

SQUAXIN ISLAND GAMING COMMISSION

NON-GAMING EMPLOYEE APPLICATION

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:	AGE:	PLACE OF BIRTH: (CITY, STATE, COUNTRY)
HEIGHT:	WEIGHT:	GENDER:
EYE COLOR:	HAIR COLOR:	SOCIAL SECURITY NUMBER:
RACE/NATIONALITY/ETHNICITY:	LANGUAGES: (SPOKEN/WRITTEN)	IF NOT A CITIZEN: (ALIEN#, RESIDENT, WORK)
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		

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

LIST THEIR NAMES AND RELATIONSHIP TO YOU

SECTION TWO

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

IN THE LAST 5 YEARS HAVE YOU LIVED OUTSIDE OF THE STATE OF WASHINGTON FOR MORE THAN 6 MONTHS?

YES	NO

SECTION THREE

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IF LICENSE WAS REVOKED, PROVIDE THE DETAILS

SECTION FOUR

CRIMINAL HISTORY STATEMENT

Squaxin Island Gaming Commission uses information from the applicant's criminal history to determine if the individual is suitable to work in a Non-Gaming position. Misdemeanors, Gross misdemeanors and Felonies can all be disqualifying factors depending on severity and length of time of conviction. If you are deemed unsuitable you will be notified by mail within 7 days from the day you submit your application.

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 SUSPENSION AND/OR REVOCATION OF YOUR LICENSE.

I have read and understand all the above information Initials:

SECTION FIVE

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 SQUAXIN ISLAND TRIBE 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).

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

APPLICANT SIGNATURE

LAST	FIRST	MIDDLE	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

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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