

Full Name: \_\_\_\_\_ License #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

# BAY MILLS TRIBAL GAMING COMMISSION

## PERSONAL HISTORY DISCLOSURE FORM

Employee Gaming License Application

BAY MILLS GAMING COMMISSION  
12140 W. Lakeshore/Brimley, MI 49715  
Phone (906) 248-3241 Fax (906) 248-3876  
Extensions 8530, 8531, 8532 or 8533

\*\*\*\*\* Second Appointment with Compliance \*\*\*\*\*

Date: \_\_\_\_\_ Time: \_\_\_\_\_

With: \_\_\_\_\_

## **INSTRUCTIONS FOR THE PERSONAL HISTORY DISCLOSURE FORM**

This form is to be completed by any person who wishes to apply for a Key Employee/Primary Management Gaming License.

Read each question carefully and answer them completely and truthfully. Do not leave any spaces blank. If a question is not applicable to you write "NA" on the line.

All entries on this form, except signatures, must be typed or printed in ink. If your form is not legible, it will not be accepted.

If you need additional space to answer any questions, use the Continuation Sheet. Be sure to indicate the section and question number you are answering. (Attach additional sheets if necessary.)

Please attach a copy of the following documents to this form:

- a) Drivers License or State ID
- b) Tribal Card if applicable
- c) Naturalization papers if applicable
- d) DD-214 if applicable
- e) Social Security Card The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

All persons completing this Personal History Disclosure Form must be fingerprinted by the agencies appointed by the Bay Mills Gaming Commission.

- a) Fingerprints submitted will be used to check the criminal history records of the FBI.
- b) Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR) 2, Section 16.30 through 16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>
- c) Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34

The original Personal History Disclosure Form must be submitted to the Compliance Department. We recommend that you keep a copy of this form for your records.

This form is maintained as a confidential document and will be destroyed 5 years after applicant leaves employment.

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](#)).

All Temporary/Provisional Licenses are issued on a **CONDITIONAL BASIS ONLY**, pending an investigation of the applicant's background.

The Bay Mills Gaming Commission has the ultimate authority to grant, deny, suspend, revoke or terminate an employee gaming license.

I. Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ Maiden/other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender   F  M

Country of Citizenship: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ list all States where Drivers Licenses were  
obtained for the past ten (10) years: \_\_\_\_\_, \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Race:    Native American, if checked, specify Tribal Affiliation: \_\_\_\_\_  
   White  
   African American  
   Hispanic  
   Asian  
   Other: \_\_\_\_\_

Languages spoken or written:  
   English  
   Other: \_\_\_\_\_  
   Other: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

**II. Marital Information**

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Widowed \_\_\_\_\_ Engaged \_\_\_\_\_

**A. Current Marriage Date:** \_\_\_\_\_ **City/State** \_\_\_\_\_

**County:** \_\_\_\_\_ **Spouses Full Name:** \_\_\_\_\_

**Maiden Names:** \_\_\_\_\_ **Other Names used:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ (For purpose of credit evaluation)

**Address:** \_\_\_\_\_ / \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City State Zip

**Telephone # ( \_\_\_\_\_ )** \_\_\_\_\_

**B. Previous Marriages:** Divorce \_\_\_\_\_ Annulment \_\_\_\_\_ Legally Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**Date of Action:** \_\_\_\_\_ **City/State** \_\_\_\_\_

**County:** \_\_\_\_\_ **Spouses Full Name:** \_\_\_\_\_

**Maiden:** \_\_\_\_\_ **Telephone # ( \_\_\_\_\_ )** \_\_\_\_\_

**Address:** \_\_\_\_\_ / \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City State Zip

**III. Residences**

List all residences you have had for the last 10 years or since your 18<sup>th</sup> birthday. Also, list a reference (may be, but does not have to be, a landlord, roommate, neighbor, etc.) who was acquainted with you while at each residence. If more space is needed use the continuation sheet.

1. \_\_\_\_\_ / \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City State Zip

**From:** Month/Year \_\_\_\_\_ **To:** Month/Year \_\_\_\_\_

**Reference:** \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
First Name Last Name Telephone Number

2. \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip

From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Reference: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Telephone Number

3. \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip

From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Reference: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Telephone Number

4. \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip

From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Reference: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Telephone Number

5. \_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip

From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Reference: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Telephone Number

#### IV. Family Information

List the names and addresses of your living: Parents, grandparents, children, brothers and sisters, including, step, half and in-laws.

1. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip

2. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_ / \_\_\_\_\_  
Street Address City State Zip

3. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

4. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

5. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

6. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

7. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

8. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

9. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

10. \_\_\_\_\_  
Full Name Including Maiden Relationship

\_\_\_\_\_  
Street Address City State Zip

Please list any individual residing in your household. Please specify if they are involved in Gaming. (Employee of casino or casino establishment, restaurant, hotel, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**V. Personal References** (Who are not related to you)

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Telephone Number

\_\_\_\_\_  
Street Address City State Zip

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Telephone Number

\_\_\_\_\_  
Street Address City State Zip

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
First Name Last Name Telephone Number

\_\_\_\_\_  
Street Address City State Zip

**VI. Employment**

**A.** Were you ever an employee of an Indian Tribe? \_\_\_\_ Yes \_\_\_\_ No

**B.** Have you ever had past employment with a Gaming Business? \_\_\_\_ Yes \_\_\_\_ No

**C.** Starting with your current employer, list all jobs held during the past 5 years. If more room is needed, use continuation sheet.

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Name Position Held Telephone Number

\_\_\_\_\_  
Street Address City State Zip

Supervisor: \_\_\_\_\_ (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Name Position Held Telephone Number

\_\_\_\_\_  
Street Address City State Zip

Supervisor: \_\_\_\_\_ (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Name Position Held Telephone Number

\_\_\_\_\_  
Street Address City State Zip

Supervisor: \_\_\_\_\_ (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Name Position Held Telephone Number

\_\_\_\_\_  
Street Address City State Zip

Supervisor: \_\_\_\_\_ (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

**D. If you had, or have, an ownership in any gaming business , provide the following:**

1. \_\_\_\_\_  
Name of the Gaming Business Position Date Employment began and ended

\_\_\_\_\_  
Street Address City State Zip

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Describe your responsibilities and ownership interest:

\_\_\_\_\_  
\_\_\_\_\_

**E. Have you ever had a non-employee business relationship with an Indian Tribe? \_\_\_Yes \_\_\_No**

\_\_\_\_\_  
Name of the Tribe Type of relationship

\_\_\_\_\_  
Tribal reference (\_\_\_\_\_) Telephone Number

\_\_\_\_\_  
Street Address City State Zip



**VII. Arrests, Convictions, or Civil Action**

**A.** Have you ever been arrested, detained, charged, indicted, or summoned, as an adult, for a felony to answer for any gambling related offense, fraud, misrepresentation or theft? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide the following information:

1. Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Court Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Outcome: \_\_\_\_\_ Date Of Final Disposition: \_\_\_\_\_  
(Convicted, dismissed, Noli Prosequi, etc.)

2. Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Court Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Outcome: \_\_\_\_\_ Date Of Final Disposition: \_\_\_\_\_  
(Convicted, dismissed, Noli Prosequi, etc.)

**B.** Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense (misdemeanor or felony) not listed above? \_\_\_\_ Yes \_\_\_\_ No If yes, provide the following:

1. Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Court Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Outcome: \_\_\_\_\_ Date Of Final Disposition: \_\_\_\_\_  
(Convicted, dismissed, Noli Prosequi, etc.)

2. Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Court Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Outcome: \_\_\_\_\_ Date Of Final Disposition: \_\_\_\_\_  
(Convicted, dismissed, Noli Prosequi, etc.)

**C.** Have you ever been involved in any civil litigation? \_\_\_\_ Yes \_\_\_\_ No If yes, provide the following.

1. Name of Case \_\_\_\_\_ (Plaintiff V. Defendant) Case Number: \_\_\_\_\_

Date: \_\_\_\_\_ Type Of Case: \_\_\_\_\_ Out Come: \_\_\_\_\_

Court Name: \_\_\_\_\_ City/State: \_\_\_\_\_





C. While in the military, were you ever charged with an Article 15? \_\_\_\_Yes \_\_\_\_No If yes, furnish details.

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**XI. Education**

**A.** Name of High School(s): \_\_\_\_\_

Graduation Date: \_\_\_\_\_ or Number of Years completed: \_\_\_\_\_

**B.** College of College(s): \_\_\_\_\_

Graduation Date: \_\_\_\_\_ or Number of Years completed: \_\_\_\_\_

## Continuation Sheet for any Section

Section: \_\_\_\_\_ Additional Information: \_\_\_\_\_

\_\_\_\_\_

Section: \_\_\_\_\_ Additional Information: \_\_\_\_\_

\_\_\_\_\_

Section: \_\_\_\_\_ Additional Information: \_\_\_\_\_

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Section: \_\_\_\_\_ Additional Information: \_\_\_\_\_

\_\_\_\_\_

Section: \_\_\_\_\_ Additional Information: \_\_\_\_\_

\_\_\_\_\_

## RELEASE OF INFORMATION

I understand that the information I supplied in my Personal History Disclosure Form for an Employee Gaming License will be used by the Bay Mills Gaming Commission to request any documents or other information required to completely investigate my background, including but not limited to, my criminal history record, civil litigation records, credit history, education, employment history, including personal references or any other information the Bay Mills Gaming Commission or their agents deems necessary. I authorize any information to be released to the Bay Mills Gaming Commission and agents thereof.

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Signature

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Date

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Witness

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Date

## NOTICE & AGREEMENT

1. I have read, and I understand the following false statement notice:  
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](#)).
  
2. I have read, and I understand the following Privacy Act 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 members and staff who have need for the information in the performance of their official duties. The information may be disclosed 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 National Indian Gaming Commission 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.
  
3. I hereby swear that I will abide by all applicable laws, regulations and policies of the Bay Mills Indian Community and the United States.
  
4. I understand that my employee gaming license will expire on an annual basis, and I understand it is my responsibility to submit a gaming license renewal form 2 weeks prior to my gaming license expiration date.
  
5. I understand and agree that failure to report any changes regarding my Personal History Disclosure Form and/or Renewal Application for an employee gaming license may result in the suspension or termination of my employee gaming license.
  
6. I understand that termination of key employee/primary management official status by my employer, or by my resignation, will terminate my employee gaming license. Subsequently, if I apply for a new gaming license within one year of issuance of previous gaming license I will occur a \$10.00 license fee.
  
7. I understand that there will be a \$10 fee to replace a lost or stolen gaming license.
  
8. I understand that the gaming license is at all times the property of the Bay Mills Gaming Commission and there will be a \$10 fee if I don't return my gaming license in at the termination of my employment as a key employee/primary management official.
  
9. I hereby swear that I will submit to the jurisdiction of the Tribe and the Bay Mills Tribal Court, if employed.
  
10. I agree to be photographed as part of my application for employment.
  
11. I agree to be fingerprinted by law enforcement agencies appointed by the BMIC Gaming Commission.
  
12. I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, information and belief and that I have withheld nothing.
  
13. A swear that neither myself nor any member of my immediate family has a past or current financial interest, other than a salary interest, in any gaming-related enterprise anywhere. If the applicant has any relative who has such a relationship, the applicant shall fully disclose his name and the nature of the relationship.
  
14. I hereby swear that I have received a copy of the NJC Applicants Privacy Rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date