

**FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA  
GAMING VENDOR EMPLOYEE BACKGROUND INFORMATION AND  
CONSENT**

The purpose of the information requested below is to determine the eligibility of employees of gaming-related vendors to receive temporary on-site work permits from the Fond du Lac Band for the performance of contracts with those vendors. Solicitation of the information is authorized under the Indian Gaming Regulatory act, 25 U.S.C. SS2701 et al., and section 6 of the Fond du Lac Gaming Regulations. The information collected hereunder may be disclosed to appropriate law enforcement and regularly agencies when relevant to the Band’s eligibility determination, and is otherwise protected as confidential under the Band’s data Privacy & Records Management Policy. Failure to consent to the disclosures indicated in this application will result in a denial of a work permit. 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 application will be grounds for denial, and may be punishable under federal law.

Name \_\_\_\_\_  
(Last) (First) (Middle)

Other names used (to include alias, maiden names, and previous married names) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Place of Birth (City) \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Citizenship \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Employer \_\_\_\_\_

Position with Employer \_\_\_\_\_

Nature of work to be preformed \_\_\_\_\_

Anticipated duration of project \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number\_(\_\_\_\_) \_\_\_\_\_ Driver License No. \_\_\_\_\_

PREVIOUSADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

Are you licensed to provide gaming-related services in any other jurisdiction? (Circle) YES NO

If so, where?

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

Date Licensed \_\_\_\_\_

Type of License \_\_\_\_\_

State where license was issued \_\_\_\_\_

**Criminal History**

1. Have you ever been convicted of a crime? (circle) Yes NO

2. Have you ever been charged with or convicted of a felony? (circle) Yes NO

If “yes” to either of the above, provide the following information for each felony for which there is ongoing prosecution or a conviction:

- Name and Address of the court
- Date of Charge
- Nature of offense
- Conclusion of the court, include date (if pending, please indicate)

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(Use additional paper if necessary)

3. Have you ever been charged with a crime (excluding minor traffic violations?)with in the 10 years of the date of application? (circle)      Yes      NO  
If "yes" to either of the above, provide the following information for each felony for which there is ongoing prosecution or a conviction:

- Name and Address of the court
- Date of Charge
- Nature of offense
- Conclusion of the court, include date (if pending, please indicate)

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(Use additional paper if necessary)

**CERTIFICATION**

**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 application as may be necessary in arriving at a permit decision. I further consent to the taking of a photograph and fingerprints necessary to process this application. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that in the performance of contractual services under this permit, I am required to abide by all applicable rules and regulations of the Fond du Lac Band.**

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Signature of Applicant

Date