

BLACK BEAR CASINO RESORT GAMING EMPLOYMENT LICENSE APPLICATION

DATE _____

POSITION(S) FOR WHICH YOU ARE APPLYING:

Please only list under appropriate columns

CASINO	HOTEL	GOLF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Availability:

_____	_____	_____	_____
Full Time	Part Time	On Call	Temporary
_____	_____	_____	_____
Day Shift	Afternoon Shift	Night Shift	All Shifts

On what date will you be available for work? _____

PERSONAL INFORMATION

NAME: _____

LAST
FIRST
MIDDLE
OTHER NAMES USED

ADDRESS: _____

NUMBER
STREET
CITY
STATE
ZIP

SOCIAL SECURITY NUMBER: _____ TELEPHONE: _____

DATE OF BIRTH: ____/____/____ If you are under 18, can you furnish a work permit? YES NO

MO
DAY
YEAR

PLACE OF BIRTH: _____

CITY
STATE
COUNTY
COUNTRY

GENDER: MALE FEMALE

ARE YOU A U.S. CITIZEN? YES NO IF NOT, COUNTRY OF CITIZENSHIP: _____

ALL LANGUAGES SPOKEN OR WRITTEN: _____

DO YOU HAVE A CURRENT DRIVERS LICENSE? YES NO

STATE ISSUED AND NUMBER: _____

(a copy may be required)

Are you a member of a Federally Recognized Native American Indian Tribe? YES NO

If yes, Name of Tribe _____ Location: _____

Are you a descendant of the FDL band? YES NO If yes, name of FDL Enrollee & Relationship:

Are you a veteran of the United States Armed Forces? YES NO If yes, name of branch and dates served:

Have you ever been employed by the Fond Du Lac Reservation Band of Lake Superior Chippewa? YES NO

If yes, date(s): _____

Are you currently employed? YES NO If applicable, may we contact your present employer? YES NO

Do you have any physical, mental, medical impairments, or disabilities that would limit your ability to perform the essential function of the position for which you are applying? YES NO If yes, please explain: _____

RESIDENCES (please list all residences in the past ten (10) years)

ADDRESS	CITY	COUNTY & STATE	FROM MONTH/YEAR	TO MONTH/YEAR

REFERENCES

List the names, complete addresses and telephone numbers of three references including one person who was acquainted with you during each of periods of residence listed above. DO NOT LIST RELATIVES.

Name	Full Address	Contact Number	Occupation	Years Known

EDUCATION

SCHOOL	NAME & CITY	COURSE OF STUDY	YEARS COMPLETED	GRADUATION DATE	DEGREE
HIGH SCHOOL					
VOCATIONAL, COLLEGE, OR UNIVERSITY					
OTHER					

OFFICE RELATED SKILLS: (place an 'X' in boxes that apply)

SKILL/EQUIPMENT	(X)	PLEASE LIST
Typing		(WPM)
Calculator		
Office Equipment		(list types)
Computer Programs		(list types)

Please describe any training, experience, or skills (paid or unpaid) that would especially qualify you:

WORK HISTORY

List all Employers (use additional sheet if necessary)

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

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Reason for Leaving		

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

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**

NO GO ON TO SECTION B

Charge	Date	City & State	Court Name & Address	Disposition

Use additional sheet if necessary

Are you now being, or have you been prosecuted for or convicted of a MISDEMEANOR or GROSS MISDEAMEANOR *within the last 10 YEARS* of the date of this application?

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**

NO GO ON TO QUESTION C

Charge	Date	City & State	Court Name & Address	Disposition

Use additional sheet if necessary

Are you now being or have you ever been **CHARGED** with a crime (excluding minor traffic violations), if such criminal charge is within 10 years of the date of the application and is not otherwise listed above?

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**

NO GO ON TO SECTION IV

Charge	Date	City & State	Court Name & Address	Disposition

Use additional sheet if necessary

BUSINESS INTERESTS

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	Date From	Date To

Describe any previous or existing business relationships with Indian tribes or the Gaming Industry, including ownership interests in those businesses:

Please indicate by answering the following questions whether or not you have a financial interest in any gambling 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 gambling facility or activity?
YES _____ Explain below. NO _____
2. Do you have any ownership interest in any equipment being leased or otherwise provided to any gambling 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 gambling?
YES _____ Explain below. NO _____
5. Have you ever worked for, in any capacity, a gambling 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 _____
8. Has your permit or license related to gaming ever been revoked? 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: _____

9. 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 Fond du Lac Band of Lake Superior Chippewa, including Black Bear Casino Resort and Fond-du-Luth Casino.

NAME	RELATIONSHIP

CERTIFICATION

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further consent to the taking of a photograph and fingerprints necessary to process this application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all applicable rules and regulations of the Fond du Lac Band.

Print Full Name: _____
Last
First
Middle

Signature: _____ **Today's Date:** _____

GAMING LICENSING

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 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 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.

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. (18 U.S.C. §1001)

You will be fingerprinted prior to permanent licensure.

Persons must be 18 years of age to be eligible for a gaming license. Persons with certain criminal histories are not eligible for gaming licensure without making special application to the Fond du Lac Reservation Business Committee. More information on this process can be obtained through the Gaming Employment License Office at 218-878-2672.

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 aren’t 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.

Be advised that by signing the application, you are giving permission to the Fond du Lac Band to perform a background investigation.

If you have any questions regarding gaming licensing or the background investigation procedure, please call one of the Gaming Employment Licensing Officers at 878-2672.

I acknowledge that I have read and understand the above information.

SIGNATURE OF APPLICANT

DATE



TRIBAL ENROLLMENT VERIFICATION

TO:

The following individual has applied for employment and indicated he/she is an enrolled member of a Federally recognized tribe and is entitled to Indian Preference as allowed under the Civil Rights Act of 1964 and 41 CFR 101-6.204-2(4). Please confirm the enrollment status and provide, if possible, the enrollment number to our office.

Applicant: _____

Date of Birth: _____

Enrollment Number: _____

Tribe/Band: _____

State: _____

I hereby authorize the above named Tribe/Band to confirm or deny the information provided. Please return the form to attention of Black Bear Casino Resort Human Resources fax 218-878-2342.

Signature of Applicant

Date

OFFICE USE ONLY

I certify that the information provided by the above applicant:

_____ Is correct

_____ Is incorrect

_____ Additional information is attached

Please print your name clearly

Signature of Enrollment Officer or Authorized Person

Date



AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of the attached requested information for my potential employment with the Black Bear Casino Resort. The release of information from my past/present employment and personal references is granted with my signature below.

(Print Name)

(Signature)

(Date)



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