



To ensure your application is complete we will check your application with this list to make sure you've done the following:

Read the first page — if you understand and agree — sign and date it at the bottom. Answer every question. Do not leave anything blank.

On Page 3, list all positions you are interested in applying for, in preference order. The open positions are posted in the Human Resources office, as well as on our web site.

On Page 3, specify the hours that you cannot work. On Page 3, include English as a language.

On Page 3, be sure to fill in the blanks for gender and race.

On Page 4, show all residences for the past ten (10) years. Each residence must have a complete street address, zip code, city, county and state.

On Page 4, three (3) personal references are needed, with that persons complete street address, including zip code, phone number city and state. If you have a reference and do not know their address and cannot obtain it, do not use them.

On Page 5, please list all previous employers for the past five (5) years. Each employer must have a complete address, with zip code and phone number.

Whenever a signature is requested, sign and date in the space provided.

The remaining questions require a yes or no answer. If something does not apply, put N/A.

Thank you for your interest.

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

**FOND-DU-LUTH CASINO
GAMING EMPLOYMENT LICENSE APPLICATION
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA**

The Black Bear Casino and the Fond-du-Luth Casino are gaming establishments operated by the Fond du Lac Band of Lake Superior Chippewa. Indian gaming is strictly regulated and all employees of the Fond du Lac Band must be licensed in order to work within the casinos. Therefore, all employees must undergo a comprehensive background investigation prior to licensure. This investigation is done by the Gaming Employment Licensing Office of the Fond du Lac Band and includes a thorough personal, employment, and criminal background check. A criminal background check includes research of local, state, and federal (FBI) records. 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.

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 are not 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.

Please answer all questions on the application as completely as possible. If the question does not pertain to you or your situation, indicate with a "N/A" (not applicable). **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 218-878-2672.

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

Signature of Applicant

Date

FOND-DU-LUTH CASINO

GAMING EMPLOYMENT LICENSE APPLICATION

IN THE GAMING OPERATIONS OF THE FOND DULAC BAND OF LAKE SUPERIOR CHIPPEWA

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 § 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)

POSITION(S) FOR WHICH YOU ARE APPLYING: _____

PART TIME ____ FULL TIME ____ DATE OF YOUR APPLICATION: _____

ARE THERE ANY DAYS OR SHIFTS YOU ARE NOT ABLE TO WORK? PLEASE INDICATE HERE: _____

SECTION I

PERSONAL INFORMATION

Answer Each Question

Completely

NAME: _____
LAST FIRST MIDDLE MAIDEN OR ANY OTHER NAME(S) USED

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER: _____

DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____
CITY COUNTY STATE COUNTRY

DRIVER'S LICENSE NUMBER AND STATE ISSUED: _____

ARE YOU A U.S. CITIZEN: Yes No IF NOT, COUNTRY OF CITIZENSHIP: _____

ALL LANGUAGES SPOKEN OR WRITTEN: _____

GENDER MALE FEMALE

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE? YES NO

IF YES, NAME OF TRIBE, BAND, AND LOCATION OF TRIBAL ENROLLMENT : _____

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: _____

LIST ALL RESIDENCES FOR THE PAST 10 YEARS: (Include street address, city, county, state and dates-month and year)

Street Address	City	County & State	From: Mo/Yr	To: Mo/Yr

Use Additional Sheet if Necessary



PERSONAL REFERENCES:

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

Name	Address / Telephone Number	City / State / Zip Code

Use Additional Sheet if Necessary



SECTION II EDUCATION AND WORK HISTORY Answer Each Question Completely or Indicate N/A

EDUCATION	NAME AND ADDRESS	DATES ATTENDED		DIPLOMA
		FROM	TO	
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

WORK HISTORY

List all employers for the past five years. Use additional sheet if necessary.

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Starting Salary:\$ _____ Per _____		
Date Left	Position on Leaving	
Salary on Leaving:\$ _____ Per _____		
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Starting Salary:\$ _____ Per _____		
Date Left	Position on Leaving	
Salary on Leaving:\$ _____ Per _____		
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

Most Recent Employer	Address	Telephone
Date Started	Starting Position	
Starting Salary:\$ _____ Per _____		
Date Left	Position on Leaving	
Salary on Leaving:\$ _____ Per _____		
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

In addition to your work history, what other experiences or skills would especially qualify you:

SECTION III**CRIMINAL HISTORY**

Answer Each Question Completely or Indicate N/A

A. 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

<i>Charge</i>	<i>Date</i>	<i>City & State</i>	<i>Court Name & Address</i>	<i>Disposition</i>

Use additional sheet if necessary.

B. Are you now being, or have you been prosecuted for or convicted of a MISDEMEANOR *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

<i>Charge</i>	<i>Date</i>	<i>City & State</i>	<i>Court Name & Address</i>	<i>Disposition</i>

Use additional sheet if necessary.

C. 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 charge was entered and the name and address of the court Involved and the disposition (result): BE VERY SPECIFIC

NO GO ON TO SECTION IV

<i>Charge</i>	<i>Date</i>	<i>City & State</i>	<i>Court Name & Address</i>	<i>Disposition</i>

Use additional sheet if necessary.



SECTION IV	BUSINESS INTERESTS	Answer Each Question Completely or Indicate N/A
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A. List any business you have owned or had interest in, its address, your ownership interest or position held within the last 10 years:

<i>Business Name</i>	<i>Address</i>	<i>Own/Interest/Position</i>	<i>Dates From:</i>	<i>To:</i>

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

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 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: _____



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 Fond-du-Luth Human Resources fax 218-720-5135.

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/Authorized Personnel

Date

Title of person signing form

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of the attached requested information for my potential employment with the Fond-du-Luth Casino. 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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(Signature)

(Date)