

GRAND TRAVERSE BAND OTTAWA AND CHIPPEWA INDIANS

**RENEWAL APPLICATION**  
FOR GAMING LICENSE OR EMPLOYEE ID

**This form must be filled out in its entirety or it will not be accepted**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Facility Position Supervisor

Name: \_\_\_\_\_  
Last Name First Middle (maiden or other name used)

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Current Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Work Phone: (\_\_\_\_) \_\_\_\_\_

Have you had an address other than your current address during the last year? \_\_\_\_ Yes \_\_\_\_ No  
If yes, provide the previous address below.

1. Previous: \_\_\_\_\_ Reference: \_\_\_\_\_  
Street Last First  
City State Zip Address: \_\_\_\_\_  
Street  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ City State Zip  
Phone: (\_\_\_\_)

Have you ever had a financial or ownership interest with any gaming business? \_\_\_\_ Yes \_\_\_\_ No  
If yes, describe the ownership interest, the dates during which that interest was held, the name, address, and phone number of the ownership interest, and a contact person who can attest to the accuracy of the information provided.

1. Ownership Interest: \_\_\_\_\_ Company: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Contact Person: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_  
Description: \_\_\_\_\_

Has a member of your immediate family ever had a financial or ownership interest with any gaming business?  
\_\_\_\_ Yes \_\_\_\_ No  
If yes, describe the ownership interest, the dates during which that interest was held, the name, address, and phone number of the ownership interest, and a contact person who can attest to the accuracy of the information provided.

1. Ownership Interest: \_\_\_\_\_ Company: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Contact Person: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_  
Description: \_\_\_\_\_

**Do you hold or have you held ownership interest in a non-gaming business?  Yes  No**  
**If yes, provide names, addresses and a brief description of all businesses in which you held ownership interest.**

1. Ownership Interest: \_\_\_\_\_ Company: \_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Contact Person: \_\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_\_  
Description: \_\_\_\_\_

**Have you been arrested for *any* crime in the past 2 years?  Yes  No**  
**If yes, complete the information below. (Attach additional sheets if necessary)**

Charge: \_\_\_\_\_ Date of Charge: \_\_\_\_\_  
Court: \_\_\_\_\_  
Name and Address of Court  
Outcome: \_\_\_\_\_ Date of Final Action: \_\_\_\_\_

**Have you had a criminal judgment against you in the past 2 years?  Yes  No**  
**If yes, complete the information below. (Attach additional sheets if necessary)**

Case Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date judgment rendered: \_\_\_\_\_  
Court: \_\_\_\_\_  
Name and Address of Court  
Description of Judgment: \_\_\_\_\_

**Have you had a civil judgment against you in the past 2 years? (Note: *divorce is a civil action*)  Yes  No**  
**If yes, complete the information below. (Attach additional sheets if necessary)**

Case Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date judgment rendered: \_\_\_\_\_  
Court: \_\_\_\_\_  
Name and Address of Court  
Description: \_\_\_\_\_

**Do you have a *pending* court action against you? (Include: criminal warrants, civil warrants, civil suits, and divorce)**  
 **Yes  No**  
**If yes, provide the name and address of the police department or court involved. (Attach additional sheets if necessary)**

Action: \_\_\_\_\_ Date of Action: \_\_\_\_\_  
Police Department: \_\_\_\_\_  
Name and Address of Police Department  
Court: \_\_\_\_\_  
Name and Address of Court

**I hereby swear that all of the information contained herein is true and correct to the best of my knowledge and I have withheld nothing.**

**Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**



GRAND TRAVERSE BAND OF  
OTTAWA AND CHIPPEWA INDIANS



DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF CONSUMER REPORT

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as a employee. In the event that information from the report is utilized in whole or in part, in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description, in writing, of your rights under the law.

NON-EXPIRING AUTHORIZATION AND RELEASE

As an employee, prospective employee, volunteer or prospective volunteer, I understand that information may be requested as to my character, employment, including job performance and work habits, and other personal history. I further understand that information may be requested regarding my motor vehicle driving history, workers' compensation claims, credit and criminal history and other public records.

I agree that any false information in support of my application for employment may subject me to being discharged at any time during my employment. I hereby authorize and release from all liability without reservation, the Grand Traverse Band of Ottawa and Chippewa Indians, and any law enforcement agency, administration, State/Federal agency, institution, employers, (prior and present), insurance company, or person gathering or furnishing the above information

By my signature below, I acknowledge receipt of the notification for the DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF CONSUMER REPORT and the NON-EXPIRING AUTHORIZATION AND RELEASE and I hereby authorize the Grand Traverse Band Background Investigations Department to obtain report information for consideration of my employment application.

*A photographic or FAX copy of this authorization may be deemed the equivalent of the Original*

**(Enter legal, full name)**

_____	_____	_____	_____
Last Name	First Name	Middle	
_____	_____	_____	_____
Social Security Number	Drivers License Number	State Issued	
_____	_____	_____	_____
Current Address	City	State	Zip Code
_____	_____	_____	_____
Race	Sex	Date of Birth	Maiden/Other Names Used

List all former states/Foreign Countries of Residency: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

**Note: Must be accompanied by copies of Drivers License and Social Security Card. Resident Alien Card, Birth Certificate, Passport or other documents are required in some instances.**

For Official Use Only      Government      EDC

Recruiter \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_



## GAMING LICENSE/IDENTIFICATION BADGE AUTOMATIC DEDUCTION FORM

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It is the policy of the GTB EDC that all employees must report to work with a valid identification badge. Identification badges must be used for timekeeping purposes. For any lost identification badge, there will be a replacement charge.

I, \_\_\_\_\_, authorize \$20.00 to be  
Printed Employee Name

automatically deducted from my payroll check. I understand that this will be taken out in one (1) installment. I also understand that this is a non-refundable fee.

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Employee Signature: \_\_\_\_\_

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

Department and Facility: \_\_\_\_\_

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

Original: Human Resources  
Copy: Payroll, Department Manager, Employee