Hire Date: JDE # Nick Name:	JDE#	Nick Name:	
-----------------------------	------	------------	--

HARRAH'S CHEROKEE

CHEROKEE TRIBAL GAMING COMMISSION APPLICATION FOR KEY EMPLOYEE GAMING LICENSE

PLEASE READ: 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. 2017 *et seq.* The purpose of the requested information is to determine the eligibility of the 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 of False Statement: 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).

Please type or print in black ink

Cost for Key Employee Badge: \$250.00

- Indicate N/A if a section is not applicable.
- Additional documentation and explanation sheets should be attached as necessary to clarify any answer.
- You must complete, sign, and notarize the application, and initial where indicated on the bottom of each page.
- Failure to complete all information and requirements will cause delays and/or denial of your application.

 (initial when read and understood)

Name: (LAST)	(FIRST)	(MIDDLE)		
Other Names Used:				
	(Include Maiden Name, Previous Married Name, Alias Names)			
Social Security Number:	·	Date of Birth:		
Place of Birth:				
Place of Birth: (City)	(County)	(State)		
Home Address:				
	(Street Name / Apartment # /	City / State / Zip Code)		
Current Mailing Address:				
	(P.O. Box # / Street Address	/ City / State / Zip Code)		
Telephone #: Home:		Work:		
Employment Position for which	gaming license is sought:			
Race	Height	Weight		
Hair Color	Eye Color	Gender (circle one): Male Femal		
Driver's License Number:		State Issued:		
Date of Issuance:	Name on License:			
		ne used, the state where issued, and date of		

8.	Are you an enrolled member of a federally recognized Indian Tribe? [] YES [] NO If yes, which tribe: Enrollment Number:				
9.	Are you a United States citizen? [] YES [] NO If NO, what country?				
	Port of Entry: Date of Entry:				
	If naturalized: Your certificate number: Date:				
	Place:(Submit Copy of naturalization and/or U.S. Passport for verification).				
10.	List all languages (spoken / written)				
11.	Marital Information [] Single [] Married [] Separated [] Divorced [] Widowed If applicable, complete: Married:				
	Date Place: City, County, State Spouse's Full Name (including maiden name)				
	Last, First, Middle				
	Spouse's Social Security Number:Place of Birth:Place of Birth:				
	Spouse's Date of Birth:Place of Birth:Place of Birth:				
	(Street / Apartment # / City / State / Zip Code) Telephone Number Home: Work:				
	Spouse's Employer: Employer's Address:				
12.	FAMILY INFORMATION a. Children and Dependents: List all children (including stepchildren and adopted children)				
	Full Name Date of Birth Place of Birth Residence Address				
	b. Parents: List names, residence addresses, dates of birth, and most recent occupation of parents, parents-in-law and legal guardian(s), (if applicable). If retired or deceased, list last addresses and occupation.				
	Name Address Date of Birth Occupation				
13.	MILITARY INFORMATION				
	Have you ever served with any branch of the armed forces? [] YES [] NO Branch: Dates and types of service (active / reserve / national guard):				
	Dates and types of service (active / reserve / national guard):				
	Date of Separation:Type of discharge:				
	Rank at separation:Serial Number:				

	or general court martia		sulted in any disciplinary action, or spo
14.		EMPLOYMENT INFORMATION d employment, including self-employment, (most recer	nt first) for the last 10 years.
	Dates: From-To:	Company Name, Title(s) Held, Supervisor, Work A	Address- City & State, Phone Number:
15.	RESIDENCE INFO	ORMATION of residence (most recent first) for the last ten (10) year	ars_
	Dates: From-To:	Street Address City / Co	ounty State
	List below your formal High School:	education, and include any schools and training progra City / State	
	High School:	<u> </u>	Graduation Year / Degree Obta
	College / University	Address / City / State	Staduation Total / Bogico Cotta
17.	PERSONAL REFI List FIVE (5) personal employer or co-worke	ERENCES references that have known you for five (5) years or ers	more. Do NOT include relative, pre
17.	PERSONAL REFI List FIVE (5) personal employer or co-worke a. Name:	ERENCES references that have known you for five (5) years or	more. Do NOT include relative, pre
17.	PERSONAL REFE List FIVE (5) personal employer or co-worke a. Name: Employed: Address:	ERENCES references that have known you for five (5) years or ers	more. Do NOT include relative, pre
17.	PERSONAL REFI List FIVE (5) personal employer or co-worke a. Name: Employed: Address: Telephone: Wo b. Name: Employed: Address:	ERENCES references that have known you for five (5) years or ers Known sin	more. Do NOT include relative, pre

	Employed: _		Known since:
			Home
d.	Name:		
٠.	Employed:		Known since:
	Address:		
			Home
	Nama		
e.	Fmployed:		Known since:
			Miowii since.
	Telephone:	Work	Home
ga Wi If ` for ———————————————————————————————————	ming activities? nether or not such YES, provide th r, and dispositio	[] YES license, permit, or certies e name address of license of application.	ficate was granted and include any applications denied, withdrawn, pending. ensing and regulatory agency, date of application, type of license or permit applied n or professional license or permit with a licensing or regulatory agency (federal
			date applied for, disposition of application, name and address of licensing clinary action taken, and dates license or permit held.
reg Do ga	you have or h mbling entity or	ave you ever had a for organization, or an of the large state of the l	inancial interest or other business relationship with the gaming industry or in ownership interest in such business?

	Do you have any relatives associated with or employed in the gambling or liquor industry? [] YES [] NO
	If YES, provide name, relationship, name and address of business, and the employment position or affiliation of relative listed.
23.	Do you have, or have you ever had, any business relationship(s) or agreement(s) with Indian tribes or any ownership or management interest (including gaming) in such business? [] YES [] NO
	If YES, provide name and location of Tribe, nature of relationship agreement, type of work performed, and dates of agreement or relationship.
24	Have you ever filed bankruptcy? [] YES [] NO
24.	If YES, furnish details, including date, court, and whether filed as an individual or business:
25.	Have you had a repossession, bad debt(s), collection(s), or judgement items within the past three years [] YES [] NO
26.	Have you ever been associated as an officer, director, stockholder, partner, or sole proprietor with any business entity that has filed for protection under the Federal Bankruptcy Laws? [] YES [] NO
27.	Date of last Federal Income Tax Return filed: For year: Date of last State Income Tax Return filed: For year:
28.	Do you own or control any assets or liabilities located outside the United States? [] YES [] NO
	If YES, provide details:
	* Your financial and criminal history will be checked upon submission of this application *
29	Do you control, manage, or hold in trust, any assets or liabilities for another person or entity? [] YES [] NO

INITIALS

	If YES, Complete the following for			
	Name and Address of Court	Charge	Dates of the Charge	Disposition
31.	Are you a registered sex offender?		[] YES	[] NO
32.	Have you ever been charged or cor If YES, complete the following for		[] YES	[] NO
	Name and Address of Court	Charge	Dates of the Charge	Disposition
33.	Are you currently under any probati If so, please describe below:	on or parole orders fro	om any court of law? []	YES [] NO
34.	For each misdemeanor conviction o application), provide below the nam disposition.			
	Name and Address of Court	Charge	Dates of the Charge	Disposition
35.	For each criminal charge (including dismissed), if such criminal charge criminal charge, name and address of	was within the past 10	years and is not listed in Que	estions 29 and 30 above. Lis
	Name and Address of Court	Charge	Dates of the Charge	Disposition
: A]	pplication will be rejected if any	y questions are omi	tted or not answered	INITI

NOTICE REGARDING FALSE STATEMENTS

In signing this application, I understand that: A false statement on any part of the application may be grounds for not hiring me, or for firing me after I begin work. Also, I understand that I may be punished by fine or imprisonment, (US Code Title 18, Section 1001). CERTIFICATION AND OATH OF APPLICANT _, the applicant ,being duly sworn, deposed and say that the statements made and information provided on this application are true and contain a full and true account of the information requested to the best of my knowledge and belief, that statements provided by me to the Cherokee Tribal Gaming Commission, the Tribe, or its agents in and during the course of the background investigations of me conducted pursuant to the IGRA, the Ordinance, and other applicable laws and regulations, are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief. I am aware that the purpose of the investigation is to determine my suitability for employment in or association with gaming activities and consent to the release of all information necessary. I have read and understand the Privacy Act Notice and the Notice Regarding False Statements above and consent to the requirement of this notice and disclosure of any background information. This statement is executed with the knowledge the misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Commission, and that later discovery of a material omission or material misrepresentation made in the above statements may be grounds for the revocation of any gaming license granted. RELEASE OF ALL CLAIMS (INDIVIDUAL) __, the undersigned ("Applicant") am filing with the Cherokee Tribal Gaming Commission my application for a gaming license. In consideration of the privilege to apply for a gaming license, I hereby, for myself and my successors and assigns, release, remise, and forever discharge the Eastern Band of Cherokee Indians, Cherokee Tribal Gaming Commission, and their respective members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgements, executions, claims and demands whatsoever, known and unknown, in law or equity, which I now have, may have, or may claim to have against any or all said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my gaming application. I, the Applicant, have read the above Certification and Oath and the release of all claims and understand all of the terms. I execute this certification, oath, and release voluntarily and with full knowledge of its significance on this the ______ day of ______, 20____. Applicant Signature Subscribed and sworn to before me, this the ______ day of _______, 20_____. (NOTORIAL SEAL) Notary Public / My Commission Expires: Your Application will be rejected if any questions are omitted or not answered

INITIALS

CHEROKEE TRIBAL GAMING COMMISSION RELEASE OF INFORMATION AUTHORIZATION

Ι,		orize any investigator, special agent, o	
of the Cherokee Tribal Gaming Commission, the Federinvestigatory agencies, in order to determine my suitabir related to my activities including: employment, schools health care professionals, and other sources. This inform disciplinary, financial, employment, and criminal histor from disclosure by any constitutional, statutory or commissions.	lity for involve s, criminal just nation includes, ry records, who	ment in Indian gaming, to obtain any ice agencies, financial or lending inst but is not limited to, my academic, re ether or not such information would of	information requested itutions, hospitals and sidential performance,
I authorize custodians of such records and co review and copying of any and all documents, records the agencies listed above, regardless of any previous ag	or corresponde	ence pertaining to me, upon request o	
I do, for myself, my heirs, administrators succe to whom this request is presented and his agents and en judgements, executions, claims, and demands whatsoev have, or may claim to have against such person or his request.	nployees from a er, known or u	any and all manner of actions, causes nknown, in law or equity, which I eve	of action, suits, debts, er had, now have, may
I agree to accept any risk of adverse public no information that is obtained in connection with a backgr			
I agree to indemnify and hold harmless any employees from and against all claims, damages, losse reasons of complying with this request.			
I understand that the information released background investigations to process my license appl services to a gaming operation.			
Copies of this authorization that show my sig authorization remains valid for five (5) years or for th (whichever is longer) from the date it is signed.			
I,, do large release of personal, financial and criminal information a	hereby certify tabout myself.	that I have read the foregoing and und	derstand and authorize
Signature		Date	
Full Name (type or print)		Social Security N	lumber
Current Address	City	State	Zip
Subscribed and sworn to before me, this the	day of		·
(NOTORIAL SEAL)			
		Notary Public / My Commission	Expires:
Your Application will be rejected if any question	ons are omitt	ed or not answered	

INITIALS

AUTHORIZATION TO WITHHOLD BACKGROUND INVESTIGATION FEE FROM PAYROLL

I,, (PI	LEASE PRINT CLEAI	RLY) authorize the Cherokee Tribal
Gaming Commission by and through the T or 3rd Party Vendor to withhold from my pa Two Hundred & Fifty Dollars (\$250.00) at	yroll as an employee of	f the gaming facilities the amount of
paycheck until the entire Two Hundred Filicensing and investigation costs. I further and through the Tribal Casino Gaming	ifty Dollars (\$250.00) authorize the Cherok	is paid. These fees are to cover all ee Tribal Gaming Commission by
entire Two Hundred Fifty Dollars (\$250.00 if my separation is prior to paying the entire		
Social Security Number		Date of Birth
·		
Signature		Date
Subscribed and sworn to before me, this the _	day of	
(NOTORIAL SEAL)		
Notary Public		My Commission Expires:
Gaming F	acility (please circle on	e)
Harrah's Cherokee	Valley River	Mandara Spa
Brio	HSS	Bingo
The Service Company Ultra Star - CHE	y Ruth's Chris	12 Oaks Parking
		Ultra Star - CVR
Your application will be rejected if any que	estions are omitted or n	not answered.