



Choctaw Nation Gaming Commission

P.O. Box 5229 Durant, OK 74702-5229

Phone: (580) 924-8112 Fax: (580) 920-4966

Gaming License Application

Instructions:

1. Original application must be submitted. A photocopy will not be accepted.
2. Print or type in blue or black ink. Do not use a pencil.
3. Answer all questions accurately and in as much detail as possible. If a question does not pertain to you, write "N/A" (not applicable) in the space provided but do not leave it blank. (**No question should be left blank**).
4. Persons completing this application for a Key/Primary position will have their fingerprints and photo taken by Gaming Commission personnel. A credit report will also be obtained for background investigation purposes.
5. All requested documents must be submitted:
 - Valid Federal or State issued photo identification (cannot be expired)
 - Social security card
 - Birth certificate or Passport
 - DD-214, DD-256 or Proof of Current Enlistment (if applicable)
 - Proof of Residence (if different from identification card)
 - Occupational License
 - Court Records
 - Any other requested documents

NOTICE: Failure to list a criminal charge on your application is considered falsification of your gaming application which may result in denial of a gaming license and prevent employment with Choctaw Casinos.

Personal Information:

I, _____, hereby submit the following information as an application for:

Staff Permit: _____ Key Associate/Primary Management: _____ Casino _____
Location of Employment / Department

Do you have a CDIB or Tribal Membership? No _____ Yes _____ Tribe _____ Provide a legible copy

Have you ever used any other names, legal or otherwise including alias, nickname, birth name, maiden name or previous marriage? No _____ Yes _____ If yes, list all names: _____

SSN: _____ Date of Birth: _____ Gender: Male _____ Female _____

Place of Birth: _____ Languages Written or Spoken: _____

Driver's License Number: _____ State: _____ Citizenship (Country): _____

Have you had any other Driver's License in the last five years: No _____ Yes _____

If yes, list State(s) and License Number(s): _____

Cell Phone: _____ Text messages may be sent to this number? No _____ Yes _____

Home Phone: _____

E-Mail Address: _____

Please List Your Current Physical Address (No P.O. Boxes):

Street Address City State Zip Code COUNTY

Dates you have resided at your current address: _____ / _____ to _____ / _____

If you have not been at your current residence for at least five (5) years, list any additional residences (no post office boxes) in which you resided during the last five (5) years. You must account for every month in the 60 month period.

1. from _____ / _____ to _____ / _____
Month Year Month Year Physical Address City State Zip

2. from _____ / _____ to _____ / _____
Month Year Month Year Physical Address City State Zip

3. from _____ / _____ to _____ / _____
Month Year Month Year Physical Address City State Zip

4. from _____ / _____ to _____ / _____
Month Year Month Year Physical Address City State Zip

5. from _____ / _____ to _____ / _____
Month Year Month Year Physical Address City State Zip

6. from _____ / _____ to _____ / _____
Month Year Month Year Physical Address City State Zip

Personal References: (No Family Members) **YOU MUST HAVE A CURRENT TELEPHONE NUMBER AND COMPLETE MAILING ADDRESS FOR EACH REFERENCE.**

List the **complete name**, **address**, and **phone number** of at least three personal references.

List at least one reference that has known you at each of the residences listed in Residence History:

1. Name: _____ Relationship to you: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Daytime Contact Number(s): _____

2. Name: _____ Relationship to you: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Daytime Contact Number(s): _____

3. Name: _____ Relationship to you: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Daytime Contact Number(s): _____

4. Name: _____ Relationship to you: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Daytime Contact Number(s): _____

5. Name: _____ Relationship to you: _____

Mailing Address _____ City: _____ State: _____ Zip: _____

Daytime Contact Number(s): _____

List any Relatives employed by the Choctaw Casinos _____

Military History:

Have you ever served in the military? No _____ Yes _____ If Yes, answer the following.

Dates served: from _____ / _____ to _____ / _____ Branch of service: _____
Month Year Month Year

Type of discharge: _____ Please provide discharge papers (DD214/DD256) or proof of current enlistment.

Credit History:

Have you had a **bankruptcy**, **tax lien**, **repossession**, **small claims**, **civil suit** or **civil judgment** filed against you in the last ten (10) years?

No _____ Yes _____ If Yes, list all and attach a statement for each.

Employment References:

List the **complete name, address, and phone number** of all employment references for the past five (5) years.

You must account for all 60 months (i.e. unemployed, student, stay-at-home parent, self-employed, etc.)

(Attach page if additional space is needed.)

1. from _____ / _____ to _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

2. from _____ / _____ to _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

3. from _____ / _____ to _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

4. from _____ / _____ to _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

5. from _____ / _____ to _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

6. from _____ / _____ to _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

7. from _____ / _____ to _____ / _____ Position: _____

Company Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Do you currently or did you previously have ownership in any business listed above? Yes _____ No _____

If yes, which company: _____

Please provide proof of business ownership. (Tax documents, bank statements, etc.)

Previous and/or Current Business Relationships:

- Do you have any existing or previous business relationships (not including employment) with Indian Tribes including ownership interest in those businesses? No _____ Yes _____ If yes, explain below.
- Do you have any existing or previous business relationships (not including employment) within the general gaming industry? No _____ Yes _____ If yes, explain below.

If you answered yes to either of the above questions, please explain: _____

Gaming License:

Have you ever filed an application for a license/permit related to gaming? No _____ Yes _____ If yes, list below:

Date Issued	Active/Expired	Agency & State	Position	Casino

(Attach page if additional space is needed.)

- Has a regulatory agency ever denied your application or revoked your license?
No _____ Yes _____ If yes, list all below.

Agency and reason for denial/revocation: _____

- Has a regulatory agency listed ever issued a disciplinary charge, whether or not a suspension or revocation was imposed? No _____ Yes _____ If yes, list all below.

Agency and reason for disciplinary action: _____

Occupational License:

Have you ever filed an application for an occupational license/permit (i.e. **Alcohol, CDL, CLEET, Food Handling, Teaching, Nursing License or Certification, Cosmetology, etc.**)? No _____ Yes _____ If yes, list below:

Date Issued	License Class/Permit Type	Active/Expired	Agency & State

(Attach page if additional space is needed.)

- Has a regulatory/issuing agency ever denied your application or revoked your license?
No _____ Yes _____ If yes, list all below.

Agency and reason for denial/revocation: _____

- Has a regulatory/issuing agency listed ever issued a disciplinary charge, whether or not a suspension or revocation was imposed? No _____ Yes _____ If yes, list all below.

Agency and reason for disciplinary action: _____

Criminal History:

Answer the following questions completely. If you answer "Yes" to any of the following questions, it will be necessary for you to provide documents of the court's final disposition, including suspended or deferred sentences. If the court no longer has these records, you must obtain a letter from the judge or court clerk stating such. If you fail to provide these documents with the application, the application will stop and you will be suspended until such time that they are submitted. Giving false information or misinformation, or omitting information, to the following questions is grounds for denying a gaming license. If false or misinformation, or omitted information is discovered after employment has begun, this will be considered insubordination and willful neglect of duty and may be the basis for disciplinary action, including license revocation. You are not allowed to work at a Choctaw Casino without a gaming license.

ALL QUESTIONS MUST BE ANSWERED

1. Have you ever been arrested, charged, or cited with an offense (excluding traffic violations), in Oklahoma or any other State? No _____ Yes _____ If Yes, Number of times: _____

List each offense(s) below:

Date	Charge	Misdemeanor / Felony	City and State	Sentence / Outcome

(Attach page if additional space is needed.)

2. Are you currently on a deferred sentence or on probation? No _____ Yes _____

If yes, list charge(s): _____

3. Have you ever had a court dismiss any charges against you? No _____ Yes _____

If yes, list charge(s): _____

4. Has your attorney told you that if anyone ever asked if you have been convicted of a crime, you should tell them "no" because the sentence was deferred and the charges then dismissed? No _____ Yes _____

If yes, list charge(s): _____

5. Have you ever had charges expunged from your record by the court? No _____ Yes _____

If yes, list charge(s): _____

6. Are you required to register as a Sex Offender? No _____ Yes _____

FOR OFFICE USE ONLY:

Date _____

I have reviewed criminal history information with applicant

HR or GC initials

Applicant Initials

I, _____, do hereby attest that I have read the foregoing
(Applicant's Printed Name)
application and know the contents thereof; that the statements contained herein are true and contain a full
and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or
revocation of a gaming license; and that I am voluntarily submitting this application.

I hereby authorize the Choctaw Nation to investigate my employment, residence, credit, criminal history,
and to answer any questions about their experience with me and other pertinent items as stipulated on
the submitted application relating to previous activities and habits.

Applicant's Signature: _____ Date: _____

NOTICE: Failure to list a criminal charge on your application is considered falsification of your gaming application which may result in denial of a gaming license and prevent employment with Choctaw Casinos.

FOR OFFICE USE ONLY:

Gaming Commission or HR Associate that reviewed application:

Signature: _____ Date: _____



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APPLICANT RECORD NOTIFICATION

As an applicant who may be required to be fingerprinted as part of my criminal history record check for a gaming license, I acknowledge and understand the following:

- My fingerprints will be used to check the criminal history records maintained by the FBI;
- I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record;
- The procedures for obtaining a copy of my FBI criminal history record are set forth at 28 CFR §§ 16.30 - 16.33, or by visiting the FBI's website at <<http://www.fbi.gov/about-us/cjis/background-checks>>; and
- The procedure for obtaining a change, correction, or updating an FBI identification record are set forth at 28 CFR § 16.34.

Printed Name: _____

Date: _____

Signature: _____

PRIVACY ACT NOTICE AND NOTICE REGARDING FALSE STATEMENTS

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.

NOTICE REGARDING FALSE STATEMENTS

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).

CERTIFICATION

I hereby acknowledge receipt of the above notices and understand that compliance with the same is a condition of maintaining my gaming license.

Printed Name: _____

Date: _____

Signature: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize release to the
Print/Type Applicant's Full Legal Name

Choctaw Nation Gaming Commission any information requested in order for the Choctaw Nation Gaming Commission to determine my suitability for continued 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 related to my activities including: schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

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.

Executed at (city) _____, (state) _____, on this _____ day of
(month) _____, (year) _____.

Applicant's Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public in County of _____ and for the State of: _____.

My Commission Expires: _____

(Seal)

Date

Notary Signature



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RELEASE OF ALL CLAIMS

The undersigned has filed an application with the Choctaw Nation Gaming Commission. In consideration of the assurance by the Senior Director that no determination on said application will be taken except for a deliberate, intensive, and through investigation of the undersigned, including, but not limited to, background, associates, and finances. The undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Choctaw Nation, the facility operation, the Choctaw Nation Gaming Commission, its members agents, and associates 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 the undersigned ever had, now has, may have, or claim to have, against any or all of said entities or individuals arising out of or by the reason of, the processing or investigation of or other action relating to, the undersigned's application.

I, the undersigned, have read this release and its terms. I executed it voluntarily and with full knowledge of its significance.

Applicant's Signature: _____

CONSENT TO JURISDICTION

I, _____ the undersigned, do hereby explicitly consent and adhere to the jurisdiction of the Choctaw Nation, as well as the Choctaw Nation Gaming Commission so long as I have a working relationship, temporary or otherwise with the Choctaw Nation gaming operation or an entity within the jurisdiction thereof. I further acknowledge that after termination of such relationship that all acts done by myself within the Choctaw Nation facilities or jurisdiction thereof, may fall within the normal statutes of limitations provided by applicable law; and

Furthermore I, the undersigned, do hereby affirm that I meet the standards to be issued a license by the Choctaw Nation Gaming Commission as set forth in the laws of the Choctaw Nation, the Indian Gaming Regulatory Act, and all applicable regulations set forth herein; and

Finally I, the undersigned, hereby request that the Choctaw Nation Gaming Commission issue me a temporary license (if applicable) so that I may establish a working relationship within the Choctaw Nation gaming facilities or jurisdiction thereof on a probationary basis until the Choctaw Nation Gaming Commission has the necessary information to make a final determination. I fully acknowledge and understand that a temporary license shall not be valid for more than ninety (90) days, without good cause for an extension as determined by the Choctaw Nation Gaming Commission; and

I understand that a gaming license is a privilege and not a right.

Executed at (city) _____, (state) _____,

on this _____ day of (month) _____, (year) _____.

Applicant's Signature: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public in County of _____ and for the State of: _____.

My Commission Expires: _____ (seal)

Date

Notary Signature

CHOCTAW NATION GAMING COMMISSION RULES REGARDING GAMING LICENSES

Periodic inspections will be performed by members of the Choctaw Nation Gaming Commission and State Compliance Agency to ensure all licensees are wearing a VALID GAMING LICENSE.

Initial in Space Provided

- _____ Gaming license must be worn at all times while at work.
 - Choctaw Casino Security and Choctaw Nation Gaming Commission have the authority to verify that all associates wear their gaming license while on duty. Associates working without their gaming license will be reported to their immediate supervisor and the Choctaw Nation Gaming Commission.
- _____ Gaming license must be visible with front of card facing out.
- _____ The gaming license must be worn on a neck lanyard or clipped to the front chest area.
- _____ Do not apply anything extra to the gaming license such as stickers, name tags, photos, etc.
- _____ Plastic badge holder must only contain the issued licenses from the CNGC and/or badges issued by Choctaw Casinos.
 - Use for storage of money, pictures, stickers, etc. will not be permitted.
- _____ An associate may not wear another associate's gaming license or use another associate's access card.
- _____ When an associate transfers/changes their department or location, the gaming license must be updated immediately.
 - When an associate resigns or is terminated, the gaming license must be returned to the Choctaw Nation Gaming Commission or the casino Human Resources department.
- _____ If a gaming license is lost, notify your supervisor so that the supervisor may request a new license to be issued by the Choctaw Nation Gaming Commission.
 - If a gaming license is lost when the Gaming Commission or Human Resources Department is closed, the associate must be issued a temporary work license through Security. The temporary work license may not be issued for more than four (4) consecutive days (weekend/holiday).

ASSOCIATES CRIMINAL HISTORY INFORMATION

- _____ Associates are required to immediately notify the Choctaw Nation Gaming Commission and the casino Human Resources Department of any criminal charges or convictions while employed with Choctaw Casinos. Failure to do so may result in suspension or revocation of your gaming license.
- _____ Associates with new criminal charges or convictions while employed with Choctaw Casinos may have their gaming license suspended or revoked.
- _____ Associate with an outstanding warrant (including traffic) will have their gaming license suspended until a warrant release is obtained and provided to the Choctaw Nation Gaming Commission. Failure to do so may result in denial of your gaming license.
- _____ An associate must maintain a gaming license in order to be employed by Choctaw Casinos.

I attest/affirm that I have read the above information and that I fully understand this information.

Signature: _____

Printed Name: _____ Date: _____

FOR OFFICE USE ONLY: Date _____
The Criminal History & Warrant Notification information
has been reviewed with applicant.

HR or GC initials

Applicant Initials