



# Skokomish Tribal Gaming

Duane Edwards, Licensing Agent  
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## Application for Class II and/or Key Employee Certification

Non-Gaming Employees  Key Employee  Primary Management Official

PERSONAL HISTORY STATEMENT FOR CLASS II, KEY EMPLOYEES AND PRIMARY MANAGEMENT OFFICIALS.

**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.2701 et seq. The purpose of the requested information is to determine the eligibility of the individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and Tribal Gaming 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 hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosure indicated in this notice will result in a tribe being unable to hire you in a primary management official, key employee or class II 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.

**NAME OF CASINO: THE LUCKY DOG CASINO**

EMPLOYMENT POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION ONE

NAME \_\_\_\_\_  
(Last) (First) (Full middle)

(Other names used to include: alias names, maiden names, previous married names; written or oral)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
(City) (County) (State) (Country)

HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ GENDER (circle one) M F

CITIZEN: U.S. \_\_\_\_ OTHER \_\_\_\_\_ AGE \_\_\_\_\_ LIST ALL LANGUAGES (spoken/written) \_\_\_\_\_

Are you an enrolled member of any Federally Recognized Tribe? Yes \_\_\_\_ No \_\_\_\_ Name of Tribe \_\_\_\_\_

DRIVER'S LICENSE # (for the last five years) \_\_\_\_\_  
(Number) (State where DL is issued)

### SECTION TWO

CURRENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE#: HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

A. List of residences: Current and previous (5) years from the date of this application.

<u>Street Address</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>From(Mo/Yr)</u>	<u>To(Mo/Yr)</u>

(Use separate sheet for continuation)

**SECTION THREE** Failure to disclose all criminal history can result in possible denial of license

A. Have you ever been charged or convicted of, or are you currently being prosecuted for any felonies? (Circle) YES NO  
**IF YES, LIST CHARGE, DATE, CITY, NAME AND ADDRESS OF THE COURTS INVOLVED, AND DISPOSITION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use separate sheet for continuation)

B. Are you now being or have you ever been prosecuted or convicted of any misdemeanors (excluding minor traffic infractions)? (circle) YES NO  
**IF YES, LIST CHARGE, DATE, CITY, NAME AND ADDRESS OF THE COURTS INVOLVED, AND DISPOSITION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use separate sheet for continuation)

**SECTION FOUR**

A. Please provide information concerning your employment history for the past 5 years.

<u>Name of Employer</u>	<u>Employers Address</u>	<u>Phone</u>	<u>Position held</u>	<u>From (mo/yr)</u>	<u>To (mo/yr)</u>

(Use separate sheet for continuation)

B. List any business you have owned or had interest in, its address, your ownership interest or position held within the last 10 years.

<u>Business</u>	<u>Address</u>	<u>Own/Interest/Position</u>	<u>From (mo/yr)</u>	<u>To (mo/yr)</u>

(Use separate sheet for continuation)

C. List the names, current address and phone numbers of a minimum of three personal references (Do Not Use Family Members) including, one personal reference who was acquainted with you during each period listed in Section Two, A (each residence) and Section Four B. (Businesses you owned or had interest in.)

Name	Address (including city, state, zip)	Phone

(Use separate sheet for continuation)

D. Describe any previous or existing business relationship with Indian Tribes or the Gaming Industry, including ownership interests in those businesses.

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E. Financial or any other interest in gambling activities: please indicate by answering the following questions whether or not you have a financial interest in any gambling activity including non-Indian business or interest.

**TYPE OF INTEREST YOU HELD:** (circle answer)

1. Invested or loaned money, have an option to purchase, or have a contract for service to any gambling facility or activity?  
YES      NO
2. Have ownership interest in equipment being leased or otherwise provided to any gambling facilities?    YES      NO
3. Have investment or ownership interest in any business involved in any activities listed in section Two, A and Section Four B?    YES              NO
4. Do you receive any revenue or payments or money from any person who is involved in the activities listed in Section Two A and Section Four B, as a result of the operation of gambling?              YES              NO
5. Have you ever worked for, in any capacity, a gambling operation?              YES              NO

**PLEASE EXPLAIN ALL YES ANSWERS**

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F. List any family members currently employed by the Lucky Dog Casino or the Skokomish Tribal Gaming Agency?

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G. Have you ever applied for a permit or license related to gaming? (Circle)              YES              NO

**IF YES, PROVIDE THE FOLLOWING INFORMATION**

TYPE OF LICENSE \_\_\_\_\_ STATE \_\_\_\_\_  
 AGENCY ISSUING LICENSE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Have you ever been denied a permit or license related to gaming? (Circle) YES NO

**IF LICENSE WAS REVOKED, PROVIDE THE DETAILS**

\_\_\_\_\_

(Use separate sheet for continuation)

Have you ever held or applied for a privileged or professional license with any regulatory agency? (Circle one) YES NO

**IF YES, LIST THE NAME AND ADDRESS OF EACH LICENSING OR REGULATORY AGENCY**

<u>Name</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>

(Use separate sheet for continuation)

**SECTION FIVE**

A. Education

<u>High School</u>	<u>Address</u>	<u>Grad Year</u>

If you did not finish High School, did you complete a GED program? (Circle one) YES NO

<u>Colleges</u>	<u>Address</u>	<u>Grad Year</u>

LIST DEGREES AND TRAINING CERTIFICATES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and believe they are made in good faith. I am aware that the purpose of this investigation is to establish suitability for a gaming license. I authorize and grant my consent to permit any Law Enforcement Agency and any other person, business or agency deemed necessary to release any information to the Skokomish Tribal Gaming Commission.**

**False Statement Notice**

**A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).**

PRINT NAME \_\_\_\_\_  
(Last Name) (First Name) (Full Middle)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NATIONAL INDIAN GAMING COMMISSION**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

PRESENTED TO: SKOKOMISH TRIBAL GAMING COMMISSION

I, \_\_\_\_\_  
(Print or type applicant's name)

Hereby authorize release to the National Indian Gaming Commission (NIGC) any information requested in order for the NIGC to determine my suitability for involvement in Indian gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by a constitutional, statutory or common law privilege.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. & 2701 et seq.) I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney's fees.

A reproduction of this authorization is the same as the original.

Executed at (city) \_\_\_\_\_ (state) \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Subscribed and sworn before me on this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public



# Skokomish Tribal Gaming

Duane Edwards, Licensing Agent  
PHONE: (360) 877-9379 Ext. 214  
FAX: (360) 877-6410

### Skokomish Tribal Gaming Commission Release of Information Authorization

I, \_\_\_\_\_, authorize any investigator, special agent, or other representative of the United States Department of the Interior, the Federal Bureau of investigation, or any Tribal, State or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, businesses, regulatory agencies, property interests (real or personal), medical institutions, hospitals and health care professionals, and other sources. This information includes, but is not limited to, my academic, residential, performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors and assigns, hereby release, remise, and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of actions, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I understand that the information released by records custodian and other sources of information is fore required background investigation to process my license application for gaming employment or management, or providing goods or services to a gaming operation.

I, the Applicant, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

A reproduction of this authorization is the same as the original.

Executed at (city) \_\_\_\_\_ (state) \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Subscribed and sworn before me on this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public