

TULE RIVER TRIBE GAMING COMMISSION

Background Investigation Department

Dear Applicant:

Complete and return the enclosed background packet within fourteen (14) days to the Tule River Tribe Gaming Commission's Background Investigations Department personnel.

Please Print or Type in Black Ink When Completing Personal History Information Packet

You will be required to submit copies of the following requested documents, with the exception of the DMV printout. If you find it necessary to send away for any documents, do not hold up the entire packet. Submit what you have along with an explanation regarding the missing documents and the anticipated date of receipt to the Background Department.

Copies of the following items are required and are considered part of your background packet; they will not be returned:

- Certification of birth.
- **Valid driver's license or State identification card.**
- Social security card.
- Proof of Citizenship (if applicable).
If you are not a U.S. citizen, your immigration and naturalization service documents or card.
- Tribal Members (if applicable).
Proof of enrollment/affiliation letter or card.
- Your high school diploma or equivalent (if applicable).
- Any college transcripts or diploma.
- Military (if applicable).
If you ever served in any Armed Forces, attach a copy of your DD214.
- Criminal History (if applicable).
Any documents or court records pertaining to any criminal or civil court action that you identify in the P.H.I. packet (excluding traffic infractions).
- Bus Driver Applicants – Copy of Commercial Driver License with Passenger Endorsement, **Valid** CPR/AED & Medical Certificate
- Security Officer/EMT – Copy of Guard Card, EMT-1A or EMT 1 National Registry License & CPR/AED Certificates

Note: Failure to supply the needed items without an explanation may delay processing, and possibly jeopardize your application. Use complete names and addresses when filling out the background packet and double check all information before returning it.

It may be a few days before you are notified regarding your Background results; **please be patient.**

If you decide to waive or withdraw your name, please notify this department at your earliest convenience via email at background@trtgc.com

**1850 West Street
Porterville, CA 93257
Phone: (559) 781-3292
Fax: (559) 788-1883**

TULE RIVER TRIBE GAMING COMMISSION

Tribal Gaming License Application

Personal History Information

NOTICE TO APPLICANTS

AUTHORITY:

Indian Gaming Regulatory Act, 25 U.S.C. 2701 et. Seq., Gaming Ordinance and Gaming Regulations.

PURPOSE:

To protect the tribe, employees, patrons, and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant to be employed by or associated with the gaming activities.

BURDEN OF PROOF:

An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications is at all times on the applicant.

DISCLOSURE OF INFORMATION:

An applicant may be subject to denial or other action for failing to provide all information, documentation, and assurances as required or requested, or failing to reveal any material facts, or providing misleading or untrue information. The Tule River Tribe Gaming Commission reserves the right to request additional information at any time. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply an SSN may result in errors in processing your information.

WAIVER OF CLAIM FOR DAMAGES:

An applicant accepts any risk of adverse reaction, financial loss, or public notice, which may result from any action taken with respect to an application. By filing an application, an applicant expressly waives any claim for damages as a result of any action taken with respect to that application.

WITHDRAWAL OF AN APPLICATION:

An application may not be withdrawn without the permission of the Tule River Tribe Gaming Commission.

NOTICE REGARDING FALSE STATEMENTS:

In signing this application, any false or misleading statements on any part of the application may be grounds for denial or revocation of a gaming license.

USE OF INFORMATION PROVIDED ON APPLICATION:

The information is requested to determine the eligibility of individuals to do business with or be employed by Eagle Mountain Casino. The information will be used by the Tule River Tribe Gaming Commission members and staff who have need for the information in performing their official duties.

The information may be disclosed to the appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions, or when pursuant to a requirement by the Tule River Tribe Gaming Commission in connection with the issuance or revocation of a gaming license, or investigation of activities while associated with the Tule River Tribal Council or Eagle Mountain Casino. Failure to consent to the disclosures requested in this application may result in the Tule River Tribal Council or Eagle Mountain Casino being unable to do business with you and/or your company.

LICENSE FEES (Non-Refundable):

The level of fees for issuance of a gaming license, and the payment of such fees, shall be in accordance with the Tule River Tribe Gaming Regulations.

SPECIAL INSTRUCTIONS:

- Complete each question. If not applicable, indicate so with "N/A".
- Please type or print all answers. Do not use pencil. Failure to follow instructions will cause delays and/or denial of your application.
- **If needed, attach additional documents or explanation sheets.**

IDENTIFICATION REQUIREMENTS:

As part of your application, we require that you provide positive proof of your identity by including copies of the following official documents:

- Certification of birth.
- **Valid driver's license or State identification card.**
- Social security card.
- Alien registration card, if you are a registered alien.

INTERNAL INVESTIGATIONS:

In the event of an internal investigation, you may be required to provide relevant information to the Gaming Commission. Failure to cooperate with the investigation may result in the revocation or suspension of your gaming license.

I, _____, hereby certify that I have read the entire foregoing information contained in pages 1, 2, and 3 and fully understand its contents.

LICENSE APPLICATION

Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. Each page, including addition pages, must be initialed in the lower right-hand corner. By placing your initials on each page, you are attesting to the accuracy and completeness of the information contained on that page.

You are advised that this Gaming License Application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for denial or revocation.

Date of Application:

Position Applying for:

Name:

Address:

Phone:

Email Address:

Section 1. Personal History Information

[A] PERSONAL INFORMATION: Complete each question. If not applicable, indicate so with "N/A".

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u> (if no middle name, indicate "NMN")	
<u>Alias(es): Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:</u>			
<u>Present Residence Address (Street or Route)</u>		<u>City, County, State, Zip</u>	
<u>Mailing Address (if different from above)</u>		<u>City, County, State, Zip</u>	
<u>Present Business Address</u>		<u>City, County, State, Zip</u>	
<u>Current Occupation</u>		Phone (Mobile): _ () _	
		Residence: _ () _	
		Email: _____	
		Emergency Contact Name: _____	
		Emergency Contact Relationship: _____	
		Emergency Contact Phone: _ () _	
<u>Date of Birth</u>	<u>Place of Birth (City, County, State, and Country)</u>		
<u>Age</u>	<u>Social Security Number</u>	<u>Sex</u> ☐ Male ☐ Female	<u>Driver's License/Identification Card Number</u>
<u>Eye Color</u>	<u>Hair Color</u>	<u>Weight</u>	<u>Height</u>
<u>Distinguishing Marks (Scars, Tattoos, etc.) Describe and indicate location:</u>			
<u>Are you a Tribal Member?</u> ☐ Yes ☐ No If yes, list: Tribal Affiliation: _____ Enrollment No.: _____ Location: _____			
<u>List all languages (indicate whether spoken, written, or both):</u>			

Do you have any family members who work in gaming or gaming related position in this gaming facility? ☐ Yes ☐ No

If YES, provide name, address, relationship, position held and supervisor's name:

Name	Address	Relationship	Position Held	Supervisor

Are you a United State Citizen? ☐ Yes ☐ No If NO, what Country? _____

Alien Registration No.: _____ If Naturalized, Certificate No.: _____

Date Naturalized: ____/____/____ Place: _____

(submit copy of Naturalization document for verification)

Are you eligible for employment in this Country? ☐ Yes ☐ No

[B] MARITAL INFORMATION: Complete each question. If not applicable, indicate so with "N/A".

☐ Married ☐ Single ☐ Separated ☐ Divorce ☐ Widowed

Information Regarding Current Spouse:

Full Name:			
Last	First	Middle	Maiden
Date of Birth: ____/____/____ Place of Birth: _____			
Resident Address (if different from applicant): _____			
Telephone: Residence: ____ (____) _____		Business: ____ (____) _____	
Employer: _____		Occupation: _____	
Address of Employer: _____			
Street		City	State Zip
Date of Marriage: ____/____/____			

FORMER MARRIAGE(S):

Name (Last, First, Middle, Maiden)	Dates of Marriage (From - To)

[C] FAMILY INFORMATION: Complete each question. If not applicable, indicate so with "N/A".

- (1) Children and/or Dependents: Provide the following information for the each of your children (including step, adopted, or foster children) and dependents.

Name (Last, First, Middle, Maiden)	Date of Birth	Address	Telephone No.	Relationship

[C] FAMILY INFORMATION (Continued):

Complete each question. If not applicable, indicate so with "N/A".

Name (Last, First, Middle, Maiden)	Date of Birth	Address	Telephone No.	Relationship

(2) Cohabitants and/or Roommates (list any adults not disclosed above with whom you reside).

Name (Last, First, Middle, Maiden)	Employer/Occupation	Employer Address/Telephone	Relationship

(3) Parents and/or Step-Parents (List name, place of birth, residence address, and most recent occupation of parents and /or step-parents. If retired or deceased, list last address and occupation).

Name (Last, First, Middle, Maiden)	Place of Birth	Address (Street, City, State, Zip)	Occupation

(4) Brothers and Sisters (list name, place of birth, residence address, and most recent occupation of brothers and sisters. If retired deceased, list last address and occupation).

Name (Last, First, Middle, Maiden)	Place of Birth	Address (Street, City, State, Zip)	Occupation

(continued on the following page)

Name (Last, First, Middle, Maiden)	Place of Birth	Address (Street, City, State, Zip)	Occupation

[D] EDUCATION INFORMATION: Complete each question. If not applicable, indicate so with "N/A".

List below your formal education, and include any schools or training programs attended.

	Name of School	Location (City/State)	Dates of Attendance	Graduate
High School				☐ Yes ☐ No
College/University				☐ Yes ☐ No
Other				☐ Yes ☐ No
Other				☐ Yes ☐ No
Other				☐ Yes ☐ No

[E] MILITARY INFORMATION: Complete each question. If not applicable, indicate so with "N/A".

Have you ever served in any Armed Forces? ☐ Yes ☐ No If YES, attach a copy of your DD214

Branch of Service: _____ Dates of Service: From _____ To _____ State: _____

Type of Discharge: _____ Rating at Separation: _____ Serial No.: _____

While in the military service, were you ever charged with any offense or disciplined? ☐ Yes ☐ No If YES, provide details:

[F] EMPLOYMENT HISTORY: Complete each question. If not applicable, indicate so with "N/A".

Beginning with your current employment, list your employers, assignments, volunteer activities, military experience, and periods of unemployment during the past 15 years.

Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No
Month & Year (From-To):	Employer/Mailing Address/Telephone No.:		Reason for Leaving:
Title:	Description of Duties:	Name of Supervisor:	Gaming Related? ☐ Yes ☐ No

[G] RESIDENCE: Complete each question. If not applicable, indicate so with "N/A".

Please list all your residences (**most recent first**) for the past **15 years**.

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (check one)
				☐ Rent
				☐ Own

[H] REFERENCES: List name, address, and telephone number of at least three (3) references who are ***not*** related to you. Include at least one (1) reference you were acquainted with during each period of residence listed in Question [G]. **Do not include relatives, present employer, or your employees.**

Name & Occupation	Address	City, State, Zip	Telephone	Years Known
Name	(Home)		(Cell/Home)	
(Occupation)	(Email Address)		(Work)	

Name	(Home)		(Cell/Home)	
(Occupation)	(Email Address)		(Work)	

Name	(Home)		(Cell/Home)	
(Occupation)	(Email Address)		(Work)	

Name	(Home)		(Cell/Home)	
(Occupation)	(Email Address)		(Work)	

[I] BUSINESS INTERESTS: List all businesses, corporations and partnerships with which you are or have been associated with in the past (15) years as an owner, officer, director, active shareholder, partner, or other related capacity.

Dates of Involvement (From-To)	Name/Mailing Address/Telephone No. of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gaming Related? Yes ☐ No ☐

Dates of Involvement (From-To)	Name/Mailing Address/Telephone No. of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gaming Related? Yes ☐ No ☐

[I] BUSINESS INTERESTS (Continued):

Dates of Involvement (From-To)	Name/Mailing Address/Telephone No. of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gaming Relationship ☐ Yes ☐ No

Dates of Involvement (From-To)	Name/Mailing Address/Telephone No. of Business			Name of Corporation/Partnership
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership/# Shares Owned	Gaming Relationship ☐ Yes ☐ No

[J] Describe all previous or existing business relationships with any Indian Tribe, including any ownership interest in those business:

[K] Describe any previous or existing business relationships with the gaming industry, including any ownership interest in those businesses:

Section 2. Other Licensing Information

[A] Have you ever held or applied for a permit, license, or certificate related to gaming, whether or not such license, permit or certificate was granted? ☐ Yes ☐ No

If YES, list below any licensing or regulatory agency (tribal, state or local) to which you have applied for a license, permit, or certificate related to gaming activities or lottery, whether or not such license, permit, or certificate was granted (include any applications denied, withdrawn, and/or pending).

Applicant Name: _____ Type of Application: _____
License/Permit/Certificate Number: _____ Dates Held: From: _____ To: _____
City: _____ County: _____ State: _____ Tribe: _____
Action Taken: _____ Issuing Agency: _____

Applicant Name: _____ Type of Application: _____
License/Permit/Certificate Number: _____ Dates Held: From: _____ To: _____
City: _____ County: _____ State: _____ Tribe: _____
Action Taken: _____ Issuing Agency: _____

[B] Have you ever held or applied to a licensing or regulatory agency for an occupational license, permit, registration, or certificate whether or not such license, permit, or certificate was granted? ☐ Yes ☐ No

If YES, list below any licensing or regulatory agency (tribal, state, or local) to which you have applied for a license, permit, or certificate whether or not such license, permit, or certificate was denied, withdrawn and/or pending).

Applicant Name: _____ Date of Application: _____
License/Permit/Certificate Number: _____ City: _____ County: _____ State: _____
Dates Held: From: _____ To: _____ Type: _____
Action Taken: _____ Issuing Agency: _____

Applicant Name: _____ Date of Application: _____
License/Permit/Certificate Number: _____ City: _____ County: _____ State: _____
Dates Held: From: _____ To: _____ Type: _____
Action Taken: _____ Issuing Agency: _____

[C] Have any disciplinary actions ever been taken, or are any such actions pending, for any of the previously listed license, permit, or certificate whether or not such license, permit, or certificate was granted? ☐ Yes ☐ No If YES, provide details below:

Licensing Agency	Date of Action	Nature of Action	Disposition (e.g., revoked, fined, probation)

[D] Have you ever appeared before any licensing agency or similar authority either inside or outside of the State of California for any reason? ☐ Yes ☐ No If YES, provide details:

Section 3. Criminal History Information

[A] Have you ***EVER*** been **arrested, acquitted, convicted, or exonerated** of or **charged** with **ANY crime, FELONY or MISDEMEANOR**, or are you currently being prosecuted for any **crime, felony or misdemeanor**, within any jurisdiction? ☐ Yes ☐ No If YES, please explain below:

You will be required to provide court documentation (e.g., final court disposition documentation).

[illegible]

[B] Have you ever been the subject of a restraining order or domestic violence case?
☐ Yes ☐ No

If YES, please provide the following information:

Court Name: _____ Case No.: _____ Date: ____ / ____ / ____

Explain the incident in detail:



[C] Are you now, or have you ever been arrested or charged with **ANY CRIME** (excluding minor traffic violations) whether or not convicted, that is not otherwise previously disclosed on the previous page? ☐ Yes ☐ No

If YES, please provide the following information:

Date	Arresting Agency (City & State)	Original Charge	Final Charge (if amended or reduced)	Court Location (City & State)	Disposition (dismissed, not guilty, guilty – amount of fine and/or length & dates of confinement and/or probation type)

[D] Have you ever received a pardon for or expungement of any criminal offense?

☐ Yes ☐ No If YES, provide details below:

Date	Arresting Agency (City & State)	Original Charge	Final Charge (if amended or reduced)	Court Location (City & State)	Disposition (dismissed, not guilty, guilty – amount of fine and/or length & dates of confinement and/or probation type)

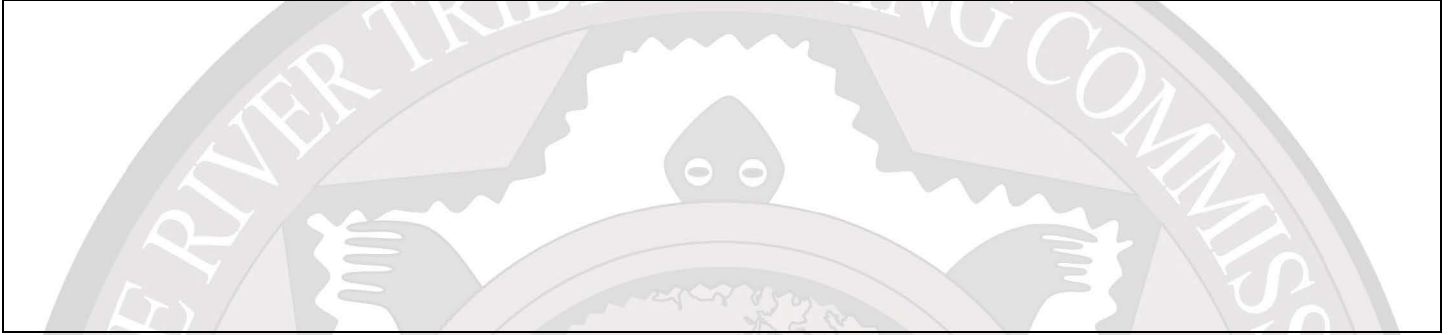
Section 4. Financial History Information

[A] Have you ever filed for bankruptcy in any jurisdiction? ☐ Yes ☐ No

Date Filed: ____/____/____ Date Discharged: ____/____/____ Court Jurisdiction: _____

[B] Have you ever been a plaintiff in a civil suit? ☐ Yes ☐ No

If, YES, explain and give court name and address:



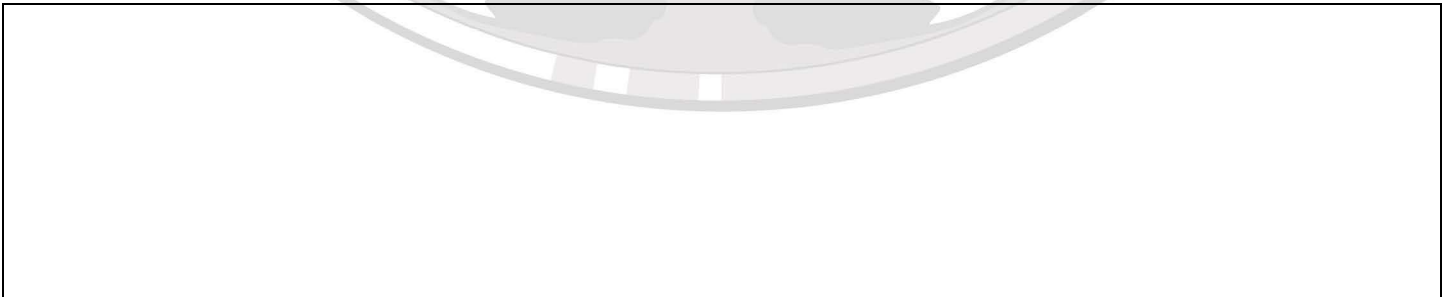
[C] Have you ever been a defendant in a civil suit and/or had a judgement or lien rendered against you? ☐ Yes ☐ No

If, YES, explain and give court name and address:



[D] Have you ever had your state or federal personal income tax return audited or adjusted? ☐ Yes ☐ No

If, YES, explain and give court name and address:



[E] GROSS ANNUAL INCOME:

Source: _____	Annual Amount: _____
Source: _____	Annual Amount: _____
Source: _____	Annual Amount: _____
TOTAL GROSS ANNUAL INCOME: _____	

[F] STATEMENT OF ASSETS:

List the total value of all assets held, both tangible and intangible, on the appropriate line below. Enter the amounts as of the date of this application. If applicable, your investment in any gambling or related business should be reflected below.

ASSETS	Original Cost/Investment	Current Market Value
Cash & Checking Accounts		
Savings Accounts & Notes Receivable		
Stocks and Bonds		
Business Investments		
Real Estate		
Other Assets (automobiles, boats, etc.)		
TOTAL ASSETS	\$	\$

[G] STATEMENT OF LIABILITIES:

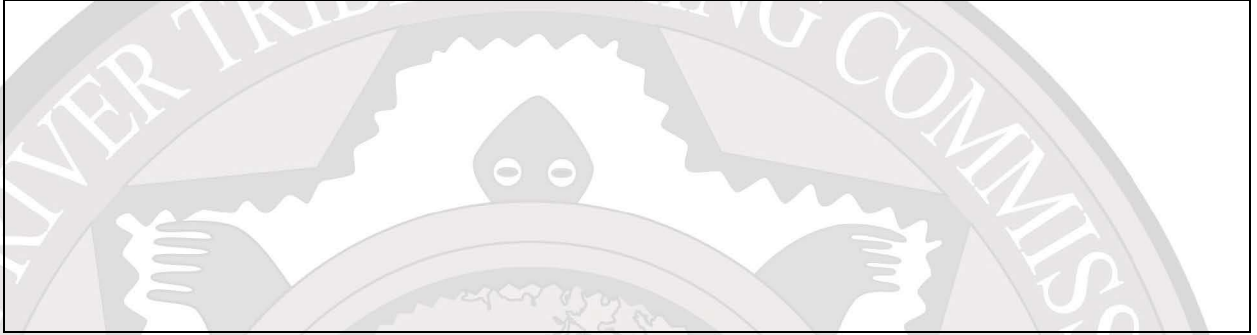
List all liabilities owed on the appropriate lines below. Enter the amount as of the date of this application.

LIABILITIES	Monthly Payment	Present Balance
Promissory Notes		
Tax Liabilities		
Mortgage or Rent		
Car Payment/Leases		
Other Liabilities (credit cards, judgements, contingent liabilities, etc.)		
Personal Loans		
Estimated Monthly Living Expenses		
TOTAL LIABILITIES	\$	\$

Section 5. Miscellaneous Information

- [A]** Have you ever been restricted from, or have you ever been banned/ejected from Eagle Mountain Casino? ☐ Yes ☐ No

If, YES, provide the circumstance(s) for the restriction or ban, the date of occurrence, the source of the disposition and the current status below. Submit any documents or attachments with this background packet (e.g. reinstatement documentation).



- [B]** Have you ever been restricted from or have you ever been banned/ejected from any casino? ☐ Yes ☐ No

If, YES, provide the circumstance(s) for the restriction or ban, the date of occurrence, the source of the disposition and the current status below. Submit any documents or attachments with this background packet.



- [C]** Have you ever possessed or currently possess a medical marijuana card? ☐ Yes ☐ No

If YES, provide details for the acquisition of the medical marijuana card, date of issue, the name of the issuing medical authority, frequency of use, and a copy of the document.



DISCLOSURE STATEMENT

I certify that all statements made by me and records and documents provided by me in respect to this application are true, complete, and correct to the best of my knowledge and belief. I am aware that the purpose of this background investigation is to determine my suitability for a gaming license. I understand that, in determining my suitability for licensing, the tribal and/or state gaming agency may request my consumer credit report. My signature below authorizes these agencies to request my credit report for such purposes.

I also understand that the granting of a tribal gaming license imposes on me the responsibility to comply with all applicable gaming laws and regulations. I further understand that failure to comply with those laws and regulations may result in denial, suspension or revocation of a license, or other sanctions or fines.

Name
(please print)

--	--	--

(Last Name)

(First Name)

(Middle Name)

Signature: _____ Date: ____ / ____ / ____

Witnessed By: _____, this ____ day of _____, 20____.

Signed: _____

A duly authorized witness for the Tribe, residing at:

OR

Subscribed and sworn to before me this ____ day of _____, 20____

(Print Name)

Notary Public in and for the State of _____

Residing at: _____

My Commission Expires: _____

RELEASE OF INFORMATION AUTHORIZATION

I, _____, hereby authorize any tribal, federal, or state gaming enforcement agency and their authorized agents, for the purpose of determining my suitability for involvement in Indian gaming activities, including operations and regulation, to obtain any and all information and records requested related to my activities including past, present, and future criminal investigations and enforcement matters; administrative and internal investigations; regulatory and disciplinary proceedings; medical records and claims; military activities and records; educational pursuits; financial and credit history, and real and personal property interests. Sources of such records and information may include, but are not limited to, employers, education institutions; criminal justice, enforcement, and court records; investigation, and regulatory agencies; tax records; financial and lending institutions; business; residential management agents; property interests (real and personal); medical facilities; health care professional; and relatives and acquaintances.

I authorize custodians of such records and sources of information to release such records and information, and permit the review and copying of any and all documents, reports, records and correspondence pertaining to my activities, upon request of the representative of the agencies indicated above, regardless of any previous agreement to the contrary.

For myself, my heirs, administrators, successors and assignees, I hereby release, remise, and forever discharge any person or entity to whom this request is presented, and their 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 entity or their agents and 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 or entity to whom this request is lawfully presented and their 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 and records released by records custodians and other sources of information is for the purpose of conjunction a background investigation to process my license or license renewal application related to employment, management, or providing goods, services, or financing in conjunction with gaming activities, operations, or regulation.

I, _____, do hereby certify that I have read the foregoing, understand its contents, and authorize release of such records and information about myself.

Name
(please print)

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(Last Name)

(First Name)

(Middle Name)

Social Security Number: _____

Signature: _____ Date: ____ / ____ / ____

Witnessed By: _____, this ____ day of _____, 20____.

Signed: _____
A duly authorized witness for the Tribe, residing at:

OR

Subscribed and sworn to before me this ____ day of _____, 20____

(Print Name)

Notary Public in and for the State of _____
Residing at: _____

My Commission Expires: _____

TULE RIVER TRIBE GAMING COMMISSION
NOTICE AND AUTHORIZATION FOR RELEASE OF A CONSUMER REPORT

I, _____, hereby consent, authorize and release to the TULE RIVER TRIBE GAMING COMMISSION and/or its agent to prepare a consumer report including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources such as neighbors, friends, associates, past employers criminal records, driving records, liens, judgments, bankruptcy, financial institutions, credit reporting agencies, that are deemed to have a bearing on my job performance. In using a consumer report for employment purposes, before taking any adverse action, shall provide to the consumer to whom the report relates, a copy of the report and description in writing of the rights of the consumer under this title, as prescribed by the Federal Trade Commission Section 609(c)(3).

I request a copy of my credit report. ☐ Yes ☐ No

I have received a copy of this Notice and Authorization. _____
(Please Initial)

I HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

EXECUTED AT: _____,
(City) (State)

ON THIS _____ DAY OF _____, 20____
(Day) (Month) (Year)

SIGNATURE: _____

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 (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.

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).

Please Print:

Name: _____
(Last Name) (First Name) (Middle Name)

Signature: _____ Date: ____/____/____

TULE RIVER TRIBE GAMING COMMISSION
Background Investigations Department

**YOU MUST REPORT TO THE TULE RIVER TRIBE GAMING COMMISSION
BACKGROUND INVESTIGATION DEPARTMENT WITHIN SEVENTY-TWO (72) HOURS AFTER
ANY OF THE FOLLOWING EVENTS OCCUR:**

1. (A) Any arrest;
(B) Felony or Misdemeanor Cite and Release citations;
(C) Misdemeanor Traffic citations (**e.g. Driving with a suspended License**);
(D) Citations for possession of Marijuana; and,
(E) Notice of any court charges filed to include court date by the District Attorney's Office.
2. Change of Name
3. Change of address, telephone number(s) to include mobile and other contact numbers.
4. File bankruptcy or obtain any civil judgments, liens or garnishment of wages.
5. Change of any status in your driving privileges (license) suspension or revocations.
6. Any restraining orders against you or that you may have filed against another person.

By signing this document, you indicate that you understand and agree to be bounded by the above criteria, and failure to comply may be reason for denial or revocation of your Gaming License.

Signature: _____ **Date:** ____/____/____

Background Investigator: _____ **Date:** ____/____/____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Signature: _____

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).