

TOHONO O'ODHAM GAMING OFFICE

CLASS II/III BACKGROUND QUESTIONNAIRE

NOTICE TO CASINO/BINGO EMPLOYEES:

You are asked to complete this questionnaire as part of the Tohono O'odham Nation's compliance with the requirements of the Indian Gaming Regulatory Act, a federal law which regulates the conduct of Indian gaming. Pursuant to that law, the National Indian Gaming Commission has proposed regulations which require that you be provided with the following notices:

PRIVACY NOTICE

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 a 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.

NOTICE REGARDING FALSE STATEMENTS:

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).

ACKNOWLEDGEMENT OF RECEIPT AND CONSENT TO DISCLOSURES:

I acknowledge that I have received and have read these notices and hereby consent to the above-described disclosures. I understand the application and all supporting documents are the property of the Tohono O'odham Nation. The Tohono O'odham Gaming Office shall not issue a Gaming Employee License to an individual if it determines that the individual has knowingly and willfully provided materially important false statements or information or omitted materially important information on his or her license or employment application (including this questionnaire).

Print Full Name: _____
(First) (Middle) (Last)

Social Security Number: _____

Are You an Enrolled Member of the Tohono O'odham Nation? Yes _____ No _____

Position For Which You Are Hired _____

Signature: _____

Date _____

ORIGINAL RETAINED BY TOHONO O'ODHAM GAMING OFFICE

TOHONO O'ODHAM GAMING OFFICE

CLASS II/III BACKGROUND QUESTIONNAIRE

PART I

Applicant's Background: Please type or print your answers.

1	FULL NAME	<input type="checkbox"/> If you have only initials in your name, use them <input type="checkbox"/> If you have no middle name, enter "NMN"	<input type="checkbox"/> If you are a "Jr.", "Sr.", "II", etc., enter the abbreviation in the box after your middle name.	2	DATE OF BIRTH				
Last Name		First Name	Middle Name	Abbrev.	Month Day Year				
3				4					
PLACE OF BIRTH				SOCIAL SECURITY NO.					
City		County	State	Country (If not in the United States)					
5									
OTHER NAMES USED									
<input type="checkbox"/> Give other names you used, oral or written, and the period of time you used the name (for example: Your maiden name, name(s) by a former marriage, former name(s), alias (es), or nickname(s). If the other name is your maiden name, put "nee" in front of it.)									
Name			Name						
Name			Name						
6		OTHER IDENTIFYING INFORMATION	Height	Weight	Hair	Eyes	Sex	Drivers License No.	State
							O Female O Male		
7		CONTACT INFORMATION		Email Address		Home (include area code)		Cell	
						()		()	
8		CITIZENSHIP		Mark the box at the right that applies to you and follow the instructions next to the box you marked					
				<input type="radio"/> I am a U.S. Citizen by birth in the U.S.					
				<input type="radio"/> I am a U.S. Citizen, but I was NOT born in the U.S. Go to 8a					
				<input type="radio"/> I am not a U.S. Citizen Go to 8c					
8a		UNITED STATES CITIZENSHIP		If you are a U.S. Citizen, but were not born in the U.S., enter your mother's maiden name in the box to the right and provide information about one or more of the following proofs of your citizenship. Then go to Item 8c.				Mother's Maiden Name	
Naturalization Certificate (Where were you naturalized?)									
Court		City		State	Certificate Number		Month/Day/Year		
Citizenship Certificate (Where was the certificate issued?)									
Court		City		State	Certificate Number		Month/Day/Year		
State Department Form 240 – Report of Birth Abroad of a Citizen of the United States									
Give the date the form was prepared and give an explanation if needed		Month/Day/Year		Explanation					
8b		DUAL CITIZENSHIP		If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space below.					

8c ALIEN	If you are an alien, provide the following information				
Place you entered the United States:	City	State	Date you entered U.S.	Resident Card Number	Country of Citizenship
8d TRIBAL MEMBERSHIP	Are you a member of a federally recognized Indian Tribe? <input type="radio"/> Yes <input type="radio"/> No If yes, specify enrollment number (_____), Name of Tribe (_____) and attach a certificate or other evidence of enrollment.				
8e LANGUAGES	Indicate what languages you speak and understand:				

9 WHERE HAVE YOU LIVED?							
Your address. In this column, give the information requested for every place you have lived for the past 5 years. Begin with where you live now and work backwards. For a rural route, or star route, with no designated street address, provide general directions and name of village. For additional space continue on page 8 or 9.							
Month/Year To	Month/Year	Street Address (Include apartment #)		Month/Year To	Month/Year	Street Address (Include apartment #)	
City		State	Zip Code	City		State	Zip Code
Country (If outside the United States) or Village on the Reservation		Driver's License Number and State		Country (If outside the United States) or Village on the Reservation		Driver's License Number and State	
Month/Year To	Month/Year	Street Address (Include apartment #)		Month/Year To	Month/Year	Street Address (Include apartment #)	
City		State	Zip Code	City		State	Zip Code
Country (If outside the United States) or Village on the Reservation		Driver's License Number and State		Country (If outside the United States) or Village on the Reservation		Driver's License Number and State	
Month/Year To	Month/Year	Street Address (Include apartment #)		Month/Year To	Month/Year	Street Address (Include apartment #)	
City		State	Zip Code	City		State	Zip Code
Country (If outside the United States) or Village on the Reservation		Driver's License Number and State		Country (If outside the United States) or Village on the Reservation		Driver's License Number and State	
Month/Year To	Month/Year	Street Address (Include apartment #)		Month/Year To	Month/Year	Street Address (Include apartment #)	
City		State	Zip Code	City		State	Zip Code
Country (If outside the United States) or Village on the Reservation		Driver's License Number and State		Country (If outside the United States) or Village on the Reservation		Driver's License Number and State	

10 SCHOOLS THAT YOU HAVE ATTENDED									
Schools you have attended: In this column, give the information requested below for all high school and colleges you have attended. Use the following codes to indicate the type of school(s) you have attended. 1 – High School 2- College/University 3- Vocational/Trade School									
Month/Year To	Month/Year	Code	Name of School		Month/Year To	Month/Year	Code	Name of School	
Street Address			Degree/Diploma/Other (Show each degree and date received if Code 2)		Street Address			Degree/Diploma/Other (Show each degree and date received if Code 2)	
City	State	Zip Code			City	State	Zip Code		
Month/Year TO	Month/Year	Code	Name of School		Month/Year TO	Month/Year	Code	Name of School	
Street Address			Degree/Diploma/Other (Show each degree and date received if Code 2)		Street Address			Degree/Diploma/Other (Show each degree and date received if Code 2)	
City	State	Zip Code			City	State	Zip Code		

11 YOUR EMPLOYMENT HISTORY

Fill in your employment and military history. **Begin with the present and work backwards 5 years.**

- Include:
- All full-time work
 - Any business in which you had an ownership interest (explain ownership interest on pg. 8 or 9)
 - All paid work
 - Active military duty
 - All period of unemployment
 - All part-time work
 - Self-employment
 - If you list an employer or actual place of employment at a location outside the U.S., show city and country in the space for city.
 - **If you were dismissed, terminated, or allowed to resign instead of being fired you must explain in detail on page 8 or 9**
 - If you need more space for additional jobs, enter them on page 8 or 9.

Employment. Provide the information requested for each period of employment. Give the name of your employer. Enter "self – employed" in the box for employer's name when appropriate, and "unemployed" for period of unemployment.

Immediate Supervisor OR Person to Verify Employment Status.

Month/Year To 	Month/Year To 	Your Position				Supervisor's/Person's Name				Telephone Number ()							
Employer's Name				Telephone Number ()				Street Address (if different than employer's)									
Employer's Street Address				City (Country)		State		Zip Code		City				State		Zip Code	
Actual job location if different from employer's address:				Street Address				Reason for Leaving:									
Month/Year To 	Month/Year To 	Your Position				Supervisor's/Person's Name				Telephone Number ()							
Employer's Name				Telephone Number ()				Street Address (if different than employer's)									
Employer's Street Address				City (Country)		State		Zip Code		City				State		Zip Code	
Actual job location if different from employer's address:				Street Address				Reason for Leaving:									
Month/Year To 	Month/Year To 	Your Position				Supervisor's/Person's Name				Telephone Number ()							
Employer's Name				Telephone Number ()				Street Address (if different than employer's)									
Employer's Street Address				City (Country)		State		Zip Code		City				State		Zip Code	
Actual job location if different from employer's address:				Street Address				Reason for Leaving:									
Month/Year To 	Month/Year To 	Your Position				Supervisor's/Person's Name				Telephone Number ()							
Employer's Name				Telephone Number ()				Street Address (if different than employer's)									
Employer's Street Address				City (Country)		State		Zip Code		City				State		Zip Code	
Actual job location if different from employer's address:				Street Address				Reason for Leaving:									
Month/Year To 	Month/Year To 	Your Position				Supervisor's/Person's Name				Telephone Number ()							
Employer's Name				Telephone Number ()				Street Address (if different than employer's)									
Employer's Street Address				City (Country)		State		Zip Code		City				State		Zip Code	
Actual job location if different from employer's address:				Street Address				Reason for Leaving:									
Month/Year To 	Month/Year To 	Your Position				Supervisor's/Person's Name				Telephone Number ()							
Employer's Name				Telephone Number ()				Street Address (if different than employer's)									
Employer's Street Address				City (Country)		State		Zip Code		City				State		Zip Code	
Actual job location if different from employer's address:				Street Address				Reason for Leaving:									
Month/Year To 	Month/Year To 	Your Position				Supervisor's/Person's Name				Telephone Number ()							
Employer's Name				Telephone Number ()				Street Address (if different than employer's)									
Employer's Street Address				City (Country)		State		Zip Code		City				State		Zip Code	
Actual job location if different from employer's address:				Street Address				Reason for Leaving:									

12 PERSONAL REFERENCES

List four people you know well and live in the United States, including one personal reference that was acquainted with you during each period of residence listed under Section 11. **Must provide complete address and correct telephone number.**

* DO NOT list your spouse or other relatives.

* Try not to list anyone mentioned in section 11.

Name			Name		
Number or Years Known	Daytime Telephone Number		Number or Years Known	Daytime Telephone Number	
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code
Name			Name		
Number or Years Known	Daytime Telephone Number		Number or Years Known	Daytime Telephone Number	
Home Address			Home Address		
City	State	Zip Code	City	State	Zip Code

13 YOUR MEMBERSHIP IN ORGANIZATIONS

List all U.S. based organizations, except labor unions, political, or religious organizations you belong to in the last 5 years.

Membership From Month/Year to Month/Year	Name of Organization	Nature of Affiliation Office Held, if any	Location of Organization City (Country) State

14

MILITARY AND/OR MERCHANT MARINE SERVICE

- Have you served in the United States Military? Yes ☐ No ☐
- Have you served in the United States Merchant Marines? Yes ☐ No ☐
- (If you served in the United States military, go to 14b and 14c; if you only served in the United States Merchant Marine, go to 14c; if you answered "NO" to both questions, go to question 15)

14a

CURRENT MILITARY STATUS

Mark the box that corresponds to your current military status.

<input type="radio"/> None	<input type="radio"/> Active Duty	<input type="radio"/> Active Reserve	<input type="radio"/> National Guard	<input type="radio"/> Inactive reserve	<input type="radio"/> Retired
14b ACTIVE SERVICE. Show each period of active service (include active military reserve service). Use one of the following in the box for CODE. Mark "O" for Officer or "E" for Enlisted		1. Air Force 2. Army 3. Navy	4. Marine Corp 5. Coast Guard 6. Merchant Marine	7. National Guard	
Month/Year To	Month/Year	Code	Service or Certificate No.	O	E

14c

Have you ever received other than an honorable discharge from the military? If "Yes", provide: * See below ☐ Yes ☐ No

Date of Discharge (Month and Year) _____ Type of Discharge: _____

14d

Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice?

If "Yes", list any disciplinary proceedings in the last 15 years and all courts-martial. : ☐ Yes ☐ No

Date (Month/Year)	Charge or Specification	Place (City and county/country if outside the United States)	State

* A copy of your military Separation/Discharge papers (DD-214) must be submitted.

YOUR RELATIVES

Give full names and enter the correct code for all relatives, living or dead, specified below:

CODES	1. Mother	3. Stepmother	5. Foster Parent	7. Sister	9. Father-in-law
	2. Father	4. Stepfather	6. Child (adopted also)	8. Brother	10. Mother-in-law

[illegible]

16 YOUR MARITAL STATUS. Mark one of the following boxes to show your current marital status.

☐ Never Married ☐ Married ☐ Separated ☐ Legally Separated ☐ Divorced ☐ Widowed

CURRENT SPOUSE Complete the following about your current spouse

Full Name		Date of Birth	Place of Birth (Include country if outside of U.S.)		Social Security Number	
Other Names Used (Specify maiden names and names by other marriages, etc.)						
Country of Citizenship		Date Married	Place Married (Include country if outside of U.S.) City			State
If Separated, Date of Separation (Mo/Day/Yr)			If Legally Separated, Where is the Record Located? City			State
Address of Current Spouse		(Street, City, and Country if outside the U.S.)			State	Zip Code

YOUR POLICE RECORD

17	If you answer "Yes" to any question below, explain your answer(s) in detail in the space below. If you need additional space go to page 8 or 9. A felony is any offense for which it is possible to be imprisoned in the custody of the State Department of Corrections or the Federal Bureau of Prisons. This also includes such offenses for which you are sentenced to probation, if that charge could have resulted in imprisonment in the State Department of Corrections or the Federal Bureau of Prisons.	YES	NO
17a	Have you ever been arrested, charged, or convicted of a felony offense?		
17b	Have you ever been arrested, charged, or convicted of any financial crimes, such as theft, embezzlement, etc.		
17c	Have you ever been arrested, charged, or convicted of a firearm or explosive charge?		
17d	Have you ever been arrested, charged, or convicted of a gaming or gambling offense?		
17e	Are there currently any charges pending against you for any criminal offense?		
17f	Have you ever been arrested, charged, or convicted of any offense related to alcohol or drugs?		
17g	Have you ever been arrested, charged, or convicted of any other type of offense (other than minor traffic violations)?		
17h	Have you ever been convicted of an offense that was later expunged, reduced, or dismissed?		
17i	Have you ever been affiliated with a criminal organization, such as a street gang? Name of Organization or Gang:		
17j	Do you have any scars, tattoos or distinguishing marks and/ or characteristics?		

Date (Month/Year)	Arrest Charge	Disposition (if convicted, describe sentence)	Law Enforcement Authority and name and address of Court	State 	Zip Code

YOUR INVOLVEMENT WITH ALCOHOL AND DANGEROUS DRUGS, INCLUDING MARIJUANA AND COCAINE

18	This item concerns the use of alcohol beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.) , depressants (barbiturates, methoqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or other dangerous or illegal drugs	YES	NO
18a	Do you now regularly use alcoholic beverages?		
18b	Do you now or have you ever used or supplied, marijuana, cocaine, narcotics, hallucinogenics, or other dangerous or illegal drugs?		
18c	If you answered "Yes" to questions a or b above, provide the information relating to the types of substance(s) used, the periods and frequency of use for each, and any other details or explanations relating to your use of these substances below		
From (Month/Year)	To (Month/Year)	Type of Substance Used	Explanation (in your comments be sure to give the frequency of your use you listed, including the period of most recent use.)

YOUR INDIAN GAMING RECORD AND INDIAN BUSINESS RELATIONSHIPS	
21	Do you have current, or have you had any previous, business relationships with Indian tribes or the gaming industry generally (such as a vendor relationship, etc.)? <div><input type="radio"/> Yes<input type="radio"/> No</div>
21a	List each business, the dates you served on the board of directors, your ownership interest in such business, the dates of your relationship with the tribe or gaming industry organization, and an explanation of your involvement and activities with each one: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
21b	Have you ever filed an application for a license or a permit related to gaming, whether or not such license or permit was granted, in any country, state or Indian Nation? <div><input type="radio"/> Yes<input type="radio"/> No</div>
21c	Have you ever been denied a gaming license, been placed on a conditional license or had a gaming license revoked, suspended, or sanctioned? <div><input type="radio"/> Yes<input type="radio"/> No</div>
21d	Have you, your spouse, or a company effectively controlled by you been arrested, charged or convicted of a gaming or gambling offense? <div><input type="radio"/> Yes<input type="radio"/> No</div>
21e	Have you, your spouse, or a company effectively controlled by you, worked with or been associated with a person known to have been or reputed to have been involved in criminal activity? <div><input type="radio"/> Yes<input type="radio"/> No</div>
21f	If you answered “Yes” to 21b, 21c or 21d, please include name and address of the licensing or regulatory agency and the name and location of the facility (if any) and position held (if any). If in Arizona, also include tribal license number, Arizona Department of Gaming certification number and expiration date. If you answered “Yes” to 21e, please explain in detail, including the nature of offense, court of jurisdiction, and final disposition. <div></div> <div></div> <div></div> <div></div>
EXPLANATION/CONTINUATION SPACE	
Use the space below to continue answers to all questions and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of paper. Start each with your name and Social Security Number. Before each answer, identify the number of the question. <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	

AUTHORITY FOR RELEASE OF INFORMATION

I Authorize any duly accredited representative of the Tohono O'odham Nation, Arizona Department of Gaming, or the National Indian Gaming Commission to obtain any information relating to my activities from school, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail business establishments, medical institution, hospitals, or other repositories of medical records, or individuals. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, personal history, civil litigation, arrest, conviction, medical, psychiatric/psychological, financial and credit records and information.

I Direct You To Release such information upon request of the duly accredited representative of the Tohono O'odham Nation, the Arizona Department of Gaming, or the National Indian Gaming Commission regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Tohono O'odham Nation, The Arizona Department of Gaming, or the Nation Indian Gaming Commission and that these users may re-disclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

State of Arizona

County of Pima

Subscribed and Sworn before me

this _____ day of _____, 20 ____

by _____

Notary Public

Signature (Sign in ink)		First Name		Middle	Last Name
Other Names Used (Maiden, Former Married Names)				Social Security	
Current Address		City	State	Zip Code	Home Telephone Number
Date			Date of Birth		Place of Birth (City/State)