

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

Applicant Signature

Date



**White Earth Compliance Division
Compliance Adjudication Department
P.O. Box 395
Mahnomen, MN 56557
Phone: (218)935-2148
Fax: 218-935-5087**

**** PLEASE PRINT CLEARLY****

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): _____

Middle (full) (please print): _____

Last Name of Applicant (please print): _____

Maiden, Alias or Former (please print): _____

Social Security Number: - -

Date of Birth: _____ / _____ / _____ Sex : MALE FEMALE

Home Address: _____ City: _____ Zip: _____

Driver's License #: _____ State Issued: _____ Exp. Date: _____

I authorize the White Earth Compliance Adjudication Department to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Compliance Adjudication Department to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Compliance Adjudication Department from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature or electronic signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office Use Only:

DEPARTMENT: _____ BILL TO: _____

POSITION: _____ ACTION: _____

REPORTS REQUESTED: STATE MVR Please list the STATE(S) you are requesting to be ran: _____

DATE REQUESTED: _____ AUTHORIZING SIGNATURE: _____

DATE SCANNED TO COMPLIANCE: _____ (PLEASE CIRCLE) SAFETY SENSITIVE NON SAFETY

**SHOOTING STAR CASINOS, HOTEL AND EVENT CENTER
APPLICATION FOR EMPLOYMENT**

Date of Application: _____

PERSONAL INFORMATION

Date Available for Work: _____

Have you worked at the Shooting Star before within the last 10 years?			Yes	No
First Name:		Last Name:		Full Middle:
Other Names Used:				
Address:		City:	State:	Zip:
Home Phone:	Work/Message Phone:		Cell Phone:	
Email:				
SSN:		Are you 18 years old or older?	Yes No	Gender: Male Female
Place of Birth	City:	County:	State:	Country:
Are you legally eligible to work in the United States:		Yes	No	
State of Residency:				
Citizenship:				
List all languages (spoken or written):				
Driver's License Number: (last 5 years):				

POSITIONS APPLYING FOR: (MUST BE COMPLETED TO MAKE YOUR APPLICATION ACTIVE)

1.	4.	7.
2.	5.	8.
3.	6.	9.

VETERANS PREFERENCE:

Are you a Veteran of the U.S. Armed Services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check all that apply:		<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard
		<input type="checkbox"/> Reserves	Rank of Discharge:
Date enlisted/commissioned:	Branch:	Date of Discharge:	

WORK HISTORY:

Please list jobs for the last 5 years and/or jobs relevant to the positions you are applying for.

Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		

EMPLOYMENT BACKGROUNDS INFORMATION

PAST RESIDENCES:

List of residences from age 18. **List most current residence first and then work backwards.**

City:	County:	State:	From: (M/Y)	To: (M/Y)
				Current Residence

PHYSICAL INFORMATION: For Identification purposes only.

Date of Birth:				
Height	Weight	Hair	EyeColor	Race

EMPLOYMENT BACKGROUNDS INFORMATION

CRIMINAL HISTORY: Failure to Disclose will affect your employment eligibility

For each **felony** for which there is an ongoing prosecution or a conviction, the charge, the name and address of the court involved, and the date and disposition if any:

Ongoing Felony Prosecution or Charge Yes <input type="checkbox"/> No <input type="checkbox"/>	Name & Address of Court Involved	Date	Disposition (End Result) i.e. fine, jail, probation, \$ amount of theft charges

For each **misdemeanor** conviction or ongoing misdemeanor prosecution (excluding minor traffic violations) within 10 years of the date of the application, the name and address of the court involved and the date and disposition:

Ongoing Misdemeanor Prosecution or Charge Yes <input type="checkbox"/> No <input type="checkbox"/>	Name & Address of Court Involved	Date	Disposition (End Result) i.e. fine, jail, probation, \$ amount of theft charges

For each **criminal charge** (excluding minor traffic charges) whether or not there is a conviction, if such criminal charge is within 10 years of the date of the application and is not otherwise listed pursuant to Felony and Misdemeanor sections above, the criminal charge, the name and address of the court involved and the date and disposition:

Criminal Charge Yes <input type="checkbox"/> No <input type="checkbox"/>	Name & Address of Court Involved	Date	Disposition (End Result) i.e. fine, jail, probation, \$ amount of theft charges

***Your application will not be activated unless ALL criminal activity is listed.
 Bring all Court Documentation regarding Dismissed/Stay of Adjudication offenses to Backgrounds.***

Have you ever been terminated for theft of property and/or money from any of the White Earth entities?

Yes No If Yes, list Date and Entity of Termination:

ALL INFORMATION IS **REQUIRED**, incomplete address can result in inactivation of your application.

No General Delivery addresses and no General Address using only City, State and Zip.

Please list the names, current addresses, telephone number and relationship of five personal references that are **NOT RELATED** to you. *Please make sure one (1) Personal Reference who was acquainted with you during each period of residence*

Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship:
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		

BUSINESS, FINANCIAL AND GAMING INTERESTS:

Describe any previous or existing business relationships with Indian Tribes or the Gaming Industry, including ownership in those businesses. Also, list a contact person with a telephone number who can verify this relationship.

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List any business you have owned or had interest in, its address, your ownership interest or position held within the last 10 years.

Name of Business	Address	Own/Interest/ Position	From	To

Contact person other than yourself to verify your business(s).

Name: _____ Tel: _____

Have you ever applied for a permit or license related to Gaming? Yes No

Have you ever been denied a permit or license related to Gaming? Yes No

List the name and address of any **licensing or regulatory agency** with which you have filed an application for a license or permit related to gaming:

Name of Issuing Agency	Address	Reason	Permit Granted	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

If license was revoked, provide details:

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List the name and address of licensing or regulatory agency with which you have filed an application for an **occupational license or permit:**

Name of Issuing Agency	Address	Reason	Permit Granted	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

If license was revoked, provide details:

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Examples of Occupational License or Permit pertaining to above:

- Invested or loaned money, have an option to purchase, or have a contract for service to any gambling facility or activity?
- Have ownership or interest in equipment being leased or otherwise provided to any gambling facility?
- Have investment or ownership in any activity listed in the Employment Section of this Application?
- Do you receive any revenue or payments or money from any person who is involved in the activities listed in the Employment Section of this application as a result of the operation of gambling?
- Have you ever worked for, in any capacity, a gambling operation?

If Yes, Where:

When:

Position:

Any questions regarding background information please contact:

**White Earth Compliance Division
Attn: Geri Burnette
PO Box 395
Mahnomen, MN 56557**

Phone: (218) 935-2148 ext 2202

Fax: (218) 935-5087

[Email: SSCbackground@whiteearth-nsn.gov](mailto:SSCbackground@whiteearth-nsn.gov)

Please Read

The Shooting Star Casino, Hotel and Event Center affirms the right of everyone to participate in all aspects of employment without regard to race, color, religion, sex, national origin or age, as allowed by law. We will provide appropriate opportunity to all persons without regard to factors unrelated to job performance. The Shooting Star Casino, Hotel and Event Center reserves the right to use Indian Preference in hiring and promotions.

By submitting this application, I hereby authorize the White Earth Tribal Council to investigate my past records at any time to ascertain all information which may concern my record and character. I agree that any information obtained by the White Earth Reservation from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature certifies that this application is complete and accurate.

I will keep White Earth Backgrounds Department informed either by phone or personal contact of the **pending charge** listed on my application up until the time of my hire. It is **MY** responsibility to keep the Backgrounds Department informed throughout my employment. I must furnish Backgrounds with the proper court documents pertaining to the charge or I will be restricted to a non-compact, non-cash handling position for the duration of my employment.

By signature below I certify that all statements made by me in this document are true, complete and accurate to the best of my knowledge and belief and are made in good faith. **) I am aware that the purpose of investigations is to insure compliance with the Tribal-State gaming compact(s) on gambling. I authorize and grant my consent to permit any law enforcement agency and other person, business or agency deemed necessary, to release information to any identified law enforcement officer of the gambling enforcement division and representative of the White Earth Reservation Tribal Council.**

PLEASE DO NOT SIGN UNTIL YOU MEET WITH THE BACKGROUNDS DEPARTMENT

(PRINT) FIRST MIDDLE LAST

Applicant Signature: _____

Notary Signature: _____

Subscribed and sworn before me this _____ day of _____ 20_____

Stamp