



I _____ HERE BY AUTHORIZE

THE RED CLIFF TRIBE TO CONDUCT A BACKGROUND AND CREDIT CHECK,
TO MEET THE CONDITIONS OF EMPLOYMENT BY LEGENDARY WATERS
RESORT & CASINO.

SIGNATURE _____

DATE OF BIRTH _____

TODAY'S DATE _____



In conjunction with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 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 the 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 National Indian Gaming commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities w h i l e associated with a Tribe or a gaming operation. Failure to consent to the disclosures of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, age, physical or mental disability, or covered veteran status.

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. Code, Title 18, Section 1—1).

17.8.1 Any non-member participating under a gaming management contract with the Tribe, participating in a vendor/lessor relationship related to Class III gaming, and any other non-member employed in the conduct of Class III gaming, shall by virtue of such participation or employment be deemed to have consented to the jurisdiction of the Red Cliff Band of Lake Superior Chippewa's and its courts. The Red Cliff Tribal Council has a drug free workplace policy and adheres to the intent of the drug free workplace act. All new hires are subject to a drug test prior to starting.

LEGENDARY WATERS RESORT & CASINO APPLICATION

TODAYS DATE: _____ SPECIFY POSITION(S) DESIRED: _____

FIRST NAME _____ MIDDLE NAME _____ LAST _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

CITY/STATE OF BIRTH _____ SEX ☐ M ☐ F

TRIBAL MEMBER? ☐ YES ☐ NO TRIBE ENROLLED AT: _____

DRIVERS LICENSE NUMBER: _____ EXP: _____

ARE YOU CURRENTLY EMPLOYED? ____
MAY WE CONTACT YOUR PRESENT/PAST EMPLOYERS? ____

PLEASE LIST ANY AND ALL ALIAS NAMES HERE:

PLEASE LIST AVAILABILITY HERE: ____AM ____PM SHIFT(S)

sun__mon__tue__wed__thur__fri__sat__

EDUCATION AND TRAINING

ENTER HIGHEST GRADE COMPLETED: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D.? _____ YEAR _____

NAME AND LOCATION	FROM	TO	MAJOR	DATE GRADUATED
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HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

DESCRIBE ANY OTHER TRAINING OR EXPERIENCE YOU HAVE WHICH MAY NOT BE LISTED:

CURRENT AND PREVIOUS EMPLOYMENT FOR THE PAST 5 YEARS (Start with most recent)

EMPLOYER NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE#: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING: _____

SUPERVISOR'S NAME: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE#: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING: _____

SUPERVISOR'S NAME: _____ DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER NAME: _____ FROM: _____ TO: _____

ADDRESS: _____ PHONE#: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING: _____

SUPERVISOR'S NAME: _____ DUTIES: _____

REASON FOR LEAVING: _____

LIST 3 PERSONAL REFERENCES WHOM YOU HAVE KNOWN FOR 5 YEARS

NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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NAME	ADDRESS	PHONE
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NOTE FOR THE FOLLOWING 7 QUESTIONS, PLEASE STATE "NONE" IF THAT APPLIES. ATTACH SEPARATE SHEETS IF NECESSARY.

1. PLEASE DESCRIBE ANY EXISTING OR PREVIOUS BUSINESS RELATIONSHIPS WITH INDIAN TRIBES INCLUDING OWNERSHIP INTERESTS:

2. PLEASE DESCRIBE ANY EXISTING OR PREVIOUS BUSINESS RELATIONSHIPS WITH THE GAMING INDUSTRY GENERALLY INCLUDING OWNERSHIP INTERESTS:

3. PLEASE LIST THE NAME AND ADDRESS OF ANY LICENSING OR REGULATORY AGENCY WITH WHICH YOU HAVE FILED AN APPLICATION FOR A LICENSE OR PERMIT RELATED TO GAMING WHETHER OR NOT SUCH LICENSE WAS GRANTED:

4. FOR EACH FELONY, IF ANY, FOR WHICH THERE IS AN ONGOING PROSECUTION OR A CONVICTION, LIST THE CHARGE, THE NAME AND ADDRESS OF THE COURT INVOLVED AND THE DATE OF DISPOSITION IF ANY:

5. FOR EACH MISDEMEANOR, IF ANY, FOR WHICH THERE IS AN ONGOING PROSECUTION OR A CONVICTION (EXCLUDING MINOR TRAFFIC VIOLATIONS) WITHIN 10 YEARS OF THE APPLICATION DATE, LIST THE NAME AND ADDRESS OF THE COURT INVOLVED AND DATE OF THE DISPOSITION:

6. FOR EACH CRIMINAL CHARGE (EXCLUDING MINOR TRAFFIC CHARGES) WHETHER OR NOT THERE IS A CONVICTION, IF SUCH CRIMINAL CHARGE IS WITHIN 10 YEAR OF THE APPLICATION DATE AND IS NOT OTHERWISE LISTED IN QUESTIONS 4 AND 5, LIST THE CRIMINAL CHARGE, THE NAME AND ADDRESS OF THE COURT INVOLVED AND THE DATE OF THE DISPOSITION:

7. LIST THE NAME OF ANY LICENSING OR REGULATORY AGENCY WITH WHICH YOU HAVE FILED AN APPLICATION FOR AN OCCUPATIONAL LICENSE OR PERMIT WHETHER OR NOT SUCH LICENSE WAS GRANTED:

I understand that a false or misleading statement on any part of this application may be grounds for not hiring me or firing me after I begin work. Also, I may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001). I certify that the information provided on this application is complete and accurate to the best of my knowledge. I understand that consideration for employment is conditioned upon the results of a reference check. I authorize the LEGENDARY WATERS CASINO to investigate all statements contained in this application for employment as may be necessary and further authorize contact persons to respond to questions. I understand that this application is not intended to be a contract of employment.

Signature of Applicant Date

**LEGENDARY WATERS RESORT & CASINO
P.O. BOX 1167, BAYFIELD, WI 54814
(715) 779-3712 ext 9401
PLEASE ATTACH RESUME**