



One Beacon Centre
Warwick, RI 02886-1378

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity or expression, or any other class protected by federal or state law.

The Beacon is subject to the provisions of the Rhode Island Workers' Compensation Act.

The Beacon is a smoke free facility. Smoking is prohibited in Beacon's buildings and surrounding grounds.

Name in full: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position applied for: _____ Date available to begin work: _____

Telephone # where you can be reached: Day: _____ Evening: _____

Salary requirements: \$ _____ Have you ever applied with us before? Yes No

If hired, can you produce documentation verifying your identity and eligibility to be employed in the United States? Yes No

If you have been known by another name needed to verify information in this application, please provide: _____

Have you been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant from employment.)

Are you related to anyone employed by The Beacon? If so, Who?: _____

How were you referred to The Beacon? Newspaper ad Agency Employee referral Job Fair Web Site

Walk in College Recruitment Other: _____

If a Beacon Employee referred you, provide name: _____

EDUCATION

| School Attended & Address | Years Completed | Did you Graduate | Type of Diploma/Degree | Major Area(s) of Study |
|-----------------------------|-----------------|------------------|------------------------|------------------------|
| College: | | | | |
| Tech, Bus School, Other: | | | | |
| High School: | | | | |

SKILLS/QUALIFICATIONS (computer software, certificates, licenses, etc.)

EMPLOYMENT RECORD

(list all employment beginning with CURRENT or MOST RECENT)

Company Name _____ Job Title _____

Address _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Work Performed _____

Dates: From _____ To _____ Reason for leaving _____

Company Name _____ Job Title _____

Address _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Work Performed _____

Dates: From _____ To _____ Reason for leaving _____

Company Name _____ Job Title _____

Address _____

Supervisor _____ Starting Pay _____ Ending Pay _____

Work Performed _____

Dates: From _____ To _____ Reason for leaving _____

Were you ever discharged or asked to resign from a position? Yes No If yes, please explain _____

May we contact your current employer for a reference prior to a job offer? Yes No

NOTICE TO APPLICANT

THE FOLLOWING SECTION CONTAINS IMPORTANT INFORMATION REGARDING YOUR LEGAL RIGHTS AND CONTAINS IMPORTANT CERTIFICATIONS AND RELEASES OF LIABILITY. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I hereby certify that to the best of my knowledge the statements made herein are true and complete. Any misrepresentation, omission or false statement could disqualify me for employment, or may cause my subsequent dismissal. If I am hired by The Beacon Mutual Insurance Company, my employment is at-will and not for a stated period and may be terminated by either me or The Beacon without notice or cause. I understand that nothing contained in The Beacon's employment application, personnel policies or written documents, nor any verbal statements made to me by Beacon's representatives during the application process or thereafter shall constitute an employment contract. I agree to observe all Beacon policies and procedures. I agree to be bonded at The Beacon's expense. I authorize The Beacon to investigate all statements and to contact any references listed on this application or related resume. I hereby release The Beacon and all references from any liability in connection with the provision or use of references or related information.

By signing below, I acknowledge that I have read, understood and voluntarily agree to the above.

Applicant's Signature

Date