

EDUCATION:

High School(s) Name	Address of School (City and State/Prov.)		Year Graduated	
College(s) Name	Address of School (City and State/Prov.)	Course of Study	# of Years Completed	Diploma/ Degree

List places of residence for the last five (5) years:

CITY	COUNTY	STATE/PROV	FROM (MONTH/YEAR)	TO (MONTH/YEAR)

PERSONAL REFERENCES:

List three (3) personal references including one for each address listed above.

Name	City & State/Prov.	Phone Number with Area Code

List any business you have owned or had an interest in for the past five (5) years.

Business Name	City and State	Ownership Interest

EMPLOYMENT/WORK EXPERIENCE: List information concerning your employment history for the past five (5) years. If not employed for anytime please explain why. (Start with your present or last job first.)

1) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		

2) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		

3) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		

4) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		

5) Employer		Contact/Supervisor Name:
Address		Phone ()
Employed From	Employed To	Position Title
Reason for Leaving		

BACKGROUND INFORMATION:

(Please Read and Complete Carefully and Thoroughly)

PLEASE READ: In compliance with the Privacy Act of 1974, the following information is provided: Solicitations of the information on this form is authorized by 25 U.S.C. 2701 seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation and/or with Grand Portage Reservation. The information will be used by National Indian Gaming Commission members and staff who have need for information in the performance of their official duties. The information may be disclosed to appropriated 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, issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or 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 or key employee position. **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 a fine or imprisonment (U.S. Code, title 18, section 1001). The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing you application.

Social Security Number _____ - - _____

Drivers License Number: _____ State/Prov. _____

Gender: (Circle One) Male or Female Race: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Date of Birth: _____ / _____ / _____ Age: _____ Citizenship: _____

Place of Birth:

City- _____ County- _____ State/Prov- _____ Country- _____

A. Business relationships current or in the past with Indian Tribes or Gaming Industry:
 Type of interest held: (Circle answer)

Yes No 1. Invested or loaned money, have any option to purchase, or have a contract for service with any Indian tribe or gambling facility or activity.

Yes No 2. Have ownership interest in equipment being leased or otherwise provided to any Indian tribe or gambling facility.

Yes No 3. Have ownership or interest in any business providing supplies or services to an Indian tribe or gambling facility.

Yes No 4. Receive any revenue, payment or other benefits from any business involved in any way with an Indian tribe or gambling facility.

Yes No 5. Owned or invested in a gaming facility.

Yes No 6. Have you ever been employed, in any capacity, by a gaming facility?

ADDITIONAL SPACE

I certify that my response to these questions are made under Federal penalty of perjury, which is punishable by fines or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report. Also, I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made in good faith. I am aware that the purpose of this investigation is to insure compliance with the Tribal/State compact(s) on gambling. I authorize and grant my consent to permit any Law Enforcement Agency and any other persons, business or agency deemed necessary, to release any information to any identified Law Enforcement Officer of the Gambling Enforcement Division. **PLEASE PRINT**

(First Name) (Middle Name) (Last Name)

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

OFFICE USE ONLY!!!!	
Date Application Received	
Date Preliminary Investigation Done	
Date Background Information Received	
Date(s) Submitted to Hiring Supervisors	
Date Application No Longer Active	

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize release for the Grand Portage Tribal Council (RTC) any information requested in order for the RTC to determine suitability for employment or licensing.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

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 purposes listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interests (real and personnel), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any rights that I may otherwise have to pursue a cause of action against any person (or his/her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. para 2701 et seq). I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorneys' fees.

A reproduction of this authorization is the same as the original.

Executed at Grand Portage Reservation, MN 55605,

On this _____ day of _____, 20_____

Print Name: _____
 First Name Middle Name Last Name

Signature: _____

Witness: _____