

Hire Date: \_\_\_\_\_

JDE # \_\_\_\_\_

Nick Name: \_\_\_\_\_

# HOSPITALITY STAFFING SOLUTION

## CHEROKEE TRIBAL GAMING COMMISSION APPLICATION FOR WORK PERMIT EMPLOYEE GAMING LICENSE

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. 2017 *et seq.* The purpose of the requested information is to determine the eligibility of the individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC 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 NIGC in connection with the issuance, denial, 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 license you for a primary management official or 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. **Notice of False Statement: A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, Section 1001).**

*Please type or print in black ink*

*Cost for the Work Permit Badge: \$75.00*

- Indicate N/A if a section is not applicable.
- Additional documentation and explanation sheets should be attached as necessary to clarify any answer.
- You must complete, sign, and notarize the application, and initial where indicated on the bottom of each page.
- Failure to complete all information and requirements will cause delays and/or denial of your application.
- \_\_\_\_\_ (initial when read and understood)

1. Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Other Names Used: \_\_\_\_\_  
(Include Maiden Name, Previous Married Name, Alias Names)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(City) (County) (State)

2. Home Address: \_\_\_\_\_  
(Street Name / Apartment # / City / State / Zip Code)

3. Current Mailing Address: \_\_\_\_\_  
(P.O. Box # / Street Address / City / State / Zip Code)

4. Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

5. Employment Position for which gaming license is sought: \_\_\_\_\_

6. Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Gender (circle one): Male Female

7. Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Issuance: \_\_\_\_\_ Name on License: \_\_\_\_\_

List all other driver's licenses held in the last 10 years, including name used, the state where issued, and date of issuance: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Your Application will be rejected if any questions are omitted or not answered**

\_\_\_\_\_  
INITIALS

8. Are you an enrolled member of a federally recognized Indian Tribe? [ ] YES [ ] NO  
If yes, which tribe: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

9. Are you a United States citizen? [ ] YES [ ] NO If NO, what country? \_\_\_\_\_  
If an alien, your registration number: \_\_\_\_\_  
Port of Entry: \_\_\_\_\_ Date of Entry: \_\_\_\_\_  
If naturalized: Your certificate number: \_\_\_\_\_ Date: \_\_\_\_\_  
Place: \_\_\_\_\_ (Submit Copy of naturalization and/or U.S. Passport for verification).

10. BUSINESS AND EMPLOYMENT INFORMATION  
List below business and employment, including self-employment, (most recent first) for the last 10 years.  
Dates: From-To: Company Name, Title(s) Held, Supervisor, Work Address-City & State, Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. RESIDENCE INFORMATION  
List below each place of residence (most recent first) for the last 10 years.  
Dates: From-To: Street Address City/County State  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, attach additional sheets.)

12. EDUCATION INFORMATION  
List below your formal education, and include any schools and training programs attended.  
High School: City / State Graduation Year  
\_\_\_\_\_  
College / University Address / City / State Graduation Year / Degree Obtained  
\_\_\_\_\_

13. PERSONAL REFERENCES  
List three (3) personal references that have known you for five (5) years or more. **Do NOT include relative, present employer or co-workers.**  
a. Name: \_\_\_\_\_  
Employed: \_\_\_\_\_ Known since: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_  
b. Name: \_\_\_\_\_  
Employed: \_\_\_\_\_ Known since: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_  
c. Name: \_\_\_\_\_  
Employed: \_\_\_\_\_ Known since: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

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\_\_\_\_\_  
INITIALS

14. Have you ever applied to any licensing or regulatory agency for a license, permit, or certificate Related to gambling / gaming activities?       YES       NO  
Whether or not such license, permit, or certificate was granted and include any applications denied, withdrawn, pending.

If YES, provide the name and address of licensing and regulatory agency, date of application, type of license or permit applied for, and disposition of application.

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15. Have you ever been **charged or convicted** with any gaming offense?       YES       NO  
If YES, Complete the following for each:

Name and Address of Court	Charge	Dates of the Charge	Disposition
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16. Are you a registered sex offender?       YES       NO

17. Have you ever been **charged or convicted** with a felony?       YES       NO  
If YES, complete the following for each:

Name and Address of Court	Charge	Dates of the Charge	Disposition
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18. Are you currently under any probation or parole orders from any court of law?       YES       NO  
If so, please describe below:

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19. For each misdemeanor conviction or ongoing misdemeanor prosecution (within 10 years of the date of this application), provide below the names and address of the involved, misdemeanor / charge, dates of the prosecution and disposition.

Name and Address of Court	Charge	Dates of the Charge	Disposition
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20. For each criminal charge (including traffic charges), (whether or not there is a conviction, **even if charge was dismissed**), if such criminal charge was within the past 10 years and is not listed in Question 15 above. List the criminal charge, name and address of the court involved, and the dates of the charge and disposition.

Name and Address of Court	Charge	Dates of the Charge	Disposition
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\_\_\_\_\_  
INITIALS

**NOTICE REGARDING FALSE STATEMENTS**

In signing this application, I understand that: A false statement on any part of the application may be grounds for not hiring me, or for firing me after I begin work. Also, I understand that I may be punished by fine or imprisonment, ( US Code Title 18, Section 1001).

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**CERTIFICATION AND OATH OF APPLICANT**

I, \_\_\_\_\_, the applicant ,being duly sworn, deposed and say that the statements made and information provided on this application are true and contain a full and true account of the information requested to the best of my knowledge and belief, that statements provided by me to the Cherokee Tribal Gaming Commission, the Tribe, or its agents in and during the course of the background investigations of me conducted pursuant to the IGRA, the Ordinance, and other applicable laws and regulations, are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief. I am aware that the purpose of the investigation is to determine my suitability for employment in or association with gaming activities and consent to the release of all information necessary. I have read and understand the Privacy Act Notice and the Notice Regarding False Statements above and consent to the requirement of this notice and disclosure of any background information. This statement is executed with the knowledge the misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Commission, and that later discovery of a material omission or material misrepresentation made in the above statements may be grounds for the revocation of any gaming license granted.

**RELEASE OF ALL CLAIMS  
(INDIVIDUAL)**

I, \_\_\_\_\_, the undersigned (“Applicant”) am filing with the Cherokee Tribal Gaming Commission my application for a gaming license. In consideration of the privilege to apply for a gaming license, I hereby, for myself and my successors and assigns, release, remise, and forever discharge the Eastern Band of Cherokee Indians, Cherokee Tribal Gaming Commission, and their respective members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgements, executions, claims and demands whatsoever, known and unknown, in law or equity, which I now have, may have, or may claim to have against any or all said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my gaming application.

**I, the Applicant, have read the above Certification and Oath and the release of all claims and understand all of the terms. I execute this certification, oath, and release voluntarily and with full knowledge of its significance on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(NOTORIAL SEAL)

\_\_\_\_\_  
Notary Public / My Commission Expires:

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\_\_\_\_\_  
INITIALS

**CHEROKEE TRIBAL GAMING COMMISSION  
RELEASE OF INFORMATION AUTHORIZATION**

I, \_\_\_\_\_, authorize any investigator, special agent, or other representative of the Cherokee Tribal Gaming Commission, the Federal Bureau of Investigation, or any tribal, state, or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including: employment, schools, criminal justice agencies, financial or lending institutions, hospitals and health care professionals, and other sources. This information includes, but is not limited to, my academic, residential performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize custodians of such records and courses of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators successors and assigns, hereby release, remise and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of action, suits, debts, judgements, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or by reasons of complying with this request.

I understand that the information released by records custodians and other sources of information is for required background investigations to process my license application for gaming employment or management, or providing goods or services to a gaming operation.

Copies of this authorization that show my signature are valid as the original release signed by me. I understand that this authorization remains valid for five (5) years or for the length of my employment with the Eastern Band of Cherokee Indians (whichever is longer) from the date it is signed.

I, \_\_\_\_\_, do hereby certify that I have read the foregoing and understand and authorize release of personal, financial and criminal information about myself.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (type or print) \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(NOTORIAL SEAL)

\_\_\_\_\_  
Notary Public / My Commission Expires:

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\_\_\_\_\_  
INITIALS

**AUTHORIZATION TO WITHHOLD BACKGROUND INVESTIGATION FEE  
FROM PAYROLL**

I, \_\_\_\_\_, **(PLEASE PRINT CLEARLY)** authorize the Cherokee Tribal Gaming Commission by and through the Tribal Casino Gaming Enterprise, Tribal Bingo Enterprise, or 3rd Party Vendors to withhold from my payroll as an employee of the gaming facilities the amount of Seventy-Five Dollars (\$75.00) at the rate Thirty-Seven Dollars and Fifty cents (\$37.50) per paycheck for two paychecks. These fees are to cover all licensing and investigation costs. I further authorize the Cherokee Tribal Gaming Commission by and through the Tribal Casino Gaming Enterprise and/or 3rd Party Vendors to withhold the entire Seventy-Five Dollars (\$75.00) or any portion still owing upon my separation of service if my separation is prior to paying the entire amount. I fully understand these fees are non-refundable.

_____ Social Security Number	_____ Date of Birth
_____ Signature	_____ Date

Subscribed and sworn to before me, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(NOTORIAL SEAL)

_____ Notary Public	_____ My Commission Expires:
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**Gaming Facility (please circle one)**

Harrah's Cherokee	Valley River	Mandara Spa
Brio	HSS	Bingo
The Service Company	Ruth's Chris	12 Oaks Parking
Ultra Star - CHE	Ultra Star - CVR	

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INITIALS