



Last Name

(Print)

First Name

INSTRUCTIONS FOR COMPLETING A SAGINAW-CHIPPEWA KEY GAMING LICENSE APPLICATION

PAYROLL DEDUCTION ONLY!! **MUST BE TURNED IN *BEFORE* 4:00PM**

\$20 APPLICATION FEE (\$35 Non-Michigan Residents)

\$45 FINGERPRINT FEE (Tables Games pay after training)

\$35 PROCESSING FEE

Position Applied for _____

Check one of the below

Soaring Eagle Casino and Resort _____ Saganing Eagles Landing Casino and Resort _____ Level II _____ Migizi _____

Section 6.2.2.3 of the Saginaw Chippewa Gaming Code

Your application for a gaming license is a serious subject. Because of the severity of this matter, your application form is an extremely important document. The answers you provide will make the difference in whether or not your application for a gaming license is approved. The burden of providing verifiable information is yours and yours alone. You must provide a complete disclosure to all of the questions asked, with no exceptions.

For that reason, it is imperative that you follow the instructions below.

- 1. Give a maiden or every other last name you have used for the last ten years.** If you have a middle name, please spell it out.
- 2. Give full and complete answers to all questions.** If the question asks for names, addresses, and telephone numbers. List the full name, the street address, city, state and zip code. Include mailing addresses when applicable. Applicant must provide driver's license (or state identification card), social security card, student identification and Tribal identification in order to have this application accepted.
- 3. All dates of residence and employment must be given in chronological order with NO unaccounted periods of time.** If, at any time, you were unemployed, state the dates of unemployment just as though you were employed and state "unemployed" in the space given for the name of the employer.
- 4. Give the month, day, and year that you:**
 - a) moved into each new address.
 - b) moved out of each new address.
 - c) started to work for your current employer.
 - d) started to work for your previous employers.
- 5. You are required to give three personal references who are not relatives** The three (3) reference scripts accompanying this application in the back must be completed by your references before your application can be accepted by the Saginaw Chippewa Gaming Commission staff. **Please give the name, complete address and telephone number of someone who knew you at each previous residence address. Do not use relatives.** Include mailing addresses where applicable
- 6. If you have ever been arrested by a law enforcement official, including the tribal police, you must disclose the charges in the criminal justice section.** If you do not know what constitutes an arrest, please call the Gaming Commission office @ (989) 775-5700.
- 7. A False statement on any part of your license application may be grounds for denying a license or suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001)**



Background Application For Gaming License Saginaw Chippewa Indian Tribe Gaming Commission

7500 Soaring Eagle Blvd.
Mt. Pleasant, Michigan 48858
Tel. (989) 775-5700

**Directions: The following information is required for your gaming license. Please print clearly.
DO NOT USE PENCIL ON THIS FORM.**

Personal Information

Name: _____
Last First Middle Name Maiden or other names used in the last ten years

Address: _____
Street Address City County State Zip Code

From ____/____/____ **to** ____/____/____

Social Security Number: ____-____-____ **Driver's License Number:** _____ **State Issued** ____

Canadians Only: Social Insurance Number: ____-____-____ (Must also supply a Canadian Criminal Convictions Record [CPIC] and Canadian Motor Vehicle Driving Record)

Home Phone: (____) ____-____ **Cell Phone:** (____) ____-____

Email (if you have one): _____

Place of Birth: _____ **Date of Birth:** ____/____/____
City State County

US Citizen: __Yes__ __No__ **Gender:** __Male__ __Female__
(If no, state country)

Race: __Native American (attach proof)__ __White__ __African American__ __Hispanic__ __Asian__ __Other__

All Language(s) Spoken or Written: __English__ __Other(s)_____
25 CFR 556.4 and Section 6.2.2.1 of Saginaw Chippewa Gaming Code (Please Specify)

Provide (3) references not related to you:

References Names:	Mailing Address:	City, State	Zip Code	Phone Number
1) _____	_____	_____	_____	() ____-____
2) _____	_____	_____	_____	() ____-____
3) _____	_____	_____	_____	() ____-____

25 CFR 556.4 and Section 6.2.2.6 of the Saginaw Chippewa Gaming Code

CBIS USE ONLY **APPLICANT MUST PROVIDE THE FOLLOWING IF APPLICABLE:**
____ HR Hire Authorization ____ Driver's License (or State I.D. card) ____ Social Security Card ____ Canadian Driving Record
____ Tribal Documentation (if applicable) ____ C.P.I.C. & ____ S.I.N. (Canadian Only) ____ Student ID

Previous Address's

Have you lived at residences other than your current one during the last five years? Yes No

If Yes, provide the addresses for each of your personal residences for the last five years, and one reference for each who knew you at that address and who is not a relative. Begin with your most recent previous address. (Attach additional sheets if necessary)

1. Dates resided at address below: ___/___/___ to ___/___/___

1. Previous:

Street Address City County State Zip Code

1.

Reference Name Street Address City County State Zip Code

Reference Phone# () -

2. Dates resided at address below: ___/___/___ to ___/___/___

2. Previous:

Street Address City County State Zip Code

2.

Reference Name Street Address City County State Zip Code

Reference Phone# () -

3. Dates resided at address below: ___/___/___ to ___/___/___

3. Previous:

Street Address City County State Zip Code

3.

Reference Name Street Address City County State Zip Code

Reference Phone# () -

4. Dates resided at address below: ___/___/___ to ___/___/___

4. Previous:

Street Address City County State Zip Code

4.

Reference Name Street Address City County State Zip Code

Reference Phone# () -

5. Dates resided at address below: ___/___/___ to ___/___/___

5. Previous:

Street Address City County State Zip Code

5.

Reference Name Street Address City County State Zip Code

Reference Phone# () -

Relative/Sibling Information

SPOUSE

Current Divorced

Deceased

Name Street Address City County State Zip Code Phone Number w/ (Area Code)

GRAND PARENTS (Maternal and Paternal Sides)

1) _____

Name Street Address City County State Zip Code Phone Number w/ (Area Code)

2) _____

Name Street Address City County State Zip Code Phone Number w/ (Area Code)

3) _____

Name Street Address City County State Zip Code Phone Number w/ (Area Code)

4) _____

Name Street Address City County State Zip Code Phone Number w/ (Area Code)

MOTHER:

Name Street Address City County State Zip Code Phone Number w/ (Area Code)

FATHER:

Name Street Address City County State Zip Code Phone Number w/ (Area Code)

CHILDREN: None

Age Name Street Address City County State Zip Code Phone Number w/ (Area Code)

Age Name Street Address City County State Zip Code Phone Number w/ (Area Code)

Age Name Street Address City County State Zip Code Phone Number w/ (Area Code)

SIBLINGS

Brother/Sister Street Address City County State Zip Code Phone Number w/ (Area Code)

Brother/Sister Street Address City County State Zip Code Phone Number w/ (Area Code)

Brother/Sister Street Address City County State Zip Code Phone Number w/ (Area Code)

*** Attach additional paperwork if necessary***

Section 6.2.2.4 of the Saginaw Chippewa Gaming Code

Employment History

Have you been employed in the last five years? **Yes** **No**

If Yes, list each of your previous jobs (including self-employment) for the last five years. Begin with your current or most recent job. Include military service. Account for all periods of unemployment. (Attach additional sheets if necessary)

1. Employer: _____ Your Position: _____
Name of Company

Address: _____
Street City County State Zip Code

Phone: (____) _____ - _____ Fax: (____) _____ - _____ From ____/____/____ to ____/____/____
(Dates employed)

Supervisor: _____ Reason for separation: _____

2. Employer: _____ Your Position: _____
Name of Company

Address: _____
Street City County State Zip Code

Phone: (____) _____ - _____ Fax: (____) _____ - _____ From ____/____/____ to ____/____/____
(Dates employed)

Supervisor: _____ Reason for separation: _____

3. Employer: _____ Your Position: _____
Name of Company

Address: _____
Street City County State Zip Code

Phone: (____) _____ - _____ Fax: (____) _____ - _____ From ____/____/____ to ____/____/____
(Dates employed)

Supervisor: _____ Reason for separation: _____

4. Employer: _____ Your Position: _____
Name of Company

Address: _____
Street City County State Zip Code

Phone: (____) _____ - _____ Fax: (____) _____ - _____ From ____/____/____ to ____/____/____
(Dates employed)

Supervisor: _____ Reason for separation: _____

Have you had any previous employment with any Gaming Industry/Casino? _____ Yes _____ No

(Attach additional sheets if necessary)

1. Casino/Company Name: _____ Your Position: _____

Address: _____

Street

City

County

State

Zip Code

Phone: () _____ - _____ Fax: () _____ - _____ Start/End Dates: ___ / ___ / ___ to ___ / ___ / ___

Contact Person: _____ Reason for separation: _____

2. Casino/Company Name: _____ Your Position: _____

Address: _____

Street

City

County

State

Zip Code

Phone: () _____ - _____ Fax: () _____ - _____ From ___ / ___ / ___ to ___ / ___ / ___

Contact Person: _____ Reason for separation: _____

3. Casino/Company Name: _____ Your Position: _____

Address: _____

Street

City

County

State

Zip Code

Phone: () _____ - _____ Fax: () _____ - _____ Start/End Dates: ___ / ___ / ___ to ___ / ___ / ___

Contact Person: _____ Reason for separation: _____

4. Casino/Company Name: _____ Your Position: _____

Address: _____

Street

City

County

State

Zip Code

Phone: () _____ - _____ Fax: () _____ - _____ From ___ / ___ / ___ to ___ / ___ / ___

Contact Person: _____ Reason for separation: _____

25 CFR 556.4

Criminal History

Have you **EVER** been **CHARGED** with a crime? Yes No

Charge: _____ Date of Charge: ___/___/___

Name and address of Court Involved: _____
Street Address City County State Zip Code

Outcome of the case: _____ Date of Final Action: ___/___/___
(Ex: 3 Days in Jail, \$100 in Fines/Court Costs and 90 hours Community Service) If you have been charged with more than one (1) crime in your life then follow this format and attach additional paperwork for each crime. Please provide any court disposition papers you have for any of the crime/s listed.)

Have you **EVER** been involved in any civil/financial litigation? Yes No

Example: Civil litigation can range from paternity, traffic violations (speeding tickets) small claims, general civil cases, landlord tenant disputes to being sued for medical bills or other financial reasons. Basically have you ever been to court for any reason other than criminal conduct which should have been listed in the criminal history above.

Case Number: _____ Date Filed: ___/___/___

Plaintiff: _____ Defendant: _____

Name & Address of Court involved: _____
Street Address City County State Zip Code

Case Outcome: _____ Date of Final Action: ___/___/___
(If you have been involved in other civil litigation please follow this format and attach additional paperwork as necessary.)

Have you ever been fingerprinted? Yes No

If Yes, explain:

Have you ever been given a "deferred" sentence, a "diversion", a "pardon" or had a conviction expunged from your record, or have you ever claimed Bankruptcy (Chapter 7 or 11)? Yes No

If Yes, explain:

Is there any other information which might bring into question your fitness to serve as a primary management official, key employee, or other employee? Yes No

If Yes, provide all details. (Attach additional sheets if necessary)

License History

Have you ever applied for a gaming related license? Yes No

If Yes, list all gaming related licenses you have applied for, whether or not those licenses were granted and the name, address, and phone number of the regulatory agency involved. (Follow the format below and attach additional sheets as necessary if you have had more than one license at other gaming facilities as well)

1. License: _____ Granted: Yes No

Type of License (ex Gaming/Service License)

Date Issued: ___ / ___ / ___ Is this license current? Yes No

Regulatory Agency: _____ Phone: (____) _____ - _____

Name

Address: _____

Street Address

City

State

Zip Code

Professional/Business License

Have you applied for a professional or business license? Yes No

If Yes, list all professional or business licenses you have applied for, whether or not those licenses were granted and the name, address, and phone number of the regulatory agency involved. (Attach additional sheets if necessary) PROVIDE A COPY OF LICENSE(S). (Ex: Builders License, Licensed Day Care, Real Estate/Broker License any D.B.A [Doing Business As])

1. License: _____ Granted: Yes No

Type

Date Issued: ___ / ___ / ___ Is this license current? Yes No

Regulatory Agency: _____ Phone: (____) _____ - _____

Name

Address: _____

Street Address

City

State

Zip Code

25 CFR 556.4

Read each statement CAREFULLY. Applicant must initial after each statement. By placing your initials after each statement, you are attesting to your understanding of and to your agreement to abide by the terms of each statement. All applicants are advised that the application for a gaming license is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or the revocation of a license. An applicant for a gaming license is seeking the granting of a privilege, and the burden of proving his or her qualifications to receive such a license is at all times on the applicant.

I hereby agree that if the license I am applying for is granted I will submit to the jurisdiction of the Tribe and the Tribal Court. (____ initial)

Neither I, nor any member of my immediate family, has a past or current financial interest, other than a salary interest or an interest as a member of a Tribe, in any gaming-related enterprise anywhere. (____ initial)

If I have a relative who has a past or current financial interest, other than a salary interest, in any gaming-related enterprise anywhere, I have given a full disclosure of his/her name and the nature of the relationship in this application. (____ initial)

I hereby agree to provide final dispositions of any past, pending, or anticipated civil or criminal actions against me. (____ initial)

I hereby agree to be photographed. (____ initial)

I hereby agree that I will abide by all applicable tribal and federal laws, regulations and policies. I understand that failure to do so may result in the revocation of my gaming license. (____ initial)

I have read, and I understand and approve of the following Privacy Act Notice:

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 granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and 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. (____ initial)

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

I hereby swear that all of the information contained herein is true and correct to the best of my knowledge and that I have withheld nothing. (____ initial)

I understand that the information I supplied in the Personal History Disclosure Form will be used by the SAGINAW CHIPPEWA GAMING COMMISSION and/or the Division of Licensing and Compliance to request any documents or other information required to completely investigate my background, including but not limited to, my criminal record, civil and criminal judgments, credit history, education, employment history, or any other information the SAGINAW CHIPPEWA GAMING COMMISSION deems necessary. I authorize any information to be released from any originator or holder of such information to the SAGINAW CHIPPEWA GAMING COMMISSION. Further, I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from the manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request. (____ initial)

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. (____ initial)

A reproduction of this request by Xerox or similar process shall be considered as effective and valid as the original. (____ initial)

I hereby authorize release to the National Indian Gaming Commission (NIGC) any information requested (including my application for a gaming license and fingerprint card.). (____ initial)

All Fee's are Non-Refundable (____ initial)

Signature

Date

Print Name

*******You will have your photograph taken when you turn this application in.*******

CERTIFICATION OF GAMING COMMISSION

The above-named individual has applied for a gaming license or has a current license and is applying for a renewal of said license.

Dated: _____

*Signature of Authorized Licensing and Compliance
or Gaming Commission Representative*

Gaming License Application - Personal Reference

Reference Name	Applicant Name
----------------	----------------

1. Please verify the employee's current or previous address:

2. What is your relationship to this person and how long have you known them?

3. Please describe their character.

4. Can you comment on their honesty?

5. How would you describe their ability to get along with others?

6. If you were in a position to hire this person, would you? Why or why not?

7. Can you describe their lifestyle, (for example: outgoing, introverted, homebody, etc.)

8. How would you describe the applicant's financial responsibility?

9. Can you describe the applicant's use of alcohol or drugs?

10. To the best of your knowledge, has the applicant been involved in any Criminal or Civil litigation?

13. Does this person associate with anyone of a questionable nature?

14. Do you know of any reason why this applicant should not be employed with Soaring Eagle Gaming?

Reference's Printed Name / Signature Date

Gaming License Application - Personal Reference

Reference Name	Applicant Name
----------------	----------------

1. Please verify the employee's current or previous address:

2. What is your relationship to this person and how long have you known them?

3. Please describe their character.

4. Can you comment on their honesty?

5. How would you describe their ability to get along with others?

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13. Does this person associate with anyone of a questionable nature?

14. Do you know of any reason why this applicant should not be employed with Soaring Eagle Gaming?

Reference's Printed Name / Signature

Date

Gaming License Application - Personal Reference

_____	_____
Reference Name	Applicant Name

1. Please verify the employee's current or previous address:

2. What is your relationship to this person and how long have you known them?

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8. How would you describe the applicant's financial responsibility?

9. Can you describe the applicant's use of alcohol or drugs?

10. To the best of your knowledge, has the applicant been involved in any Criminal or Civil litigation?

13. Does this person associate with anyone of a questionable nature?

14. Do you know of any reason why this applicant should not be employed with Soaring Eagle Gaming?

Reference's Printed Name / Signature

Date

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

X _____
Date _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

X _____

DATE _____