effects at the facility, and to the seizure of any illegal item, which said search, may produce. I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true complete and correct. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and the above-mentioned rules and regulations and my application may be denied.
 I hereby authorize the Rhode Island Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ **APPLICANT SIGNATURE:** _____
EMPLOYER/SUPERVISOR PRINT NAME: _____
EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:

TOTAL FEE:	CHECK/MONEY ORDER:	LICENSE NUMBER:	BACKGROUND CHECK RESULT:	BCI DATE:
Approved DBR Signature:		Approval Date:		Fingerprint Card Date:

