

**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

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

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

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	
Date Left	Position on Leaving
Salary on Leaving: \$ Per	
Name and Title of Supervisor	
Description of Duties	Reason for Leaving

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

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

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

1 **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**

1 **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?

1 **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**

1 **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)?

1 **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**

1 **NO GO ON TO SECTION IV.**

Charge	Date	City and State	Court Name and Address	Disposition

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Use Additional Sheet if Necessary

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

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?

YES _____ Explain below. NO _____

PLEASE EXPLAIN ALL YES ANSWERS _____

6. Have you ever applied for a permit or license related to gaming?

YES _____ Explain below. NO _____

7. Have you ever been denied a permit or license related to gaming?

YES _____ Explain 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?

YES _____ Explain below. NO _____

If yes, list the type of license and the name and address of each licensing agency and the date issued:

Type of License	Agency	Address	Date Issued

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

**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 otherwise 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 _____