

1.

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY COMMUNITY REGULATORY AGENCY

8840 E. Chaparral Rd. Suite 165, Scottsdale AZ 85250
(480) 362-5450



GAMING SUPPORT EMPLOYEE / NON-GAMING APPLICATION (4B)

- A) In compliance with the rules and regulations of the National Indian Gaming Commission, the Tribal-State Compact and the Gaming Ordinance of the Salt River Pima-Maricopa Indian Community Regulatory Agency, every gaming employee must be licensed by the Community Regulatory Agency. Background and criminal checks are required of every applicant for a tribal gaming license. The Community Regulatory Agency, shall either issue a tribal gaming license or deny the application.

Your application will not be accepted without the following required items:

- B. Requested documents and ID's:

All applicants must provide their **Social Security Card**

and

US Citizen—a valid State Driver License or valid State ID.

Naturalized Citizen—Certificate of Naturalization. (must provide original Certificate)

Non-US Citizen or Resident Alien—Permanent Residence or Work Authorization Card

- C. Additional required documents if applicable.

Submit Military form, DD214 (if you have served in the military).

Tribal ID (If you are an enrolled member of a Native American Tribe.)

- D. **Notarization Requirements**—Agents of the CRA can notarize the documents contained in this application. However, we require a valid unexpired State or Territory of the United States Driver's License or Identification Card.

2.

A) **PRIVACY NOTICE**

1. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in the gaming operation. The information will be used by the Community Regulatory Agency, State Gaming Agency, 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 Community Regulatory Agency in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you.
2. The foregoing Privacy Notice is applicable to all Gaming Employee Applicants.
3. The disclosure of your Social Security Number (S.S.N) is voluntary. However, failure to supply a Social Security Number may result in errors in processing your application.

B) **NOTICE REGARDING CRIMINAL HISTORY:**

1. **The criminal background investigation will reveal all criminal history. Therefore you must disclose all adult criminal history since your 18th birthday. This includes any arrests, citation in lieu of arrest, criminal charges and convictions.**
2. **You must disclose all charges even if they were dismissed or no charges were filed.**
3. **A false statement on any part of your application may be grounds for denial of a gaming license.**

C) **CRIMINAL CONVICTIONS AS GROUNDS FOR REVOCATION OR SUSPENSION.**

1. The Community Regulatory Agency may revoke or suspend the license or finding of suitability of a person who is convicted of a crime, even though the convicted person's prior conviction rights and remedies have not been exhausted, if the crime or conviction discredits or tends to discredit the Salt River Pima-Maricopa Indian Community.
2. I, **(PRINT NAME)** _____, UNDERSTAND THAT I MUST NOTIFY THE COMMUNITY REGULATORY AGENCY, LICENSING DEPARTMENT (IN PERSON) **WITHIN 72 HOURS** OF ANY ARREST, CRIMINAL INDICTMENT, COMPLAINT OR ANY INFORMATION, WHICH MAY CHANGE THE STATUS OF MY LICENSE WHILE HOLDING A LICENSE ISSUED BY THE COMMUNITY REGULATORY AGENCY. I UNDERSTAND THAT I MUST ALSO NOTIFY THE CRA DURING THE LICENSING PROCESS, AS IT MAY AFFECT MY SUITABILITY FOR LICENSING. **I UNDERSTAND THAT THE BURDEN OF PROVING MY SUITABILITY FOR A FAVORABLE DETERMINATION IS AT ALL TIMES ON ME.**
3. **RANDOM AND SCHEDULED DRUG TESTING:** I understand that Casino Arizona conducts random and scheduled drug testing and the results of this testing are reported to the Community Regulatory Agency (CRA). I further understand that any derogatory test outcome could result in administrative action being taken against my Community Gaming License (CGL).

Applicant's Signature

Date

3.

INSTRUCTIONS

- A. Type, or legibly print an answer to every question. If a question does not apply to you, write “**NONE**” pertaining to that specific question. **(DO NOT LEAVE ANY QUESTION BLANK).**
- B. If you need more space, continue on **page 12** and precede each answer with the appropriate title.
- C. Do not misstate or omit any information, as each statement made is subject to verification.
- D. You “**MUST INITIAL EACH PAGE**”, as provided in the lower right hand corner. By placing your initial on each page, you are attesting to the accuracy and completeness of the information contained on that page.
- E. **All applicants are advised that this application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for refusal of a Tribal employee gaming license.**
- F. All applicants are further advised that an application for a gaming license may not be withdrawn without the permission of the licensing agency.
- G. The foregoing three (3) pages have been read and understood by the undersigned.

Print Applicant's Name

Applicant's Signature Date

9. HAVE YOU EVER BEEN ARRESTED AS AN ADULT (SINCE AGE 18): YES () NO ()
 (List all arrests, charges and convictions since the age of 18 years old).

A) FOR EACH **ARREST** AND OR **CRIMINAL CHARGE**, CRIMINAL INDICTMENT, INFORMATION, OR COMPLAINT OR ONGOING PROSECUTION / ADULT DIVERSION REFFERAL OR A CONVICTION, OR PLEA OF GUILTY OR NO CONTEST SINCE THE AGE OF 18 YEARS OLD.

Date of Arrest Or Date of Charge(s)	Age	Charge(s)	Name of Court Involved	Disposition Date	Disposition: (example: Fine/Jail/Guilty/Dismissed/Classes/No Charges filed, etc....)
1)					
2)					
3)					
4)					
5)					
6)					
7)					

B. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A **FELONY**? YES [] NO []

C. HAS A CRIMINAL INDICTMENT, INFORMATION, OR COMPLAINT EVER BEEN RETURNED AGAINST YOU FOR WHICH YOU WERE NOT ARRESTED OR IN WHICH YOU WERE NAMED AS AN UN-INDICTED CO-PARTY? YES [] NO []

D. HAVE YOU EVER BEEN QUESTIONED BY A CITY, STATE, FEDERAL, TRIBAL OR LAW ENFORCEMENT OFFICER, AGENCY, COMMISSION OR COMMITTEE? YES [] NO []

E. HAVE YOU EVER TESTIFIED BEFORE A FEDERAL, STATE, TRIBAL OR COUNTY GRAND JURY, BOARD OR COMMISSION? YES [] NO []

F. HAVE YOU EVER HAD A CIVIL OR CRIMINAL RECORD VACATED, EXPUNGED OR SEALED BY A COURT ORDER?
 YES [] NO [] IF YES, WHEN? _____ CITY, COUNTY AND STATE _____

G. HAVE YOU EVER RECEIVED A PARDON FOR ANY CRIMINAL OFFENSE? YES [] NO []
 IF YES, WHEN _____ CITY, COUNTY AND STATE _____

10. RESIDENCES:

List all residences you have had during the last 5 years or since your 18th birthday (whichever comes first).

MONTH & YEAR (From – To) <i>Example: Jan 2007 to Dec 2011</i>	Street and Apt. Number	City	State & Zip Code
1)	1)	1)	1)
2)	2)	2)	2)
3)	3)	3)	3)
4)	4)	4)	4)
5)	5)	5)	5)
6)	6)	6)	6)
7)	7)	7)	7)
8)	8)	8)	8)
9)	9)	9)	9)

11. BUSINESS AND EMPLOYMENT:

BEGINNING WITH YOUR CURRENT JOB, list all your work history and/or all DATES of UNEMPLOYMENT for the previous 5 years or since your 18th birthday, (whichever comes first). Also, list any businesses with which you have been an owner.

Start A) Month/Year	End Month/Year	Name, Mailing Address of Employer / Business /City, State Zip Code			Title
Area Code / Phone No.	Extension	Name of Supervisor and Title	Do you own Business? Yes () No ()	Casino Business? Yes () No ()	

Reason for Leaving: RESIGNED TERMINATED (must provide explanation for termination):

Description of Duties:

Start B) Month/Year	End Month/Year	Name, Mailing Address of Employer/Business /City, State, Zip Code			Title
Area Code / Phone No.	Extension	Name of Supervisor and Title		Do you own Business? Yes () No ()	Casino Business? Yes () No ()
Reason for Leaving: <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED (must provide explanation for termination):					
Description of Duties:					
Start C) Month/Year	End Month/Year	Name, Mailing Address of Employer / Business /City, State Zip Code			Title
Area Code / Phone No.	Extension	Name of Supervisor and Title		Do you own Business? Yes () No ()	Casino Business? Yes () No ()
Reason for Leaving: <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED (must provide explanation for termination):					
Description of Duties:					
Start D) Month/Year	End Month/Year	Name, Mailing Address of Employer / Business /City, State Zip Code			Title
Area Code / Phone No.	Extension	Name of Supervisor and Title		Do you own Business? Yes () No ()	Casino Business? Yes () No ()
Reason for Leaving: <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED (must provide explanation of termination):					
Description of Duties:					

Start E) Month/Year	End Month/Year	Name, Mailing Address of Employer/Business /City, State, Zip Code			Title
Area Code / Phone No.		Extension	Name of Supervisor and Title	Do you own Business? Yes () No ()	Casino Business? Yes () No ()
Reason for Leaving: <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED (must provide explanation of termination):					
Description of Duties:					
Start F) Month/Year	End Month/Year	Name, Mailing Address of Employer / Business /City, State Zip Code			Title
Area Code / Phone No.		Extension	Name of Supervisor and Title	Do you own Business? Yes () No ()	Casino Business? Yes () No ()
Reason for Leaving: <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED (must provide explanation of termination):					
Description of Duties:					
Start G) Month/Year	End Month/Year	Name, Mailing Address of Employer / Business /City, State Zip Code			Title
Area Code / Phone No.		Extension	Name of Supervisor and Title	Do you own Business? Yes () No ()	Casino Business? Yes () No ()
Reason for Leaving: <input type="checkbox"/> RESIGNED <input type="checkbox"/> TERMINATED (must provide explanation of termination):					
Description of Duties:					

12. Have you ever been refused or denied a gaming license or certification or been a participant in any group, which has been denied a gaming license or related finding of suitability? Yes () No ()

13. If yes to the above, state where, when, and for what reason

14. Have you ever been granted a gaming license/state certification or been a participant in any group which has been issued a gaming license/state certification by the State of Arizona? Yes () No ()

15. If yes, state type of license, name of Indian Tribe, location, and period held:

16. Have you ever had any action taken against any gaming license/state certification, including suspension or revocation? Yes () No ()

17. If yes, state what type of action was taken, the type of license, name of issuing agency, location, and period held:

18. Do you have any relatives associated with or employed in the gaming industry? Yes () No ()
List name of Relative, Relationship, Department and Gaming Facility, (Include any relatives that conduct business with any casinos or tribes.):

19. Have you ever personally filed for relief from creditors under the Federal Bankruptcy Code?

Yes () No () If yes chapter filed _____ City, State filed _____ Month/Year ____' / ____'

If yes Please explain:

20. Has your Federal Personal Income Tax Return ever been audited or adjusted?

Yes () No () If yes state type _____ City, State _____ Month/Year ____' / ____'

If yes Please explain:

21. Has your State Personal Income Tax Return ever been audited or adjusted?

Yes () No () If yes state type _____ City, State _____ Month/Year ____' / ____'

If yes Please explain:

22. Have you ever failed to file any required State or Federal Income Tax Return? Yes () No ()

If yes state type _____ City _____ State _____ Month _____ Year _____

If yes Please explain:

23. Last Federal Income Tax Return filed: Month _____ Tax Year filed _____

City _____ State _____

If Never filed / Other reason please explain:

24. Last State Income Tax Return filed: Month _____ Tax Year filed _____

City _____ State _____

If Never filed / Other reasons please explain:

25.

ADDITIONAL INFORMATION

Empty rectangular box for providing additional information.

AUTHORIZATION & REQUEST TO RELEASE INFORMATION

TO: The Salt River Pima Maricopa Indian Community—Community Regulatory Agency
Agency Conducting the Background Investigation

FROM: _____
Print Applicant's Name

- A) I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me including, but not limited to criminal history record information, or government records to furnish such information to a duly appointed agent of the following law enforcement and Community Regulatory Agency, Salt River Police Department, Arizona Department of Gaming, Federal Bureau of Investigation, National Indian Gaming Commission, or other Government Agency, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
- B) I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Community Regulatory Agency of the Salt River Pima-Maricopa Indian Community, Salt River Police Department, to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
- C) If the person to whom this request is presented is a brokerage firm, bank savings and loan, or other financial institution or an officer of same, I hereby authorize and request that a duly appointed agent of the Community Regulatory Agency of the Salt River Pima-Maricopa Indian Community, Salt River Police Department, be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, saving deposit records, safe deposit box records, passbook records and general ledger folio sheets.
- D) This authorization ends eighteen (18) months from the date of my signature below.
- E) I have filed with the Salt River Pima-Maricopa Indian Community, Community Regulatory Agency an "application" for a license. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.
- F) I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
- G) A reproduction of this request by photocopy or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at _____
(City)

_____ on the _____ day of _____, 20_____
(State) (Day) (Month) (Year)

Applicant's Signature

Subscribed and sworn to before me the _____ day of _____, 20_____
(MONTH)

SEAL

Signature of Notary Public

in and for the County of MARICOPA

State of ARIZONA

My Commission Expires _____

27.

OATH

- A) The undersigned, in connection with the enclosed application for a gaming license, signs this application under oath and hereby asserts and agrees that:
- B) All disclosures stated in the application are full and complete to the best of my knowledge, information and belief. I agree that a false statement on any part of this application may be grounds for not hiring me, or for firing me after I have begun work. Additionally, if I am an applicant for a position as a Primary Management Official or Key employee I may be subject to criminal prosecution under U.S. Code, Title 18, and Section 1001 for any such false statement.
- C) The enclosed application shall constitute my agreement that any Tribal or State Investigative agency shall release any information in its possession concerning me in order to conduct a complete background check and I hereby appoint the Community Regulatory Agency, as my true and lawful attorney in fact to conduct such background checks as the Community Regulatory Agency, shall determine in its sole discretion.
- D) I also hereby release, acquit and forever discharge the Salt River Pima-Maricopa Indian Community, the Community Regulatory Agency, Salt River Police Department, and the U. S. Federal Government, and all of its members, agents, attorneys and employees from all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law of equity, which I ever had, now have, may have, or 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 the application enclosed herein.
- E) The agreements and assertions made are binding on my heirs, executors, administrators, successors and assigns.

Dated this _____ day of _____, 20_____.
 (MONTH)

 Applicant's Signature

Subscribed and sworn to before me

 (Print Applicant's Name)

the _____ day of _____ 20_____.
 (MONTH)

SEAL

 Signature of Notary Public

Notary Public in and for the County of MARICOPA,

State of ARIZONA.

My Commission Expires _____.

