

THLOPTHLOCCO TRIBAL TOWN
GAMING CENTER

VENDOR FIELD
TECHNICIANS
APPLICATION

APPLICATION FEE: \$150.00
(Every Year)

FIELD TECHNICIANS
INFORMATION TECHNOLOGISTS
INSTALLATION CREW

Mike McCoy, B.S.
Commissioner

P.O. Box 188 Okemah, OK 74859
918-560-6198 Fax 918-623-0045

Alan Scott, Sec.
Gary Girty, V.P.

05-2012

Thlopthlocco Tribal Town Gaming Commission

Initials: _____

THLOPTHLOCCO TRIBAL TOWN
OFFICE OF GAMING COMMISSION

GAME TECHNICIANS, I.T., INSTALLATION CREW
APPLICATION

PERSONAL HISTORY DISCLOSURE

Applicant Name: _____

Position Applied For: _____

License Number: _____
(TTTGC Use Only)

APPLICATION INSTRUCTIONS
PERSONAL HISTORY DISCLOSURE

I. COMPLETING THIS FORM:

- A. Use black ink only or all answers should be typed when completing this application form.
- B. Answer all questions accurately and in as much detail as possible. **If a question does not pertain to you, write "N/A" (not applicable).**
- C. Complete the application form in its entirety **(no questions should be left blank).**
- D. Sign the Authorization for Release of Information form in the presence of a Notary Public and have your signatures Notarized.
- E. All persons completing this application form must attach one (1) current front view photograph of themselves.
- F. All persons completing this application form must have their fingerprints taken.
- G. All requested documents must be included with the application at the time of submission.
- H. All pages of the application form, including additional sheets, must be initialed.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Thlopthlocco Tribal Town Gaming Commission and establish their identity and employment authorization. Our offices are located at:

Thlopthlocco Tribal Town
c/o: Golden Pony Casino
I-40 Exit 227
Clearview Rd.
Okemah, OK 74859
Building 103

To establish your identity, you must present one (1) or more of the following:

- A. A copy of a U.S. birth certificate issued by a state, county or municipal authority;
- B. A current state issued driver's license that has a photograph and identifying information;

- C. A current identification card issued to persons in the U.S. military service (or their dependents) that has a photograph and identifying information;
- D. A current school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the carrier;
- E. A current identification card issued by a federal, state or local government agency that has a photograph and identifying information;
- F. The latest expired casino employee license;
- G. A current U.S passport or foreign passport with a proper INS authorization;
- H. Tribal I.D.

AFFIX A PHOTOGRAPH HERE

(MUST HAVE BEEN TAKEN WITHIN THE LAST 12 MONTHS)

PRIVACY NOTICE

NOTICE TO APPLICANT

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 employed in a gaming operation. The information will be used by 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 Thlopthlocco Tribal Town Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigation 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 being unable to hire you in a primary management official or 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.

Notice Regarding False Statements

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. Federal Code, Title 18, Chapter 47, Fraudulent and False Statements, Section 1001, Subsection (A) (1) (2) (3) and Thlopthlocco Gaming Code, Section 7, Establishment of Thlopthlocco Tribal Town Gaming Commission.

Applicant's Signature

Date

THLOPTHLOCCO TRIBAL TOWN GAMING COMMISSION

AUTHORIZATION FOR RELEASE OF INFORMATION

PRESENTED TO: _____

I, _____,
(Print/type applicant's name)

Hereby authorize release to the Thlopthlocco Tribal Town Gaming Commission any information requested in order for the gaming commission 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 any 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 related to my activities including: schools, property interests (real and personal), employment, criminal justice agencies, regulatory agencies, businesses, 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 attorneys' 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 to before me on this
_____ Day of _____, 20_____.

Notary Public

Presented by Thlopthlocco Tribal Town Gaming Commission representative:

Signature: _____ Date: _____

Name: _____ Title: _____

(Print)

PERSONAL HISTORY DISCLOSURE FORM

** IF ADDITIONAL SPACE IS NEEDED USE ANOTHER SHEET OF PAPER **

New Applicant: Yes ___ No ___ Rehire/Reapply: Yes ___ No ___

Name: ___ / ___ / ___
Last First Middle

Telephone Number (____) _____ Gender: Male ___ Female ___

Social Security Number _____ Date of Birth _____

Place of Birth _____ Citizenship: USA ___ Other: _____

List all languages Written or Spoken _____

List other names used, oral or written, include (maiden and other married names) you have been known as: _____

- 1. Please provide your current drivers license number and the date of issue. List your previous driver's license numbers for the last five (5) years.

Current DL Number _____ State of Issuance _____
Previous DL Number _____ State of Issuance _____
Previous DL Number _____ State of Issuance _____
Previous DL Number _____ State of Issuance _____
Previous DL Number _____ State of Issuance _____

2. RESIDENTIAL HISTORY

List your current home address and all addresses for the last five years (beginning with the last).

Current Address _____ From _____ To _____
Street City State Zip Code

Previous Address _____ From _____ To _____
Street City State Zip Code

Previous Address _____ From _____ To _____
Street City State Zip Code

Previous Address _____ From _____ To _____
Street City State Zip Code

Previous Address _____ From _____ To _____
Street City State Zip Code

3. **EMPLOYMENT HISTORY**

List your current employer(s). List previous employers, for the last five years, (beginning with most recent). You may use month and year for date information.

Current Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ___ No ___

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ___ No ___

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ___ No ___

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ___ No ___

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ___ No ___

Previous Employer _____ From _____ To _____

Address _____ Telephone Number (____) _____
Street City State Zip Code

Title _____ Ownership interest in this business: Yes ___ No ___

4. Do you have any existing or previous business relationships with Indian Tribes, including ownership interest in those businesses: YES ___ NO ___

If "Yes" explain: _____

5. Do you have any existing or previous business relationships with the gaming industry in general, including ownership interests in those businesses: YES ___ NO ___

If "Yes" explain: _____

6. Have you ever filed an application for a license or permit related to gaming (whether or not license/permit was granted): Yes _____ No _____

If "Yes" Name of Agency/Tribe: _____

Address: _____

If "Yes" Name of Agency/Tribe: _____

Address: _____

If "Yes" Name of Agency/Tribe: _____

Address: _____

7. Have you ever filed an application for an occupational license or permit (whether or not license/permit was granted): Yes _____ No _____

If "Yes" Name of Agency: _____

Address: _____

8. **REFERENCES**

List the names, addresses and telephone numbers for three personal references, including one personal reference that was acquainted with you during each period of residence listed under Residential History.

Name	_____				
Telephone	_____	Address	_____	_____	_____
	Street	City	State	Zip Code	
Name	_____				
Telephone	_____	Address	_____	_____	_____
	Street	City	State	Zip Code	
Name	_____				
Telephone	_____	Address	_____	_____	_____
	Street	City	State	Zip Code	

9. **EDUCATIONAL HISTORY**

Provide the following information regarding your education and include any training certificates you received.

Name of School/Other	City, State	Dates Attended	Graduate?	Telephone

10. **CRIMINAL HISTORY**

Have you ever been convicted of, or are you currently being prosecuted for a felony: Yes ___ No ___

If "Yes" Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

11. **Have you ever been convicted of, or are you currently being prosecuted for a misdemeanor (excluding minor traffic violations) within ten (10) years of the date of this application:**

Yes ___ No ___

If "Yes" Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

A. Please submit copies of any/all convictions currently being prosecuted.

12. List each criminal charge (excluding minor traffic charges) whether or not there is a conviction, for the last ten (10) years that is not otherwise listed under felonies and/or misdemeanors (above).

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____

Charge _____ Date _____

Name of Court _____ City & State of Court _____

Disposition _____