



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 _____

Email _____

City, State and 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 *within lineage ☐ Parent,

Name _____

☐ 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 _____

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 _____

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:

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft PowerPoint
<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> Microsoft Teams
<input type="checkbox"/> Microsoft 365	<input type="checkbox"/> Microsoft Edge	<input type="checkbox"/> Mozilla Firefox
<input type="checkbox"/> Adobe Acrobat		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> 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.

Signature

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 _____

Street _____ Apt. # _____

City _____ State _____ Zip _____

Street _____ Apt. # _____

City _____ State _____ Zip _____

Street _____ Apt. # _____

City _____ State _____ Zip _____

Street _____ Apt. # _____

City _____ State _____ Zip _____

Street _____ Apt. # _____

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.

Print Name

Signature

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:

Name: _____

Print Clearly

Date of Birth: _____ Enrollment Number: _____

Minnesota Chippewa Tribe (MCT)

☐ Fond du Lac Band
☐ Leech Lake Band

☐ Nett Lake (Bois Forte) Band
☐ Mille Lacs Band

☐ Grand Portage Band
☐ White Earth

Lake Superior Chippewa Bands - Wisconsin

☐ Red Cliff Band
☐ Sokaogan (Mole Lake) Band
☐ Lac Vieux Desert Band

☐ Bad River Band
☐ St. Croix Band

☐ Lac du Flambeau Band
☐ Lac Courte Oreilles Band

☐ Other: _____

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

Applicant Signature

Date

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.