



129 East Superior Street - Duluth, Minnesota 55802  
(218) 722-0280 or Toll Free (800) 873-0280 US & Canada  
(218) 722-7505 FAX

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*Las Vegas excitement lights up Duluth!*

To ensure your application is complete we will check your application with this list to make sure you've done the following:

Read the first page — if you understand and agree — sign and date it at the bottom.

Answer every question. Do not leave anything blank.

On Page 1, list all positions you are interested in applying for, in preference order. The open positions are posted in the Human Resources office, as well as on our web site.

On Page 1, specify the hours that you cannot work.

On Page 1, include English as a language.

On Page 1, be sure to fill in the blanks for gender and race.

On Page 2, show all residences for the past ten (10) years. Each residence must have a complete street address, zip code, city, county and state.

On Page 2, three (3) personal references are needed, with that persons complete street address, including zip code, phone number city and state. If you have a reference and do not know their address and cannot obtain it, do not use them.

On Page 3, please list all previous employers for the past five (5) years. Each employer must have a complete address, with zip code and phone number.

Whenever a signature is requested, sign and date in the space provided.

The remaining questions require a yes or no answer. If something does not apply, put N/A.

Thank you for your interest.

**PLEASE READ BEFORE FILLING OUT THIS APPLICATION**

**GAMING LICENSING  
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA**

The Black Bear Casino and the Fond du Luth Casino are gaming establishments operated by the Fond du Lac Band of Lake Superior Chippewa. Indian gaming is strictly regulated and all employees of the Fond du Lac Band must be licensed in order to work within the casinos. Therefore, all employees must undergo a comprehensive background investigation prior to licensure. This investigation is done by the Gaming Employee Licensing Office of the Fond du Lac Band and includes a thorough personal, employment, and criminal background check. A criminal background check includes research of local, state, and federal (FBI) records. You will be fingerprinted prior to permanent licensure.

**Persons must be 18 years of age to be eligible for a gaming license.** Persons with certain criminal histories are not eligible for gaming licensure without making special application to the Fond du Lac Reservation Business Committee. More information on this process can be obtained through the Gaming Employee License Office.

The application for employment and licensure includes questions regarding any crimes you may have committed, including misdemeanors, gross misdemeanors, and felonies. Please complete all information for each offense. If you aren't sure whether you have any convictions, please find out before completing the application. Failure to disclose information relating to any crimes committed will result in revocation of licensure and termination of employment.

Please answer all questions on the application as completely as possible. If the question doesn't pertain to you or your situation, indicate with a "N/A"(not applicable). **Be advised that by signing the application, you are giving permission to the Fond du Lac Band to perform a background investigation.**

If you have any questions regarding gaming licensing or the background investigation procedure, please call one of the Gaming Employee Licensing Officers at 878-2644.

I acknowledge that have read and understand the above information.

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SIGNATURE OF APPLICANT

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TODAY'S DATE

# APPLICATION FOR LICENSURE AND EMPLOYMENT

IN THE GAMING OPERATIONS OF THE FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

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 employed in a gaming operation. The information will be used by 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 hiring or firing of an employee, the issuance 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 hire you in a primary management official or a 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 application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001)

NAME OF CASINO FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

EMPLOYMENT POSITION(S) FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_ DATE OF YOUR APPLICATION: \_\_\_\_\_

ARE THERE ANY DAYS OR SHIFTS YOU ARE NOT ABLE TO WORK? PLEASE INDICATE HERE: \_\_\_\_\_

**SECTION I. PERSONAL INFORMATION** **Answer Each Question Completely**

NAME: \_\_\_\_\_  
LAST      FIRST      MIDDLE      MAIDEN OR ANY OTHER NAMES USED

ADDRESS: \_\_\_\_\_  
NUMBER      STREET      CITY      STATE      ZIP

SOCIAL SECURITY NUMBER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      CURRENT DRIVER'S LICENSE #  
MO      DAY      YR      & STATE ISSUED: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
CITY      COUNTY      STATE      COUNTRY

ARE YOU A U.S. CITIZEN?     YES     NO    IF NOT, COUNTRY OF CITIZENSHIP: \_\_\_\_\_

ALL LANGUAGES SPOKEN OR WRITTEN: \_\_\_\_\_

GENDER:     MALE     FEMALE

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE?       Yes       No

If Yes, name of tribe, band, and location of tribal enrollment records: \_\_\_\_\_

ARE YOU A VETERAN OF THE UNITED STATES ARMED FORCES?       Yes       No

If yes, name of branch and dates served: \_\_\_\_\_

**LIST ALL RESIDENCES FOR THE PAST 10 YEARS:** (Include street address, city, county, state and dates-month and year)

Street Address	City	County & State	From: Mo/Yr	To: Mo/Yr

Use Additional Sheet if Necessary

**PERSONAL REFERENCES:**

List the *names, complete addresses and telephone numbers* of three personal references including one person who was acquainted with you during each of periods of residence listed above. **DO NOT LIST RELATIVES.**

Name	Address / Telephone Number	City / State / Zip

Use Additional Sheet if Necessary

**SECTION II. EDUCATION AND WORK HISTORY** Answer Each Question Completely or Indicate N/A

**EDUCATION**

	NAME AND ADDRESS	DATES ATTENDED		DIPLOMA?
		FROM	TO	
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

**WORK HISTORY**

List all employers for the past five years. Use additional sheet if necessary.

<b>Most Recent Employer</b>	Address	Telephone
Date Started	Starting Position	
Starting Salary:\$                      Per		
Date Left	Position on Leaving	
Salary on Leaving:\$                      Per		
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
<b>Most Recent Employer</b>	Address	Telephone
Date Started	Starting Position	
Starting Salary:\$                      Per		
Date Left	Position on Leaving	
Salary on Leaving:\$                      Per		
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	
<b>Most Recent Employer</b>	Address	Telephone
Date Started	Starting Position	
Starting Salary:\$                      Per		
Date Left	Position on Leaving	
Salary on Leaving:\$                      Per		
Name and Title of Supervisor		
Description of Duties	Reason for Leaving	

In addition to your work history, what other experiences or skills would especially qualify you:

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**SECTION III. CRIMINAL HISTORY** Answer Each Question Completely or Indicate N/A

**A.** Have you ever been convicted of, or are you currently being prosecuted for a FELONY?

**YES** COMPLETE SECTION BELOW

List charge, date, City and State where the crime was committed and the name and address of the court involved and the disposition (result): **BE VERY SPECIFIC**

**NO** GO ON TO SECTION B

<i>Charge</i>	<i>Date</i>	<i>City &amp; State</i>	<i>Court Name &amp; Address</i>	<i>Disposition</i>

Use additional sheet if necessary.



**B.** Are you now being, or have you been prosecuted for or convicted of a MISDEMEANOR *within the last 10 YEARS* of the date of this application?

**YES** COMPLETE SECTION BELOW

List charge, date, City and State where the crime was committed and the name and address of the court involved and the disposition (result): **BE VERY SPECIFIC**

**NO** GO ON TO QUESTION C

<i>Charge</i>	<i>Date</i>	<i>City &amp; State</i>	<i>Court Name &amp; Address</i>	<i>Disposition</i>

Use additional sheet if necessary.

C. Are you now being or have you ever been CHARGED with a crime (excluding minor traffic violations), if such criminal charge is within 10 years of the date of the application and is not otherwise listed above?

YES COMPLETE SECTION BELOW

List charge, date, city and state where the charge was entered and the name and address of the court involved and the disposition (result): BE VERY SPECIFIC

NO GO ON TO SECTION IV

<i>Charge</i>	<i>Date</i>	<i>City &amp; State</i>	<i>Court Name &amp; Address</i>	<i>Disposition</i>

Use additional sheet if necessary.



<b>SECTION IV.</b>	<b>BUSINESS INTERESTS</b>	<b>Answer Each Question Completely or Indicate N/A</b>
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A. List any business you have owned or had interest in, its address, your ownership interest or position held within the last 10 years:

<i>Business Name</i>	<i>Address</i>	<i>Own/Interest/Position</i>	<i>Dates From:</i>	<i>To:</i>

B. Describe any previous or existing business relationships with Indian tribes or the Gaming Industry, including ownership interests in those businesses:

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C. Please indicate by answering the following questions whether or not you have a financial interest in any gambling activity including non-Indian business or interest:

TYPE OF INTEREST HELD: (Check YES or No for each question)

1. Have you ever invested or loaned money to, had an option to purchase, or had a contract for service to any gambling facility or activity? YES \_\_\_\_\_ Explain below. NO \_\_\_\_\_
2. Do you have any ownership interest in any equipment being leased or otherwise provided to any gambling facilities? YES \_\_\_\_\_ Explain below. NO \_\_\_\_\_
3. Do you have an investment or ownership interest In any business involving any activities listed under Section IV, Parts A and B? YES \_\_\_\_\_ Explain below. NO \_\_\_\_\_
4. Do you receive any revenue or payments or money from any person who is involved in the activities listed in Section IV, Parts A and B as a result of the operation of gambling? YES \_\_\_\_\_ Explain below. NO \_\_\_\_\_
5. Have you ever **worked for**, in any capacity, a gambling operation? YES \_\_\_\_\_ Explain below. NO \_\_\_\_\_

PLEASE EXPLAIN ALL YES ANSWERS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Have you ever applied for a permit or license related to gaming.? YES \_\_\_\_\_ Explain below. NO \_\_\_\_\_
7. Have you ever been denied a permit or license related to gaming? YES \_\_\_\_\_ Explain below NO \_\_\_\_\_  
 If yes, provide the following information:

TYPE OF LICENSE: \_\_\_\_\_

LICENSING AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

IF DENIED, REASON FOR DENIAL: \_\_\_\_\_

8. Have you ever held or applied for a privileged or professional license with any regulatory agency?. YES \_\_\_\_\_ Explain below NO \_\_\_\_\_

If yes, list the type of license and the name and address of each licensing agency and the date issued:

Type of License	Agency	Address	Date Issued





**AUTHORIZATION TO RELEASE INFORMATION**

I authorize the release of the attached requested information for my potential employment with Fond-du-Luth Casino. The release of information from my past/present employment and personal references is granted with my signature below.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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(Signature)

\_\_\_\_\_  
(Date)