

PERSONAL HISTORY STATEMENT

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. 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 appropriate Federal, Tribal, State, Local, and 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 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 is voluntary. However, failure to supply a Social Security Number may result in errors in processing your application.

APPLYING FOR EMPLOYMENT WITH GRAND PORTAGE LODGE AND CASINO

Please Make Sure You Have All Information And Signatures Complete, Before Submitting To Human Resources.

POSITION(S) APPLIED FOR: _____ DATE OF APPLICATION: _____

SECTION ONE

FULL NAME: _____
(Last) (First) (Middle)

(Other names used in include: Alias, Maiden Names, Previous Married Names; Written or Oral)

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBERS: HOME: (_____) WORK: (_____)

DATE OF BIRTH: _____ / _____ / _____ AGE: _____ SOCIAL SECURITY NUMBER: _____
(Month) (Day) (Year)

DRIVERS LICENSE NUMBER: _____
(Number) (State)

CITIZENSHIP: (Circle One) US or Other: Explain _____

GENDER: (Circle One) MALE or FEMALE RACE: _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

PLACE OF BIRTH: _____
(City) (County) (State) (Country)

Personal History Statement
SECTION TWO

EDUCATION

High School Name	City and State	Year Grad.	
College Name	City and State	Year	Degree?

SECTION THREE

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

CITY	COUNTY	STATE	FROM (Month/Year)	TO (Month/Year)

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

NAME	CITY AND STATE	PHONE NUMBER (Include Area Code)

C. List information concerning your employment history for the past five (5) years. If not employed at anytime please explain why.

NAME OF EMPLOYER	CITY AND STATE	PHONE (Include Area Code)	POSITION	FROM (M/Y)	TO (M/Y)

SECTION FOUR

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

BUSINESS NAME	CITY AND STATE	OWNERSHIP INTEREST

B. 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.

Personal History Statement

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?

Please explain all yes answers: _____

C. List previous gaming or occupational permits or licenses applied for:

LICENSING OR REGULATORY AGENCY	CITY AND STATE	TYPE OF LICENCE GRANTED	YEAR GRANTED

SECTION FIVE

A. Are you now or have you ever been convicted of, or are you being currently prosecuted for a **felony**?

(Circle one) Yes No

CHARGE DATE CITY NAME & ADDRESS OF COURT DISPOSITION

B. Are you now being or have you ever been, prosecuted for or convicted of a **misdemeanor** (excluding minor traffic violations).

(Circle one) Yes No

CHARGE DATE CITY NAME & ADDRESS OF COURT DISPOSITION

C. Are you now being or have you ever been charged with **any crime** (excluding minor traffic violations) that is not listed in Section 5, A or B?

(Circle one) Yes No

CHARGE DATE CITY NAME & ADDRESS OF COURT DISPOSITION

Personal History Statement

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 _____

I, _____ hereby authorize release for the Grand Portage
(Print/Type Applicants Full Name)

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 purposed 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_____

Signature: _____

Witness: _____

Presented by Grand Portage Reservation Tribal Council Representative

Signature: _____ Date: _____

Name: _____ Title: _____