Thank you for your interest in employment at ____ Casino

To provide fast and efficient processing of your application for employment, please ensure that the following listed items are complete on your application — it cannot be processed without this information.

Read the first page — if you understand and agree — sign and date it at the bottom.

Answer every question. Do not leave anything blank.

On Page 1, list all positions you are interested in applying for, in preference order.

On Page 1, specify the hours that you cannot work.

On Page 2, show all residences for the past ten (10) years. Each residence must have a complete street address, zip code, city, county and state.

On Page 2, three (3) personal references are needed, including complete street address, zip code, phone number city and state. If you have a reference and do not know their address and cannot obtain it, do not use them.

On Page 3, please list all previous employers for the past five (5) years. Each employer must have a complete address, with zip code and phone number.

Whenever a signature is requested, sign and date in the space provided.

The remaining questions require a yes or no answer. If something does not apply, put N/A.

Thank you.

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

Gaming License

Casino is a gaming establishment operated by the _____. Indian gaming is strictly regulated and all employees of the _____ must be licensed in order to work with the gaming establishment. Therefore, all employees must undergo a comprehensive background investigation prior to licensure. This investigation is done by the _____ Gaming Commission and includes a thorough personal, employment, and criminal background check. A criminal background check includes research of local, state, and federal (FBI) records. You will be fingerprinted prior to permanent licensure.

The application for employment and licensure includes questions regarding any crimes you may have committed, including misdemeanors, gross misdemeanors, and felonies. Please complete all information for each offense. If you are not sure whether you have any convictions, please find out before completing the application. Failure to disclose information relating to any crimes committed will result in revocation of licensure and termination of employment.

Please answer all questions on the application as completely as possible. If the questions do not pertain to you or your situation, indicate with a "N/A" (not applicable). **Be advised that by signing the application, you are giving permission to the** _____ **Tribe and the State of** _____ **to perform a background investigation.**

I acknowledge that I have read and understand the above information.

SIGNATURE OF APPLICANT

DATE

APPLICATION FOR LICENSURE AND EMPLOYMENT

PLEASE READ: In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission and the State of ______ members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, Local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you in a primary management official or a key employee position. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001)

EMPLOYMENT POSITION(S) FOR WHICH YOU ARE APPLYING:

PART-TIME_____ FULL-TIME_____ DATE OF APPLICATION_____

ARE THERE ANY DAYS OR SHIFTS YOU ARE NOT ABLE TO WORK? PLEASE INDICATE HERE

SECTION I.	PERSONAL INFO	ORMATIO	N Answer Eacl	h Question Comple	tely
NAME: LAST	FIRST	MIDDLE	MAIDE	N OR OTHER NAME	S USED
ADDRESS:	/IBER	STREET	CITY	STATE	ZIP
SOCIAL SECURITY	NUMBER:		TELEPHONE	8:	
DATE OF BIRTH:	$\frac{1}{DAY} \frac{1}{YR}$ DRI	VER'S LIC	ENSE # AND STAT	E ISSUED	
PLACE OF BIRTH:	CITY:	S	TATE	COUNTY	
ARE YOU A U.S. CIT	TIZEN? □ YES	□ NO II	F NOT, COUNTRY O	OF CITIZENSHIP	
ALL LANGUAGES SPOK	EN OR WRITTEN				
PHYSICAL DESCRI			_ WEIGHT GENDER		

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE? VES NO

If yes, name of tribe, band, and location of tribal enrollment records:___

ARE YOU A VETERAN OF THE UNITED STATES ARMED FORCES? □ YES □ NO

If yes, name of branch and dates served: _____

LIST ALL RESIDENCES FOR THE PAST 10 YEARS: (Include street address, city, county, state and dates-month and year).

Street Address	City	County &	& State	From:	To:
Use Additional Sheet if Necessary					

PERSONAL REFERENCES:

List the *names, complete addresses and telephone numbers* of three personal references including one person who was acquainted with you during each of periods of residence listed above. **DO NOT LIST RELATIVES.**

Name	Address/Telephone Number	City/State/Zip

Use Additional Sheet if Necessary

SECTION II. EDUCATION AND WORK HISTORY

Answer Each Question Completely or Indicate N/A

EDUCATION

	DATES ATTENDED						
	NAME AND ADDRESS	FROM	TO	DIPLOMA?			
High School							
College/Univ.							
College/Univ.							
Other Training/Ed	lucation			·			

WORK HISTORY List all employers for the past 5 years. Use additional sheet if necessary.

Most Recent Employer	Address	Telephone

Date Started		Starting Position
Starting Salary: \$	Per	
		Position on Leaving
Date Left		-
	n	
Salary on Leaving: \$	Per	
Name and Title of Supervisor		
Description of Dation		
Description of Duties		Reason for Leaving

Employer	Address		Telephone
Date Started		Starting Position	
Starting Salary: \$ Per			
Date Left		Position on Leav	ing
Salary on Leaving: \$ Per	•		
Name and Title of Supervisor			
Description of Duties		Reason for Leavi	ing

Employer	Address		Telephone
Date Started		Starting Position	
Starting Salary: \$ Per			
Date Left		Position on Leav	ing
Salary on Leaving: \$ Per			
Name and Title of Supervisor			
Description of Duties		Reason for Leavi	ing

In addition to your work history, what other experiences or skills would especially qualify you:_____

SECTION III. CRIMINAL HISTORY Answer Each Question Completely or Indicate N/A

A. Have you ever been convicted of, or are you currently being prosecuted for a FELONY?

YES COMPLETE SECTION BELOW

List charge, date, City and State where the crime was committed and the name and address of the court involved and the disposition (result): **BE VERY SPECIFIC**

NO GO ON TO SECTION B

Charge	Date	City and State	Court Name and Address	Disposition

Use Additional Sheet if Necessary

B. Are you now being, or have you been prosecuted for or convicted of a MISDEMEANOR?

YES COMPLETE SECTION BELOW

List charge, date, City and State where the crime was committed and the name and address of the court involved and the disposition (result): **BE VERY SPECIFIC**

NO GO ON TO QUESTION C.

Charge	Date	City and State	Court Name and Address	Disposition

Use Additional Sheet if Necessary

C. Are you now being or have you ever been CHARGED with a crime (excluding minor traffic violations)?

YES COMPLETE SECTION BELOW

List charge, date, City and State where the crime was committed and the name and address of the court involved and the disposition (result): **BE VERY SPECIFIC**

NO GO ON TO SECTION IV.

Charge	Date	City and State	Court Name and Address	Disposition

1	1				
1	1				
1	1				

Use Additional Sheet if Necessary

SECTION IV. BUSINESS INTERESTS Answer Each Question Completely or Indicate N/A

A. List any business you have owned or had interest in, its address, your ownership interest or position held within the last 10 years:

Business Name	Address	Own/Interest/Position	Dates From:	To:

B. Describe any previous or existing business relationships with Indian tribes or the gaming industry, including ownership interests in those businesses:

C. Please indicate by answering the following questions whether or not you have a financial interest in any gaming activity including non-Indian business or interest:

TYPE OF INTEREST HELD:

(Check YES or No for each question)

1. Have you ever invested or loaned money to, had an option to purchase, or had a contract for service to any gaming facility or activity?

YES _____Explain below. NO_____

2. Do you have any ownership interest in any equipment being leased or otherwise provided to any gaming facilities?

YES _____Explain below. NO_____

3. Do you have an investment or ownership interest in any business involving any activities listed under Section IV, Parts A and B?

YES _____Explain below. NO_____

4. Do you receive any revenue or payments or money from any person who is involved in the activities listed in Section IV, Parts A and B as a result of the operation of gaming?

YES _____Explain below. NO_____

5. Have you ever **worked for**, in any capacity, a gaming operation?

	YESExplain below. NO
PLEAS	SE EXPLAIN ALL YES ANSWERS
6.	Have you ever applied for a permit or license related to gaming?
	YESExplain below. NO
7.	Have you ever been denied a permit or license related to gaming?
	YESExplain below. NO
	If yes, provide the following information:
	TYPE OF LICENSE:
	LICENSING AGENCY:
	ADDRESS:
	Street Address City State/Zip
	IF DENIED, REASON FOR DENIAL:
8.	Have you ever held or applied for a privileged or professional license with any regulatory agency?
	YESExplain below. NO
If yes,	list the type of license and the name and address of each licensing agency and the date issued:

Agency	Address	Date Issued
	Agency	Agency Address

Please list below any members of your immediate family (spouse, children, mother, father, sister, brother) or anyone who lives in the same household as you do who are currently employed in gaming operations of the _____.

Name

Relationship

CERTIFICATION

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further consent to the taking of a photograph and fingerprints necessary to process this application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all applicable rules and regulations of the _____.

Print Full Name	•			
	Last	First	Middle	
Signature:		То	day's Date:	
·			-	

INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I, ______, hereby authorize the _____Gaming Commission through its authorized representatives (hereafter, the Investigatory Agencies), to conduct a complete investigation into my personal background, using whatever legal means it deems appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard.

I understand that by signing this authorization, a financial records check will be performed prior to the issuance of any gaming license and may be performed at any time that I hold a gaming license. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, not limited to, but to include, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located.

It is hereby understood that the Investigatory Agencies will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. The Investigatory Agencies reserve the right to investigate all relevant information and facts to its satisfaction. However, the _____ Gaming Commission, Investigatory Agencies, and other agents or employees of the _____ Gaming Commission shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and other waive liability as to the _____ Gaming Commission, Investigatory Agencies, and other agents or employees of the _____ Gaming Commission for any damages resulting from any use, disclosure, or publication in any manner, other than willfully unlawful disclosure or publication, of any material or information.

Any information contained within my application, contained within my financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, the gaming regulatory agency of any Indian Tribe, or any foreign country.

All information gathered as a result of this investigation will be held confidential by the Investigatory Agencies, with the exception of law enforcement agencies stated above.

FULL LEGAL NAME			
(Please Print)	(LAST)	(FIRST)	(MIDDLE)

SIGNATURE: _____

AUTHORIZATION AND RELEASE

I, ______, hereby authorize the Bureau of Criminal Apprehension for the State of _____ to release to the _____ Gaming Commission any information concerning me contained in criminal history record files of the Bureau. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in a suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged. I acknowledge that this type of information may be released, even though this record is designated as "non-public".

In consideration for the Bureau of Criminal Apprehension releasing any information concerning me contained within its criminal history record files to the _____ Gaming Commission, I, _____, on behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Bureau of Criminal Apprehension, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Dated this _____ day of _____, 201_, at _____

(Signature)

Witness: _____

Witness:

Applicant's Initials

VERIFICATION OF FINGERPRINTS

The enclosed fingerprint card(s) are the prints of _____

_____, taken by me.

Name:	
Title:	
Office:	

Signed:_____

Applicant's Initials