

Full Name: \_\_\_\_\_ License #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

# BAY MILLS TRIBAL GAMING COMMISSION

## PERSONAL HISTORY DISCLOSURE FORM

Employee Gaming License Application

BAY MILLS GAMING COMMISSION  
12140 W. Lakeshore/Brimley, MI 49715  
Phone (906) 248-3241 Fax (906) 248-3876  
Extensions 8530, 8531, 8532 or 8533

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

Date: \_\_\_\_\_ Time: \_\_\_\_\_

With: \_\_\_\_\_

## **INSTRUCTIONS FOR THE 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.

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:

- 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 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: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City State Zip

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender   F  M

Country of Citizenship: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ list all States where Drivers Licenses were  
obtained for the past ten (10) years: \_\_\_\_\_ / \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Race:    Native American, if checked, specify Tribal Affiliation: \_\_\_\_\_  
   White  
   African American  
   Hispanic  
   Asian  
   Other: \_\_\_\_\_

Languages spoken or written:  
   English  
   Other: \_\_\_\_\_  
   Other: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ ' \_\_\_\_\_  
Street Address City State Zip