

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