

**Keweenaw Bay Indian Community
Gaming Commission**

Lynn Haataja
Executive Director
(906) 353-4225

Michael Duschene, Commissioner
David Rantanen, Commissioner
William Seppanen Sr., Commissioner

Michael Cardinal
Compliance Officer
(906) 353-4116

Lori Mayo
Background Investigator
(906) 353-4221

Kim LaBerge
Office Coordinator
(906) 353-4222

Background Investigation Office
16429 Beartown Road
Baraga, MI. 49908

Welcome to the Background Investigations Office of the Gaming Commission of the Keweenaw Bay Indian Community. The Gaming Commission is required by law to conduct background investigations on all individuals who apply for Primary Management Official and Key Employee positions at the Community's gaming establishments.

Please fill out the attached application form as completely as possible. List references that can be contacted without difficulty or we may need to ask you for additional references at a later date. Delays in completion of your background investigation may create an interruption for your employment. If a question does not apply to you, please indicate this fact with N/A so that we know that you have read and answered the question. Please make sure you sign and date the form in each place where a signature is required. If you do not know if a question applies to you, make sure you ask the background investigator indicated below in order to rule out any misunderstandings. With regards to the Criminal History part, make sure you answer all questions truthfully and completely. Omitting information or intentionally giving false information may cause denial of your license application and further consequences. Please note that a false statement on your application may subject you to criminal penalties, including fines and imprisonment. Omitting information or intentionally giving false information on your application may also subject you to administrative and civil action brought by the Gaming Commission to enforce, redress or protect rights of the Community, including but not limited to, the right to recover costs defrayed by the Community for your training.

Once you have completed the form, please return the form to this office **along with a photograph of yourself taken within the past year**. The Background Investigator will then review the form with you to make sure all of the required information is included. If you have any questions, please call us and we will be happy to answer your questions. If nobody is available at the time of your call, please leave your name and phone number and we will return your call as quickly as possible.

Lori Mayo
Background Investigator/License Coordinator
Telephone No (906) 353-4221

Keweenaw Bay Indian Community Gaming Commission

READ EACH OF THE FOLLOWING STATEMENTS, INITIAL EACH STATEMENT TO SIGNIFY YOUR UNDERSTANDING, AND SIGN BELOW.

(1) I hereby swear under oath that if the license I am applying for will be issued, I will submit to the jurisdiction of the Gaming Commission and the Tribal Court of the Keweenaw Bay Indian Community. (_____ initial)

(2) I hereby swear under oath that I will abide by all applicable Tribal and Federal laws, regulations and policies. (_____ initial)

(3) 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 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 necessary pursuant to a requirement by a tribe of the National Indian Gaming Commission 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 the Tribe's being unable to license for a Primary Management Official of 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. (_____ initial)

(4) 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). (_____ initial)

(5) I hereby authorize the Gaming Commission or its designee to request and receive any documents or other information required to completely investigate my background, including, but not limited to, my criminal record, civil and criminal judgments, and financial status and accounts. (_____ initial)

(6) I hereby swear that all of the information contained in this application is true and correct to the best of my knowledge and that I have not withheld or omitted any information. (_____ initial)

Signature of Applicant

Date

**Keweenaw Bay Indian Community
Gaming Commission**

Background Investigation Form

The following information is required to process your application. Use a typewriter or print your answers in the space provided. If necessary, attach additional pages and indicate that you have done so under the section to which the additional pages apply. If a particular section does not apply to you, write "Not Applicable" or "N/A" under that section.

Title and/or description of position applied for:

Section 1 – Personal Information:

A. Identifying Information

Name: _____
 Last First Middle Maiden or other names used

Social Security Number: _____ - _____ - _____

Date of Birth ____/____/____ Place of Birth _____

Driver's License Number and State: _____ - _____ - _____ - _____

Country of Citizenship: _____ Sex: ____Male ____ Female

Name and address of spouse: _____

Are you an enrolled member of the Keweenaw Bay Indian Community? ____ Yes ____No

If yes, provide enrollment number _____

Are you a direct descendant of an enrolled member of the Keweenaw Bay Indian
Community? ____ Yes ____ No

If yes, provide enrollment number of enrolled member. _____

Are you an enrolled member of any other federally recognized Tribe? ____ yes ____ no

If yes, specify Tribe and provide enrollment number _____

D. Previous Residences

Provide the addresses of all residences at which you have lived over the past five years.

Previous Residence 1: _____
 Number and Street Apt # City State Zip Code

Previous Residence 2: _____
 Number and Street Apt # City State Zip Code

Previous Residence 3: _____
 Number and Street Apt # City State Zip Code

E. Military History

List all branches of the military in which you have served. Provide the dates of service, the highest rank attained, and the type of discharge. Attach a copy of your form DD214.

Branch of Services: _____

Dates of Service: From ___/___/___ To: ___/___/___

Highest Rank Attained: _____ Type of Discharge: _____

Have you attached a copy of your DD214 ___Yes ___No

If you have not attached your DD214 explain why: _____

Section 2 – Employment History:

A. Current and Previous Employment

List each current employment position and each employment position that you have held over the past five (5) years, and provide the dates of employment, the name of the employer, the employer’s address, the name of a contact person and a telephone number for that person.

Employer 1: _____ Your Position: _____

Address: _____
 Number and Street City State Zip Code

Contact Person: _____ Telephone No. (____) ____ - ____
 Last Name First Name

Dates of Employment: From ___/___/___ To ___/___/___

Employer 2: _____ Your Position: _____

Address: _____

Number and Street City State Zip Code

Contact Person: _____ Telephone No. (____) ____ - _____
Last Name First Name

Dates of Employment: From ____/____/____ To ____/____/____

B. Previous Employment with Indian Tribes

If you have previously been employed by an Indian Tribe, you must provide the name of the Tribe, the position that you held, the name, address, and telephone number of a contact person, and the dates of employment.

Employer: _____ Your Position: _____

Address: _____

Number and Street City State Zip Code

Contact Person: _____ Telephone No. (____) ____ - _____
Last Name First Name

Dates of Employment: From ____/____/____ To ____/____/____

C. Previous Employment with Gaming Business

If you have previously been employed by a gaming business, you must provide the name, address and telephone number of the business, the position that you held, the name of a contact person, and the dates of employment.

Employer: _____ Your Position: _____

Address: _____

Number and Street City State Zip Code

Contact Person: _____ Telephone No. (____) ____ - _____
Last Name First Name

Dates of Employment: From ____/____/____ To ____/____/____

Section 3 – Business History:

A. Current and Previous Business Positions

List each current business position and each business position that you have held over the past five (5) years, and provide the ownership interests in those businesses, business addresses, the name of a contact person and a telephone number for that person.

Business Position 1: _____

Business Address: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

Business Position 2: _____

Business Address: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

B. Existing and Previous Business Relationships with Indian Tribes

Describe any existing and previous business relationship with an Indian Tribe, including ownership interests in those businesses.

Business Relationship 1: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

Business Relationship 2: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

C. Existing and Previous Business Relationship and/or Financial Interest with/in the Gaming Industry

Describe any existing and previous business relationship with and/or financial interest in the gaming industry generally, including ownership interests in those businesses.

Business Relationship 1: _____

Financial Interest 1: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

Business Relationship 2: _____

Financial Interest 2: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

D. Existing and Previous Business Relationship and/or Financial Interest of Family Member with/in the Gaming Industry

Describe any existing and previous business relationship of any family member with or financial interest in the gaming industry generally, including ownership interests in those businesses.

Family Member: _____

Business Relationship: _____

Financial Interest: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

Family Member: _____

Business Relationship: _____

Financial Interest: _____

Ownership Interest: _____

Contact Person: _____ Telephone No. (____) ____ - _____

Section 4 – Gaming and Occupational Licenses and Permits:

A. Gaming Licenses and Permits

List the name, address and telephone number of any licensing or regulatory agency with which you have filed an application for a license or permit related to gaming, whether or not such license or permit was granted.

Agency 1: _____

Agency address: _____

Telephone No. (____) ____ - _____

Application was ____ Granted ____ Denied

If Granted, Expiration Date: ____/____/____

Agency 2: _____

Agency address: _____

Telephone No. (____) ____ - _____

Application was ____ Granted ____ Denied

If Granted, Expiration Date: ____/____/____

B. Occupational Licenses and Permits

List the name, address and telephone number of any licensing or regulatory agency with which you have filed an application for an occupational license or permit, whether or not such license or permit was granted.

Agency 1: _____

Agency address: _____

Telephone No. (____) ____ - _____

Application was ____ Granted ____ Denied

If Granted, Expiration Date: ____/____/____

Agency 2: _____

Agency address: _____

Telephone No. (____) ____ - _____

Application was ____ Granted ____ Denied

If Granted, Expiration Date: ____/____/____

Section 5 – Criminal History:

Have you been arrested within the past **10 years**? _____ Yes _____ No

Have you been charged with a crime within the past **10 years**? _____ Yes _____ No

Provide the following information regarding each and every offense for which you have been arrested or with which you have been charged within the past **10 years**.

Nature of Offense 1: _____

Date you were arrested for this offense: ____/____/____ Date Charged ____/____/____

Name of Law Enforcement Agency: _____

Name of Court: _____

Address of Court: _____
Number and Street City State Zip Code

Final Outcome (EG> Guilty, Not Guilty, Dismissed)_____ Date ____/____/____

Nature of Offense 2: _____

Date you were arrested for this offense: ____/____/____ Date Charged ____/____/____

Name of Law Enforcement Agency: _____

Name of Court: _____

Address of Court: _____
Number and Street City State Zip Code

Final Outcome (EG> Guilty, Not Guilty, Dismissed)_____ Date ____/____/____

Have you **ever** been arrested or convicted of a felony? _____ Yes _____ No

Section 6 – Civil Actions or Suits:

List any past, pending or anticipated civil action or suit, including, but not limited to, divorce proceedings, bankruptcies, collections for fraud, misrepresentation or embezzlement, and traffic violations.

Nature of Action or Suit 1: _____ Date filed: ____/____/____

Names of the Parties: _____

Name of Court: _____

Address of Court: _____
Number and Street City State Zip Code

Did this action result in a judgment against you? _____ Yes _____ No

Date Action Resolved: ____/____/____

Nature of Action or Suit 2: _____ Date filed: ____/____/____

Names of the Parties: _____

Name of Court: _____

Address of Court: _____
Number and Street City State Zip Code

Did this action result in a judgment against you? _____ Yes _____ No

Date Action Resolved: ____/____/____

Nature of Action or Suit 3: _____ Date filed: ____/____/____

Names of the Parties: _____

Name of Court: _____

Address of Court: _____
Number and Street City State Zip Code

Did this action result in a judgment against you? _____ Yes _____ No

