

SQUAXIN ISLAND GAMING COMMISSION

NON-GAMING LICENSE APPLICATION FOR RE-HIRE

Cost: \$50.00 Late fee \$50.00

LAST NAME:	FIRST NAME:	MIDDLE NAME:
BADGE #:	DEPARTMENT:	DATE OF BIRTH:
ADDRESS:	CITY, STATE:	ZIP CODE:
DRIVER'S LICENSE #	PHONE NUMBER:	SOCIAL SECURITY 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, prosecuted 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.**

You must notify the SIGC Licensing Department with 72 hours of being, cited with a crime including criminal traffic, arrested, charged/convict of a crime or a probation violation

Failure to notify/disclose can result in denial and/or revocation of your license

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
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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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