



# 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. **You are advised that this Gaming License Application is an official document and misrepresentation or failure to reveal information requested may be sufficient cause for denial or revocation.**
2. The application must be printed or typed in blue or black ink. Do **not** use a pencil.
3. Persons completing this application for a Key/Primary position will have their fingerprints and photo taken by Gaming Commission personnel. A non-scored credit report will also be obtained for background investigation purposes.
4. All questions on the application must be answered 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 questions on the application should be left blank).**
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)
  - CDIB or Tribal Membership (if applicable)
  - Court Records (if applicable)
  - Proof of Self Employment (if applicable)
  - Any other requested documents

**NOTICE: Failure to list any criminal charges 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.**



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## 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 an 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.

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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: \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ authorize any duly accredited representative of the Choctaw Nation Gaming Commission conducting my background investigation, to obtain any information relating to my activities from individuals, employers, criminal justice agencies, licensing agencies regulatory agencies or other sources of information.

I hereby authorize custodians of records and other sources of information pertaining to me to release such information upon request of the duly accredited representative authorized above regardless of any previous agreement to contrary.

I understand that information released by records custodians and sources of information is for official use by the Choctaw Nation Gaming Commission only for the purposes of determining my suitability for a gaming license with the Choctaw Nation Gaming Commission.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Choctaw Nation Gaming Commission, the Choctaw Nation Casinos and the Choctaw Nation of Oklahoma and their respective officers, employees, Tribal Council, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer, entity, individual, officer, employee or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid from the date signed or upon the termination of my affiliation with the Choctaw Nation Gaming Commission and/or the Choctaw Nation Casino whichever is sooner.

I fully understand and give my authorization.

A reproduction of this authorization is the same as the original.

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

**Applicant's Signature:** \_\_\_\_\_

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### NOTARY USE ONLY:

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

## **Personal Information:**

First Name	Middle Name	Last Name	Suffix
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Cell Phone: \_\_\_\_\_ Can text messages be sent to this number? No Yes

Alternate Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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): \_\_\_\_\_

Are you a member of a federally recognized Indian Tribe? No Yes

If yes, list Tribe: \_\_\_\_\_

Have you ever used any other names, legal or otherwise including an alias, nickname, birth name, maiden name or last name from a previous marriage? No Yes If yes, list all names: \_\_\_\_\_

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

Street Address	City	State	Zip Code	COUNTY
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Dates you have resided at your current address: \_\_\_\_ / \_\_\_\_ to present.  
Month Year

**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. All 60-months prior to the application date must be accounted for.**

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:** References may not be immediate family members (parent, grandparent, sibling, children, spouse, grandchildren) **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 references, including one personal reference who was acquainted with you during each period of residence listed on page 3.

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Contact Number(s): \_\_\_\_\_  
Have you ever worked with this reference?      No              Yes      If Yes, list employer below:  
Employer: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Contact Number(s): \_\_\_\_\_  
Have you ever worked with this reference?      No              Yes      If Yes, list employer below:  
Employer: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Contact Number(s): \_\_\_\_\_  
Have you ever worked with this reference?      No              Yes      If Yes, list employer below:  
Employer: \_\_\_\_\_

**\* List any Relatives employed by Choctaw Casinos** \_\_\_\_\_

**Military History:**

Are you currently active Military/Reserve?      No              Yes

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: \_\_\_\_\_

**Credit History:**

In the last (10) years have you had a bankruptcy, tax lien, foreclosure, auto charge off, repossession or were you the defendant in a civil judgement, small claim, or civil suit?

No              Yes              If Yes, please provide the information for each one below:

Action Type or Case Number if Civil Judgement, Small Claim or Civil Suit	State of Filing	Date

## **Employment History:**

List the **complete name, address, and phone number** of all employment history for the past five (5) years. **All 60-months prior to the application date must be accounted for (unemployed, student, stay-at-home parent, self-employed, etc.).** (Attach page if additional space is needed.)

1. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
Month Year Month Year  
Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
Month Year Month Year  
Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
Month Year Month Year  
Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
Month Year Month Year  
Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
Month Year Month Year  
Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
Month Year Month Year  
Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ Position: \_\_\_\_\_  
Month Year Month Year  
Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Were you considered self-employed in any business listed above due to business ownership or being an independent contractor (including Uber, Lyft, Doordash or other 1099 employment)? No Yes

If yes, which business: \_\_\_\_\_

Please provide proof of self employment. (Tax documents, bank statements, etc.)

**Previous and/or Current Business Relationships:**

- Do you have any existing or previous business relationships (excluding 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 (excluding 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, whether said license/permit was granted?

No Yes If yes, list all licenses below:

License Issue Date	Active	Expired	Tribal or State Regulatory Agency	Casino Where Employed	Position

(Attach page if additional space is needed.)

- Has a regulatory agency listed above ever denied your application or revoked your gaming license?

No Yes If yes, list all below:

Agency and reason for denial/revocation: \_\_\_\_\_

- Has a regulatory agency listed above ever issued a disciplinary action on your gaming license, 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 filed an application for an occupational license (including certifications or permits) whether or not said license was granted? (**Alcohol, CDL, Law Enforcement, Food Handling, Teaching, Nursing, Cosmetology, etc.**)?

No Yes If yes, list all licenses below:

License Type	Date Issued	Active/	Expired	Issuing Agency	State of Issuance

(Attach page if additional space is needed.)

- Has a regulatory/issuing agency ever denied your application or revoked your occupational license?

No Yes If yes, list all below:

Agency and reason for denial/revocation: \_\_\_\_\_

- Has a regulatory/issuing agency listed ever issued a disciplinary action on your occupational license, 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 investigation will stop and you will be suspended until the documentation is received. 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 below: Any charge(s) listed in questions 2-6 must also be listed below:**

Date	Charge	Misdemeanor	Felony	City and State	Disposition

(Attach page if additional space is needed.)

2. Are you currently on a deferred or suspended 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 ever told you that you do not have to list a criminal charge because you met your deferred sentence and the charge is now considered 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. Do you currently have an open criminal case? No Yes

If yes, list charge(s): \_\_\_\_\_

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

8. Are you currently the subject of a criminal investigation? 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 this CNGC gaming license application and that the contents and statements provided herein are true and contain a complete and accurate account of the information requested. I have executed this application with the knowledge that misrepresentation or failure to reveal all information requested may be sufficient cause for denial or revocation of my gaming license; and further attest that I am voluntarily submitting this application.

I hereby authorize the CNGC to investigate any information provided herein in order to determine my suitability for a CNGC gaming license. I also understand that failure to report a new criminal charge or having an outstanding warrant for my arrest while employed at Choctaw Casinos is cause for my gaming license to be suspended.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE: Failure to list any criminal charges 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: \_\_\_\_\_



# Choctaw Nation Gaming Commission

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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 thorough 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:** \_\_\_\_\_

Executed at (city) \_\_\_\_\_, (state) \_\_\_\_\_,

on this \_\_\_\_\_ day of (month) \_\_\_\_\_, (year) \_\_\_\_\_.

**Applicant's Signature:** \_\_\_\_\_

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### NOTARY USE ONLY:

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, Surveillance and the CNGC 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 CNGC.
- \_\_\_\_\_ Gaming license must be visible with front of card facing out.
- \_\_\_\_\_ Gaming license must be worn on a neck lanyard or clipped to the front chest area.
- \_\_\_\_\_ Additional items such as stickers, name tags, photos, etc. should not be applied or attached to the gaming license.
- \_\_\_\_\_ Plastic badge holder must only contain the issued license from the CNGC, electronic access card or other cards issued by Choctaw Casinos
- Badge holder should not be used for storing any personal items such as pictures, money, etc.
- \_\_\_\_\_ Gaming license and electronic access card are non-transferrable. Associate may not wear another associate's gaming license or use another associate's electronic access card.
- \_\_\_\_\_ Gaming license must be immediately updated when an associate transfers/changes department or location.
- Gaming license must be returned to the CNGC or the Casino HR when an associate resigns or is terminated.
- \_\_\_\_\_ If the gaming license is lost a replacement may be requested by stopping by the CNGC during regular business hours.
- If the gaming license is lost when the CNGC office is closed, the associate must be issued a temporary work license by Security. The temporary work license may not be issued for more than four (4) consecutive days (weekend/holiday).
- \_\_\_\_\_ Gaming licenses are valid for two (2) years. Renewal applications must be submitted a minimum of 30 days prior to the license expiration date. Failure to submit renewal application in the required time frame may result in a gaming license suspension.

### ASSOCIATES CRIMINAL HISTORY INFORMATION

- \_\_\_\_\_ Associates are required to immediately notify the CNGC and the Casino HR of any new criminal charges while employed with Choctaw Casinos. Failure to do so may result in a gaming license suspension or revocation.
- \_\_\_\_\_ Associates with new criminal charges may have their gaming license suspended or revoked. According to HR policy, associates have thirty (30) days to resolve issues pertaining to the associate's ability to be licensed.
- \_\_\_\_\_ Associates with an outstanding warrant (including traffic) may have their gaming license suspended until a warrant release is provided to the CNGC. According to HR policy, associates have one (1) week to resolve the warrant.
- \_\_\_\_\_ Associates must maintain a gaming license 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