Full Name: ___________________________ License #: __________

Hire Date: ___________________________

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

Date: ____________________ Time: __________

With: ________________________________
INSTRUCTIONS FOR THE PERSONAL HISTORY DISCLOSURE FORM

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

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

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

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

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

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

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

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

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

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

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

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

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

Last Name: _________________________  First Name: _____________________________

Middle: __________________ Maiden/other names used: ____________________________

Address: ________________________________________________________________  
Street Address                                                                 City                                                     State               Zip

DOB: _____________________ Place of Birth: _________________________ Gender __F__M

Country of Citizenship: ________________________ SSN: __________________________

Driver’s License #: _________________________ list all States where Drivers Licenses were 
obtained for the past ten (10) years: _______________________________________

Telephone # (_____)________________  Email Address: ___________________________

Race:  ____ Native American, if checked, specify Tribal Affiliation: ________________
    ____ White
    ____ African American
    ____ Hispanic
    ____ Asian
    ____ Other: ____________________

Languages spoken or written:
    ____ English
    ____ Other: ____________________
    ____ Other: ____________________

Name of Supervisor: _______________________________________________________

Position: ____________________________  Location: ___________________________

Place of Employment: _________________________ Phone Number: (_____)_____________

Address: ________________________________________________________________  
Street Address                                                                 City                                                     State               Zip
II. Marital Information

Single ______ Married ______ Separated ______ Divorced _____
Widowed _____ Engaged _____

A. Current Marriage Date: __________ City/State________________________
County: _______________ Spouses Full Name: _________________________________
Maiden Names: ________________ Other Names used: __________________________
DOB: ________________ SS#: ______________________________(For purpose of credit evaluation)
Address: _____________________________ __________________________,
Street Address City__________ State__________ Zip
Telephone # (______)__________________

B. Previous Marriages: Divorce _____ Annulment _____ Legally Separated _____ Widowed _____
Date of Action: __________________ City/State____________________________
County: ________________________ Spouses Full Name: ____________________________
Maiden: ____________________ Telephone # (______)_________________
Address: _____________________________ __________________________,
Street Address City__________ State__________ Zip

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

1. __________________________  ___________________, _______  ____________
Street Address City__________ State__________ Zip
From: Month/Year ___________  To: Month/Year ___________
Reference: __________________________  __________________________ (_____)(_______)
First Name Last Name Telephone Number
2. __________________________________________________________
   Street Address                                         City                                         State                 Zip

From: Month/Year _____________  To: Month/Year _____________

Reference: ____________________  _____________________    (_____)_____________

First Name                                   Last Name                                        Telephone Number

3. __________________________________________________________
   Street Address                                         City                                         State                 Zip

From: Month/Year _____________  To: Month/Year _____________

Reference: ____________________  _____________________    (_____)_____________

First Name                                   Last Name                                        Telephone Number

4. __________________________________________________________
   Street Address                                         City                                         State                 Zip

From: Month/Year _____________  To: Month/Year _____________

Reference: ____________________  _____________________    (_____)_____________

First Name                                   Last Name                                        Telephone Number

5. __________________________________________________________
   Street Address                                         City                                         State                 Zip

From: Month/Year _____________  To: Month/Year _____________

Reference: ____________________  _____________________    (_____)_____________

First Name                                   Last Name                                        Telephone Number

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

1. __________________________________________________________
   Full Name     Including Maiden                       Relationship

   Street Address                                         City                                         State                 Zip

2. __________________________________________________________
   Full Name     Including Maiden                       Relationship

   Street Address                                         City                                         State                 Zip
3. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
   ___________________________________  ____________________,  _______   _________
   Street Address        City       State           Zip

4. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
   ___________________________________  ____________________,  _______   _________
   Street Address        City       State           Zip

5. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
   ___________________________________  ____________________,  _______   _________
   Street Address        City       State           Zip

6. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
   ___________________________________  ____________________,  _______   _________
   Street Address        City       State           Zip

7. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
   ___________________________________  ____________________,  _______   _________
   Street Address        City       State           Zip

8. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
   ___________________________________  ____________________,  _______   _________
   Street Address        City       State           Zip

9. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
   ___________________________________  ____________________,  _______   _________
   Street Address        City       State           Zip

10. ___________________________________________  ____________________________
   Full Name     Including Maiden    Relationship
    ___________________________________  ____________________,  _______   _________
    Street Address        City       State           Zip
Please list any individual residing in your household. Please specify if they are involved in Gaming. (Employee of casino or casino establishment, restaurant, hotel, etc.)

1. _________________________________________   ____________________________
2. _________________________________________   ____________________________
3. _________________________________________   ____________________________

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

1. __________________________  ________________________ (______)_____________  
   First Name                                                Last Name                                           Telephone Number
   ____________________________________  _______________________, _______  ____________
   Street Address                                                             City                                                   State            Zip

2. __________________________  ________________________ (______)_____________  
   First Name                                                Last Name                                           Telephone Number
   ____________________________________  _______________________, _______  ____________
   Street Address                                                             City                                                   State            Zip

3. __________________________  ________________________ (______)_____________  
   First Name                                                Last Name                                           Telephone Number
   ____________________________________  _______________________, _______  ____________
   Street Address                                                             City                                                   State            Zip

VI. Employment
A. Were you ever an employee of an Indian Tribe? _____ Yes _____ No

B. Have you ever had past employment with a Gaming Business?  _____ Yes _____ No

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

1. _______________________________  ________________________  (_____)_________  
   Company Name                                                     Position Held                                         Telephone Number
   _______________________________ _____________________, ________ ____________
   Street Address                                                      City                                              State             Zip

   Supervisor: ________________________  (Month/Year) From:_______ To: __________
2. _______________________________  ________________________  (_____)_________
   Company Name                                                     Position Held                                         Telephone Number
   __________________________________________________________________________
   Street Address                                                      City                                              State             Zip
   Supervisor: ________________________  (Month/Year) From:_________  To: _________

3. _______________________________  ________________________  (_____)_________
   Company Name                                                     Position Held                                         Telephone Number
   __________________________________________________________________________
   Street Address                                                      City                                              State             Zip
   Supervisor: ________________________  (Month/Year) From:_________  To: _________

4. _______________________________  ________________________  (_____)_________
   Company Name                                                     Position Held                                         Telephone Number
   __________________________________________________________________________
   Street Address                                                      City                                              State             Zip
   Supervisor: ________________________  (Month/Year) From:_________  To: _________

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

1. ______________________________  __________________ _______________________
   Name of the Gaming Business                              Position                                 Date Employment began and ended
   __________________________________________________________________________
   Street Address                                              City                                             State           Zip
   Contact Person: ____________________________ Phone Number: (_____ )___________
   Describe your responsibilities and ownership interest:
   __________________________________________________________________________
   __________________________________________________________________________

E. Have you ever had a non-employee business relationship with an Indian Tribe? ____Yes  ____No

   ______________________________  __________________
   Name of the Tribe                              Type of relationship
   __________________________________________________________________________
   Tribal reference                                         (____)_____________________
   Telephone Number
   __________________________________________________________________________
   Street Address                                              City                                             State           Zip
VII. Arrests, Convictions, or Civil Action

A. Have you ever been arrested, detained, charged, indicted, or summoned, as an adult, for a felony to answer for any gambling related offense, fraud, misrepresentation or theft? ____Yes ____ No
If yes, please provide the following information:

1. Charge: ________________________           Date: _____________________
   Court Name: _________________________   City/State: ____________________________
   Outcome: __________________________  Date Of Final Disposition: _________________
       (Convicted, dismissed, Noli Prosequi, etc.)

2. Charge: ________________________           Date: _____________________
   Court Name: _________________________   City/State: ____________________________
   Outcome: ___________________________  Date Of Final Disposition: _________________
       (Convicted, dismissed, Noli Prosequi, etc.)

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

1. Charge: ________________________           Date: _____________________
   Court Name: _________________________   City/State: ____________________________
   Outcome: __________________________  Date Of Final Disposition: _________________
       (Convicted, dismissed, Noli Prosequi, etc.)

2. Charge: ________________________           Date: _____________________
   Court Name: _________________________   City/State: ____________________________
   Outcome: ___________________________  Date Of Final Disposition: _________________
       (Convicted, dismissed, Noli Prosequi, etc.)

C. Have you ever been involved in any civil litigation? _____Yes _____No  If yes, provide the following.

1. Name of Case ____________ (Plaintiff V. Defendant)  Case Number: ________________
   Date: _______  Type Of Case: _____________________ Out Come: ____________________
   Court Name:__________________________ City/State: ______________________________
2. Name of Case _____________ (Plaintiff V. Defendant) Case Number: ______________

Date: ______ Type Of Case: _____________________ Out Come: ____________________

Court Name: __________________________ City/State: ___________________________

D. Do you have any pending or anticipated civil or criminal action against you? ____Yes ____No  If yes, provide the following:

1. Action: ________________________       Date of Action: ___________________

Court Name: __________________________ City/State: ___________________________
Police Dept.: ________________________ City/State: ___________________________

2. Action: ________________________       Date of Action: ___________________

Court Name: __________________________ City/State: ___________________________
Police Dept.: ________________________ City/State: ___________________________

E. Have you ever filed for bankruptcy? ____Yes ____No  If yes, provide the following:

1. Full name filed under: ______________________________ Date: ___________________

Case Number: _____________ Judgement: ___________________ Reason: ______________

Court Name: __________________________ City/State: ___________________________

Out Come: __________________________ Type of Bankruptcy: ____________________

F. Do you have any negative activity on your credit history? ____Yes ____No
If yes, please explain: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

VIII. Licenses
A. List ALL Gaming Licenses held or applied for below:

1. __________________________  ____________________________   _________________
Regulatory Agency                                      Type of License                                               Date Granted
_______________________________ ______________________,  _________  ___________
Regulatory Agency’s Street Address                         City                                                 State                Zip
If denied, furnish details: ________________________________________________________
2. __________________________  ____________________________   _______________
   Regulatory Agency                                      Type of License                                               Date Granted
   _________________________________ ______________________,  _________  ___________
   Regulatory Agency’s Street Address                         City                                                 State                Zip
   If denied, furnish details: ________________________________________________________

B. List ALL Professional or Business licenses held or applied for below (hunting, cosmetology, etc.):

1. __________________________  ____________________________   _______________
   Regulatory Agency                                      Type of License                                               Date Granted
   _________________________________ ______________________,  _________  ___________
   Regulatory Agency’s Street Address                         City                                                 State                Zip

IX. Business Information
Provide the name, address and brief description of all business in which you currently hold or have held an ownership interest.

1. _____________________________  _______________________________ ___________
   Company Name                                                 Type of Business                                                 Date
   ____________________________________ _______________________, ________ ________
   Street Address                                                             City                                                   State             Zip

2. _____________________________  _______________________________ ___________
   Company Name                                                 Type of Business                                                 Date
   ____________________________________ _______________________, ________ ________
   Street Address                                                             City                                                   State             Zip

X. Military Information
A. Have you ever served in the Armed Forces? ____Yes ____No  If yes, provide the following:
   Branch: _______________________ Location: ____________________ Date: ____________
   Separation Date: __________ Type of Discharge: ______________ Reason: _______________
   List degrees and training certificates: __________________________________________

B. While in the military were you ever arrested for an offense, which resulted in summary action, or special or general court martial? _____Yes _____No      If yes, furnish details below:
   __________________________________________________________________________
   __________________________________________________________________________
C. While in the military, were you ever charged with an Article 15?  ____Yes  ____No  If yes, furnish details.

________________________________________________________________________
________________________________________________________________________

XI. Education
A. Name of High School(s): ________________________________________________

Graduation Date: _____________ or Number of Years completed: _____________

B. College of College(s): _________________________________________________

Graduation Date: _____________ or Number of Years completed: _____________
RELEASE OF INFORMATION

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

________________________________     __________________________
Signature                                                           Date

________________________________     ___________________________
Witness                                                             Date
NOTICE & AGREEMENT

1. I have read, and I understand the following false statement notice:
   A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

2. I have read, and I understand the following Privacy Act notice:
   In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position.
   The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

3. I hereby swear that I will abide by all applicable laws, regulations and policies of the Bay Mills Indian Community and the United States.

4. I understand that my employee gaming license will expire on an annual basis, and I understand it is my responsibility to submit a gaming license renewal form 2 weeks prior to my gaming license expiration date.

5. I understand and agree that failure to report any changes regarding my Personal History Disclosure Form and/or Renewal Application for an employee gaming license may result in the suspension or termination of my employee gaming license.

6. I understand that termination of key employee/primary management official status by my employer, or by my resignation, will terminate my employee gaming license. Subsequently, if I apply for a new gaming license within one year of issuance of previous gaming license I will occur a $10.00 license fee.

7. I understand that there will be a $10 fee to replace a lost or stolen gaming license.

8. I understand that the gaming license is at all times the property of the Bay Mills Gaming Commission and there will be a $10 fee if I don't return my gaming license in at the termination of my employment as a key employee/primary management official.

9. I hereby swear that I will submit to the jurisdiction of the Tribe and the Bay Mills Tribal Court, if employed.

10. I agree to be photographed as part of my application for employment.

11. I agree to be fingerprinted by law enforcement agencies appointed by the BMIC Gaming Commission.

12. I hereby swear that all of the information contained herein is true and correct to the best of my knowledge, information and belief and that I have withheld nothing.

13. A swear that neither myself nor any member of my immediate family has a past or current financial interest, other than a salary interest, in any gaming-related enterprise anywhere. If the applicant has any relative who has such a relationship, the applicant shall fully disclose his name and the nature of the relationship.

14. I hereby swear that I have received a copy of the NJC Applicants Privacy Rights.

_____________________________    ___________________________
Signature                                                                 Date

_____________________________    ___________________________
Witness                                                                            Date

Approved: 3/27/2017  15  Form E1