

SQUAXIN ISLAND GAMING COMMISSION

Professionalism * Accountability * Integrity * Respect

Mission Statement of the Gaming Commission

“Exercising Tribal sovereignty by governing and regulating gambling activities licensed or allowed by the Tribe”

Vision of the Gaming Commission

“Squaxin Island Gaming Commission seeks to ensure a safe, fair and ethical gaming experience”

Welcome to New Applicants and Statement of Appreciation to Holders of Current Licenses

The Squaxin Island Gaming Commission is the primary regulator of gaming activities on the Squaxin Island Reservation. The Gaming Commission employs Tribal Gaming Agency personnel to carry out the Commission’s Mission of regulating gaming and enforcing gaming laws. The Agency ensures public and employee safety, monitors gaming for illegal employee and patron activities and protects the Tribe’s gaming enterprises on a 24hour basis. Under the Indian Gaming Regulatory Act, Gaming Compact between the Squaxin Island Tribe and State of Washington and Squaxin Island Gaming Act, the Commission is responsible for licensing all prospective employees of the Little Creek Casino Resort.

The Squaxin Island Gaming Commission and the Licensing Division of the Tribal Gaming Commission (TGC) welcome all new license applicants and extend their appreciation to current gaming license holders seeking license renewal. The Commission and Licensing Division will attempt to insure a smooth application process and a prompt decision on your license application.

Importance of Your Personal Conduct as a Gaming License Holder

The Commission is charged with insuring the honesty and integrity of gaming activities on the Squaxin Island Reservation. The Commission expects that all gaming employees will maintain the highest standards of honesty and integrity both inside and out of the workplace. Failure of gaming employees to maintain these high standards or the conviction of a crime or other offense whether at work or outside of the gaming premises can result in the loss of your gaming license and lead to your loss of employment at the Little Creek Casino Resort.

Notice to All Gaming Licensees

Regarding the importance of maintaining the Highest Standards of Honesty and Integrity

The Tribal Gaming Commission (TGC) is providing you this notice to emphasize the importance of maintaining the highest standards of honesty and integrity as a holder of a Squaxin Island Gaming License. If at any time while you hold a gaming license your conduct raises questions regarding your continued suitability to hold a license, the Squaxin Island Gaming Commission will review your license status and may, if warranted, suspend or revoke your license. Illegal

activity, dishonesty, or inappropriate personal conduct may all result in the suspension or revocation of your license. During the term of any license suspension or in the case of a revocation you will not be able to work at the Little Creek Casino Resort. Suspension or revocation of your license will also likely affect your ability to work in the gaming industry in the future.

Warnings

The following is a partial list of offenses and serious personal misconduct and behavior that will result in the denial, suspension or revocation of a gaming license.

- Threats of physical violence or violent conduct and offenses such as assault, stalking, harassment, crimes involving weapons etc.
- Any felony and most misdemeanors
- Failure to report to the Licensing Division an arrest or criminal charges as required;
- Theft or attempted theft of Casino property or funds, or property or funds of patrons, employees or others
 - Examples include taking value tickets, gaming chips, player points, purse, wallet, cash, credit cards, clothing etc.
 - Theft or misappropriation of "Lost and Found" property while in pending status for return to the rightful owner or disposal according to established Security Department procedure
 - Pilferage and misappropriation of goods and property while in transport or custody of Casino departments. Examples are Casino working banks, (Cage, Keno, Poker, F&B etc.) overages paid by the Cage Cashier to Casio employees in the form of gaming chips and/or cash, embezzlement, fraud, altered financial documents etc.

The Squaxin Island Gaming Commission has established a *Zero Tolerance Policy* with the respect to theft; embezzlement, fraud, forgery or any criminal offense involving a licensee's improper taking of the money or property of the Tribe, patrons, employees or others. Such offenses whether or no referred for criminal prosecution may result in license revocation regardless of the value of theft.

As an example, the Commission has revoked the license of an employee who found a \$1.00 ticket on the floor and cashed it out, rather than turning it in as required by Casino policy.

I acknowledge that I have read and understand this document that the TGC Staff has explained this notice to me. I understand that the Commission may deny, suspend or revoke my gaming license if the Commission determines I am not suitable to hold a gaming license.

Applicant Signature:	Date:

SQUAXIN ISLAND GAMING COMMISSION

CLASS 3/KEY/PMO EMPLOYEE CERTIFICATION

PERSONAL HISTORY STATEMENT

PRIVACY 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 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 a gaming operation. Failure to consent to the disclosures indicated in this notice will result in the 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.

NOTICE REGARDING FALSE STATEMENTS:

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 (U.S. Code, title 18, section 1001).

NAME OF CASINO: LITTLE CREEK CASINO RESORT

EMPLOYMENT POSITION OFFERED:	DATE:

SECTION ONE

LEGAL NAME: LAST, FIRST, MIDDLE		
OTHER NAMES USED: (MAIDEN NAME, PREVIOUS MARRIED NAMES, NICK NAMES AND ALIAS NAMES)		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	PLACE OF BIRTH: (CITY, STATE, COUNTRY)
HEIGHT:	WEIGHT:	GENDER:
EYE COLOR:	HAIR COLOR:	AGE:
RACE/NATIONALITY/ETHNICITY:	IF NOT A CITIZEN (ALIEN#, RESIDENT, WORK)	LANGUAGES (SPOKEN/WRITTEN)
ARE YOU ENROLLED IN ANY FEDERALLY RECOGNIZED TRIBE? (NAME OF TRIBE)		
VALID DRIVER'S LICENSE NUMBER: (FOR THE LAST FIVE YEARS, NUMBER, STATE WHERE DRIVER'S LICENSE IS ISSUED) MUST PROVIDE A COPY		

SECTION TWO

CURRENT ADDRESS: (STREET, CITY, STATE, ZIP)		
TELEPHONE NUMBER: (HOME)	(CELL)	(WORK)

LIST OF RESIDENCES: PREVIOUS FIVE (5) YEARS FROM THE DATE OF THIS APPLICATION

STREET ADDRESS	CITY	STATE	FROM MO/YR	TO MO/YR

IF NEEDED ADDITIONAL SHEETS MAY BE USED TO LIST RESIDENCES

SECTION THREE

ALL CRIMINAL HISTORY MUST BE DISCLOSED

All criminal history must be disclosed whether you were a juvenile or adult. If you have a charge that has been deferred, dismissed and/or closed it must be disclosed including criminal traffic example, DWLS, DUI, Reckless driving. If as an adult or juvenile you think your case was expunged or sealed, it is NOT unless you went to court and have legal paperwork to prove it.

I UNDERSTAND THAT FAILURE TO DISCLOSE ALL CRIMINAL HISTORY WILL RESULT IN MY LICENSE BEING DENIED

I ALSO UNDERSTAND THAT IF I AM HIRED I AM REQUIRED TO NOTIFY THE SIGC LICENSING DEPARTMENT WITHIN 72 HOURS OF BEING:

- Cited for a crime including criminal traffic (DWLS, Reckless Driving, DUI) The following may be excluded from your disclosure: Speeding, Signal, Sign, Seatbelt and Right of Way
- Received a probation violation and/or violated any court order
- Arrested and/or detained
- Charged with a crime
- Convicted of a crime

If you are currently under any court orders, probation etc. it is your responsibility to disclose any changes in status or new information of any kind within the 72-hour reporting requirement
FAILURE TO NOTIFY/DISCLOSE CAN RESULT IN DENIAL AND/OR REVOCATION OF YOUR LICENSE.

I have read and understand all the above information Initials:

SECTION FOUR

ARE YOU NOW BEING OR HAVE YOU EVER AS A JUVENILE OR ADULT BEEN DETAINED, CHARGED, ARRESTED, PROSECUTED OR CONVICTED OF A FELONY? IF YES PLEASE LIST BELOW

DATE	CHARGE	NAME OF COURT	COURT ADDRESS	CITY	STATE	DISPOSITION

ARE YOU NOW BEING OR HAVE YOU EVER AS A JUNVENILE OR ADULT BEEN DETAINED, CHARGED, ARRESTED, PROSECUTED OR CONVICTED OF A MISDEMEANOR? IF YES PLEASE LIST BELOW

DATE	CHARGE	NAME OF COURT	COURT ADDRESS	CITY	STATE	DISPOSITION

ARE YOU NOW BEING OR HAVE YOU EVER AS A JUVENILE OR ADULT BEEN DETAINED, CHARGED, ARRESTED, PROSECUTED OR CONVICTED OF ANY CRIME? IF YES PLEASE LIST BELOW

DATE	CHARGE	NAME OF COURT	COURT ADDRESS	CITY	STATE	DISPOSITION

ATTACH A SEPARATE SHEET OF PAPER FOR CRIMINAL HISTORY IF YOU NEED EXTRA SPACE FOLLOWING THE SAME FORMAT

SECTION FIVE

LIST EMPLOYMENT, SELF EMPLOYMENT, MILITARY SERVICE, UN-EMPLOYMENT AND SCHOOL ATTENDANCE FOR THE LAST FIVE (5) YEARS USING MONTH AND YEAR FORMAT

EMPLOYER'S NAME	STREET	CITY	STATE	ZIP	PHONE	POSITION HELD	FROM MO/YR	TO MO/YR

LIST ANY BUSINESS YOU HAVE OWNED OR HAD INTEREST IN, IT'S ADDRESS, YOUR OWNERSHIP INTEREST OR POSITION HELD WITHIN THE LAST TEN (10) YEARS

BUSINESS NAME	STREET	CITY	STATE	ZIP	OWN/INEREST/POSITION	FROM MO/YR	TO MO/YR

Describe any previous or existing business relationships with Native American Tribes or the gaming industry, including ownership interests in those businesses financial or any other interests in gambling activities. Please indicate by answering the following questions whether or not you have a financial interest in any gambling activity including Non-Native American or interest type of interest held.
 Invested or loaned money, have an option to purchase, or have a contract for service to any gambling facility or activity?
 Has ownership interest in equipment being leased or otherwise provided to any gambling facilities?
 Have investment or ownership interest in any business involved in any activities listed in section two (2) or section five (5)?
 Do you receive any revenue, payments or money from any person who is involved in the activities listed in section two (2), Five (5), as a result of the operation of gambling?
 Have you ever worked for, in any capacity, a gambling operation?

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS PLEASE PROVIDE A STATEMENT FOR EACH ANSWER

**HAVE YOU EVER APPLIED FOR A PERMIT OR LICENSE RELATED TO GAMING? IF YES LIST BELOW
 HAVE YOU BEEN DENIED A PERMIT OR LICENSE RELATED TO GAMING? IF YES LIST BELOW**

LICENSE TYPE	STATE	ISSUING AGENCY	ADDRESS	PHONE

IF LICENSE WAS REVOKED, PROVIDE THE DETAILS

HAVE YOU EVER HELD OR APPLIED FOR A PRIVILEGED OR PROFESSIONAL LICENSE WITH ANY REGULATORY AGENCY? IF YES, LIST THE NAME AND ADDRESS OF WASH LICENSING OR REGULATORY AGENCY

SECTION SIX

LIST THE NAMES, CURRENT ADDRESSES AND PHONE NUMBERS OF A MINIMUM OF THREE PERSONAL REFERENCES INCLUDING ONE PERSONAL REFERENCE WHO WAS ACQUAINTED WITH YOU DURING EACH PERIOD LISTED IN SECTION TWO (A) AND SECTION FOUR (B). (BUSINESSES YOU OWNED OR HAD INTEREST IN.

DO NOT INCLUDE FAMILY MEMBERS

NAME	STREET	CITY	STATE	ZIP	PHONE

DO YOU HAVE ANY FAMILY AND/OR ROOMMATES WHO WORK FOR LITTLE CREEK CASINO RESORT?

LIST THEIR NAMES AND RELATIONSHIP TO YOU

EDUCATION	NAME	CITY/STATE	#OF YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL					
TRADE OR BUSINESS SCHOOL					
COLLEGE					
OTHER (GED/TRAINING)					

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS DOCUMENT ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEVE THEY ARE MADE IN GOOD FAITH. I AM AWARE THAT THE PURPOSE OF THIS INVESTIGATION IS TO ESTABLISH SUITABILITY FOR A GAMING LICENSE. I AUTHORIZE AND GRANT TO PERMIT ANY LAW ENFORCEMENT AGENCY AND ANY OTHER PERSON, BUSINESS OR AGENCY DEEMED NECESSARY TO RELEASE ANY INFORMATION TO THE SQUAXIN ISLAND GAMING COMMISSION

CONSENT TO ELECTRONIC SIGNATURES

I agree that this Application and any other documents to be delivered in connection herewith may be transmitted, signed, and recorded and that any electronic signatures appearing in connection with this Application or such other documents are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility. I further agree that any disclosures made in connection with this Application, including "A Summary of Your Rights Under the Fair Credit Reporting Act" may be provided electronically, and that I could, at my option, receive and complete this application in physical form at the Tribal Agency location.

APPLICANT SIGNATURE

LAST	FIRST	MIDDLE	DATE

AUTHORIZATION TO RELEASE INFORMATION

Professionalism * Accountability * Integrity * Respect

I, _____ hereby authorize SIGC to release to the National Indian Gaming (Print or type applicant's **FULL and LEGAL** name) Commission (NIGC) and/or Little Creek Casino Resort as applicable, any information in order to determine my suitability for involvement in Indian Gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by a 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 purpose listed in the first paragraph of this document.

I authorize release of any information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions and lending institutions.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or 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. & 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 attorney's fees.

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

I, the applicant understand that this authorization is valid throughout my employment and shall be voided upon my termination.

Applicant Signature	Date
Date of Birth	Department
Squaxin Island Tribal Member	Current Washington State Driver License #

Squaxin Island Gaming Commission Tribal Gaming Agency
West 91 State Route 108 Shelton Washington 98584 (360) 432-7203 (360) 432-7207 Fax (360) 432-7200

RELEASE OF INFORMATION AUTHORIZATION

Professionalism * Accountability * Integrity * Respect

I, _____ authorize any investigator, special agent, or other (Print or type applicant's **FULL and LEGAL** name) representative of the United States Department of the Interior, the Federal Bureau of Investigation, or any tribal, state or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, businesses, regulatory agencies, property interests (real or personal), and other sources. This information includes, but is not limited to, my academic, residential, performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors and assigns, hereby release, remise, and forever discharge any person to whom this request is presented and his agents and employees from any and all 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 may claim to have against such person or his agents or employees arising out of or by reason of complying with this request. 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 purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully 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.

I understand that the information released by records custodians and other sources of information is for required back-ground investigations to process my license application for employment, management, or providing goods or services to the gaming operation.

I, the Applicant, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

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

I, the applicant understand that this authorization is valid throughout my employment and shall be voided upon my termination.

Applicant Signature	Date

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