

SQUAXIN ISLAND GAMING COMMISSION

CLASS 3/KEY/PMO EMPLOYEE RENEWAL

LEGAL NAME: LAST, FIRST, MIDDLE		DEPARTMENT:
CURRENT ADDRESS: (STREET,CITY,STATE,ZIP)		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	GENDER:
VALID DRIVER'S LICENSE NUMBER:	PHONE NUMBER:	

Please answer the following questions:	Yes	No
Are you a Squaxin Island Tribal Member?		
Have you changed your place of residence in the past 12 months?		
Have you changed your name in the last 12 months?		
Have you been charged or convicted of any criminal violations in the past 12 months?		

If yes to any of the above questions, please explain below. **The following traffic infractions may be excluded from your application: Speeding, Signal, Sign, Seatbelt and Right Away.**

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I declare under penalty of perjury that all the above answers and statements are true, correct and complete. I further understand that false or misleading answers are cause for denial of my renewal application and revocation of any license granted. I further understand that the Squaxin Island Gaming Commission may revoke or suspend my license for any reason it deems appropriate.

APPLICANT SIGNATURE	DATE

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