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: ________________________________
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 be 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. ____________________   ___________
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
V. 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 your separation from Bay Mills. 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: _________

VI. 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: _______________

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.

________________________________________________________________________
________________________________________________________________________

** If you are unsure about your answers to any of the questions in the next section please contact the Compliance Department for assistance. Your license may be revoked for a false or misleading answer. **
VII. Arrests, Convictions, or Civil Action

A. Since leaving our employment, have you ever been arrested, detained, charged, indicted, or summoned to answer questions for any felony gambling related offense, fraud, misrepresentation or theft crime for any reason whatsoever, regardless of disposition? ____Yes ____ No

1. Charge: ____________________________ Date: _____________________

Court Name: __________________________ City/State: __________________________

Outcome: ___________________________ Date Of Final Disposition: _________________
(Convicted, dismissed, Noli Prosequi, etc.)

B. Since leaving our employment, have you ever been arrested, detained, charged, indicted, or summoned to answer questions for any offense? _____Yes  _____ No

1. Charge: ____________________________ Court Name: __________________________

_________________________________________________ _____________________
City, State and County Date Of Final Disposition

2. Charge: ____________________________ Court Name: __________________________

_________________________________________________ _____________________
City, State and County Date Of Final Disposition

C. Since leaving our employment, have you ever been involved in any civil litigation? _____Yes  _____ No  If yes, provide the following.

1. Case Name: _________________________________ Case Number: __________________

Date: _________________ Out Come: __________________________________________

Court Name:__________________________ City/State: ______________________________

D. Since leaving our employment, have you ever filed for bankruptcy? ____Yes _____No  If yes, provide the following:

Chapter: ______________________ Year: _____________ Why: ______________________

E. Since leaving our employment, has there been any negative activity on your credit history? ____Yes  ____No  If yes, please explain: ____________________________________________.
RELEASE OF INFORMATION

I understand that the information I supplied in my Renewal Application 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 I will incur 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 9 Form E2