Full Name: ___________________________ License #: __________

Hire Date: ___________________________

BAY MILLS TRIBAL GAMING COMMISSION

RETURNING EMPLOYEE PERSONAL HISTORY DISCLOSURE FORM
Employee Gaming License Application

BAY MILLS GAMING COMMISSION
P.O. Box 338/Brimley, MI 49715
Phone (906) 248-3241 Fax (906) 248-3876
Extensions 8530, 8531, or 8532

The information contained in this form is from ____________ through ____________.

Last Effective Date Current Date

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

Date: ________________ Time: __________

With: ________________________________

Approved: 3/27/2017
INSTRUCTIONS FOR THE
RETURNING 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.

The answers in this form will start from the last date of your termination.

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 if not already in your file:

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 Returning 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: ______________________

DOB: _________________ SSN: ______________________  Citizenship: ______________________

Driver’s License #: ______________________  Sex: _____ Phone # (___) ______

Current Position: ______________________  Location: ______________________

Bay Mills Member: Yes / No  Native American: Yes/ No Tribal Affiliation: ______________________

II. **Residences**

List all addresses below that you lived at since you left employment from Bay Mills, starting with current.  At each address list a reference that was acquainted with you.

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

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. ______________________  ______________________  3. ______________________  ______________________
2. ______________________  ______________________  4. ______________________  ______________________

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III. Family Information
If there have been any other changes in family information (due to marriage, divorce, birth, etc.) list below, also include: 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

IV. 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

Approved: 3/27/2017