



# Fond du Lac Band of Lake Superior Chippewa GAMING AND LICENSING Employment Application

## PERSONAL INFORMATION

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last Maiden, Alias or Another Name

Address \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ City, State, County of Birth \_\_\_\_\_

Do you have a current Driver's License?  Yes  No DL # and State Issued \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

Can you travel if the position requires it?  Yes  No

## POSITIONS YOU ARE APPLYING FOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT STATUS AND HOURS OF WORK DESIRED

All  Full Time  Part Time  Seasonal  On-Call  Day Shift  Afternoon Shift  Night Shift

On what date will you be available for work? \_\_\_\_\_

## VOLUNTARY INFORMATION

Gender:  Female  Male  Other

### Ethnicity:

- American Indian/Alaskan Native
  - Tribally Enrolled Member of the Fond du Lac Band of Chippewa Indians
  - Family Member of a Fond du Lac Band Member, list relation: \_\_\_\_\_
  - American Indians enrolled in another tribe, list tribe and location: \_\_\_\_\_
- White (Not of Hispanic Origin)  African American  Asian or Pacific Islander
- Hispanic  Hawaiian or Pacific Islander  Two or More Races

### Employment Eligibility:

Are you legally eligible to work in the U.S.?  Yes  No

Are you a U.S. citizen?  Yes  No If no, what Country? \_\_\_\_\_

All languages spoken or written: \_\_\_\_\_

Disability: If you have a disability or need any special accommodations in order to participate in the Fond du Lac hiring process, please explain: \_\_\_\_\_

Veteran's Status: Are you a veteran of the U.S. military service?  Yes  No

If yes, branch and dates served: \_\_\_\_\_

**EMPLOYMENT HISTORY** (please list most recent employment first and include any volunteer activities)

**RESUME ATTACHED**

**EMPLOYER**

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYER**

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYER**

Company Name and Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## EMPLOYMENT HISTORY - CONTINUED

### EMPLOYER

Company Name and Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

### EMPLOYER

Company Name and Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

### EMPLOYER

Company Name and Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

### EMPLOYER

Company Name and Contact \_\_\_\_\_  
Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

## EDUCATION

**High School** Name and City \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_

Graduation Date \_\_\_\_\_ Diploma  Yes  No

**College** Name and City \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_

Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_

**Other School** Name and City \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_

Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_

## OTHER TRAINING OR EDUCATION IN ADDITION TO WORK HISTORY, OTHER EXPERIENCES OR SKILLS TO QUALIFY YOU FOR THE POSITION

**\*Attach all certifications and/or degrees when turning in application.**

## OFFICE RELATED SKILLS

Check all that apply:

Keyboarding, WPM: \_\_\_\_\_  10-Key, KPM: \_\_\_\_\_  Scanners  Copier  Printers  
 Social Media:  Facebook  YouTube  Instagram  Other: \_\_\_\_\_

Computer Programs:

Microsoft Word  Microsoft Excel  Microsoft PowerPoint  
 Microsoft Outlook  Microsoft Publisher  Microsoft Teams  
 Microsoft 365  Microsoft Edge  Mozilla Firefox  
 Adobe Acrobat  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

## CERTIFICATION OF APPLICATION

The Fond du Lac Band of Lake Superior Chippewa recognizes that an important expression of Tribal self-determination is the use of the resources of the Fond du Lac Band to create employment opportunities for members of the Band and other enrolled members of Federally recognized Indian Tribes. Towards that purpose, the Reservation Business Committee enacted the Fond du Lac Employment Rights Ordinance, FDL Ordinance #12/94 (in association with TERO, Tribal Employment Rights Ordinances), which gives preference to Indian persons who apply for employment or are employed by an employer in hiring, training opportunity and promotion when an Indian applicant or Indian employee is similarly qualified for the position for which such hiring, training, or promotion is undertaken according to the following order:

1. Tribally Enrolled Member of the Fond du Lac Band of Chippewa Indians
2. Family Member of a Fond du Lac Band Member
3. American Indians enrolled in another tribe
4. All Others

- I hereby authorize any or all agencies to release reference information to the Fond du Lac Band of Lake Superior Chippewa, 1720 Big Lake Road, Cloquet, MN 55720 or fax to 218-878-2683.
- I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employment in the future.
- I certify that the answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this employment application as may be necessary to the Reservation Business Committee in arriving at an employment decision.
- In the event that I am offered employment, I understand that any false or misleading information given in this application or interview may result in my discharge. A false statement on any part of the application may be grounds for non-hire or for discharge after employment started. Also, misrepresentations may be punished by fine or imprisonment in accordance with 18 U.S. Code § 1001.
- I understand that I am required to abide by all rules, regulations and policies of the Fond du Lac Reservation Business Committee.
- I further consent to the taking of a photograph and fingerprints necessary to process this application.

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*Signature*

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*Date*

## REQUIRED COMPLIANCE DOCUMENTATION

**BUSINESS INTERESTS** (List any business you have owned or had interest in, its address, your ownership interest or position held within the last 10 years)

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Ownership and/or Position Held \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Ownership and/or Position Held \_\_\_\_\_

**Describe any previous or existing business relationships with Indian tribes or the Gaming Industry, including ownership interests in those businesses:**

**Indicate by answering the following questions whether or not you have a financial interest in any gambling activity including non-Indian business or interest:**

Have you ever invested or loaned money to, had an option to purchase, or had a contract for service to any gambling facility or activity?  Yes  No

Do you have any ownership interest in any equipment being leased or otherwise provided to any gambling facilities?  Yes  No

Do you have an investment or ownership interest in any business involving any activities listed under Section IV, Parts A and B?  Yes  No

Do you receive any revenue or payments or money from any person who is involved in the activities listed in Section IV, Parts A and B as a result of the operation of gambling?  Yes  No

Have you ever worked for, in any capacity, a gambling operation?  Yes  No

Have you ever applied for a permit or license related to gaming?  Yes  No

Have you ever been denied a permit or license related to gaming?  Yes  No

**Explain any 'YES' answers above:**

Has your permit or license related to gaming ever been revoked?  Yes-complete section below  No

Type of License \_\_\_\_\_ Date Issued \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Have you ever held or applied for a privileged or professional license with any regulatory agency?

Yes-complete section below  No

Type of License \_\_\_\_\_ Date Issued \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

**RESIDENCES** (List all residences in the past 10 years)

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REFERENCES** (List the names, complete addresses and telephone numbers of three references including one person who was acquainted with you during each of periods of residence listed above. Do not list relatives.)

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Occupation \_\_\_\_\_

**List any members of your immediate family (spouse, children, mother, father, sister, brother) or anyone who lives in the same household as you do who are currently employed in gaming operations of Black Bear Casino and Fond-du-Luth Casino.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_



## BACKGROUND DATA

Have you ever been convicted of, or are you currently being prosecuted for a *FELONY*?

Yes - Complete Section Below  No

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Are you now being, or have you been prosecuted for or convicted of a *MISDEMEANOR* or *GROSS MISDEMEANOR* within the last 10 YEARS of the date of this application?

Yes - Complete Section Below  No

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Are you now being or have you ever been **CHARGED** with a crime (excluding minor traffic violations), if such criminal charge is within 10 years of the date of the application and is not otherwise listed above?  Yes - Complete Section Below  No

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

Charge \_\_\_\_\_ Date \_\_\_\_\_

City and State \_\_\_\_\_ Disposition \_\_\_\_\_

Court Name and Address \_\_\_\_\_

**\*See HR Representative if additional sheets are needed.**

## GAMING LICENSE APPLICATION

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 pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for 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.

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. (18 U.S.C. §1001).

You will be fingerprinted prior to permanent licensure.

**Persons must be 18 years of age to be eligible for a gaming license.** Persons with certain criminal histories are not eligible for gaming licensure without making special application to the Fond du Lac Reservation Business Committee. More information on this process can be obtained through the Gaming Employment License Office at 218-878-2672.

The application for employment and licensure includes questions regarding any crimes you may have committed, including misdemeanors, gross misdemeanors, and felonies. Please complete all information for each offense. If you aren't sure whether you have any convictions, please find out before completing the application. Failure to disclose information relating to any crimes committed will result in revocation of licensure and termination of employment.

**Be advised that by signing the application, you are giving permission to the Fond du Lac Band to perform a background investigation.**

I certify and acknowledge that the answers given herein are true and complete, that I have read and understand the above information, and the application is completed truthfully to the best of my knowledge.

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*Print Name*

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*Signature*

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*Date*



# Tribal Enrollment Verification

TO: \_\_\_\_\_

The following individual has applied for employment and has indicated he/she is an enrolled member of a Federally recognized tribe and is entitled to Indian Preference as allowed under the Civil Rights Act of 1964 and 41 CFR 101-6.204-2(4). The following information has been supplied by the applicant:

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Name: \_\_\_\_\_  
*Print Clearly*

Date of Birth: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**Minnesota Chippewa Tribe (MCT)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fond du Lac Band | <input type="checkbox"/> Nett Lake (Bois Forte) Band | <input type="checkbox"/> Grand Portage Band |
| <input type="checkbox"/> Leech Lake Band  | <input type="checkbox"/> Mille Lacs Band             | <input type="checkbox"/> White Earth        |

**Lake Superior Chippewa Bands - Wisconsin**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Red Cliff Band            | <input type="checkbox"/> Bad River Band | <input type="checkbox"/> Lac du Flambeau Band     |
| <input type="checkbox"/> Sokaogan (Mole Lake) Band | <input type="checkbox"/> St. Croix Band | <input type="checkbox"/> Lac Courte Oreilles Band |
| <input type="checkbox"/> Lac Vieux Desert Band     |   |   |

Other: \_\_\_\_\_

I hereby authorize the above-named Tribe/Band to confirm or deny the information provided.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

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Is the above information correct?  Yes  No

\_\_\_\_\_  
*Signature of Enrollment Officer or Authorized Person*

\_\_\_\_\_  
*Date*

This form to be returned to Fond du Lac Human Resources by fax at 218-878-2683. Thank you.