Hire Date:_____ JDE #_____ Nick Name:_____

HARRAH'S CHEROKEE

CHEROKEE TRIBAL GAMING COMMISSION
HARRAH'S PRIMARY MANAGEMENT APPLICATION

PLEASE READ: 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. 2017 *et seq.* The purpose of the requested information is to determine the eligibility of the 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 of False Statement: 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).**

Please type or print in black ink

- Indicate N/A if a section is not applicable.
- Additional documentation and explanation sheets should be attached as necessary to clarify any answer.
- You must complete, sign, and notarize the application, and initial where indicated on the bottom of each page.
- Failure to complete all information and requirements will cause delays and/or denial of your application.
- _____ (initial when read and understood)

1. Name:_____
   (LAST) (FIRST) (MIDDLE)

   Other Names Used:_____
   (Include Maiden Name, Previous Married Name, Alias Names)

   Social Security Number:_____ Date of Birth:_____

   Place of Birth:_____
   (City) (County) (State)

2. Home Address:_____
   (Street Name / Apartment # / City / State / Zip Code)

3. Current Mailing Address:_____
   (P.O. Box # / Street Address / City / State / Zip Code)

4. Telephone #: Home:_____ Work:_____

5. Employment Position for which gaming license is sought:_____

6. Race_____ Height_____ Weight_____
   Hair Color_____ Eye Color_____ Gender (circle one): Male Female

7. Driver's License Number:_____ State Issued:_____
   Date of Issuance:_____ Name on License:_____
   List all other driver's licenses held in the last 10 years, including name used, the state where issued, and date of issuance:_____
   _____
   Email Address:_____

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

8. Are you an enrolled member of a federally recognized Indian Tribe? [ ] YES [ ] NO
If yes, which tribe:_____ Enrollment Number:_____

9. Are you a United States citizen? [ ] YES [ ] NO If NO, what country? _____
If an alien, your registration number:_____
Port of Entry:_____ Date of Entry:_____
If naturalized: Your certificate number:_____ Date:_____
Place:_____(Submit Copy of naturalization and/or U.S. Passport for verification).

10. List all languages (spoken / written) _____
_____

11. Marital Information [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed
If applicable, complete:
Married:_____ _____
Date Place: City, County, State
Spouse's Full Name (including maiden name)_____
Last, First, Middle

Spouse's Social Security Number:_____
Spouse's Date of Birth:_____ Place of Birth:_____
Home Address:_____
(Street / Apartment # / City / State / Zip Code)
Telephone Number Home:_____ Work:_____
Spouse's Employer:_____
Employer's Address:_____

12. FAMILY INFORMATION

a. Children and Dependents: List all children (including stepchildren and adopted children)

Full Name Date of Birth Place of Birth Residence Address
_____
_____
_____
_____

b. Parents: List names, residence addresses, dates of birth, and most recent occupation of parents, parents-in-law, and legal guardian(s), (if applicable). If retired or deceased, list last addresses and occupation.

Name Address Date of Birth Occupation
_____
_____
_____
_____

13. MILITARY INFORMATION

Have you ever served with any branch of the armed forces? [ ] YES [ ] NO
Branch:_____
Dates and types of service (active / reserve / national guard):
_____
_____
_____
Date of Separation:_____Type of discharge:_____
Rank at separation:_____Serial Number:_____

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

While in the military service, were you ever charged with an offense which resulted in any disciplinary action, or special or general court martial? [ ] YES [ ] NO
If YES, furnish details:_____

14. BUSINESS AND EMPLOYMENT INFORMATION
List below business and employment, including self-employment, (most recent first) **for the last 10 years.**

Dates: From-To: Company Name, Title(s) Held, Supervisor, Work Address- City & State, Phone Number:

15. RESIDENCE INFORMATION
List below each place of residence (most recent first) **for the last ten (10) years**

Dates: From-To: Street Address City / County State

(If more space is needed, attach additional sheets)

16. EDUCATION INFORMATION
List below your formal education, and include any schools and training programs attended.

High School: City / State Graduation Year

College / University Address / City / State Graduation Year / Degree Obtained

17. PERSONAL REFERENCES
List FIVE (5) personal references that have known you for five (5) years or more. **Do NOT include relative, present employer or co-workers**

a. Name:_____
Employed: _____ Known since:_____
Address:_____
Telephone: Work_____ Home_____

b. Name:_____
Employed: _____ Known since:_____
Address:_____
Telephone: Work_____ Home_____

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

c. Name:_____
Employed: _____ Known since:_____
Address:_____
Telephone: Work_____ Home_____

d. Name:_____
Employed: _____ Known since:_____
Address:_____
Telephone: Work_____ Home_____

e. Name:_____
Employed: _____ Known since:_____
Address:_____
Telephone: Work_____ Home_____

18. Have you ever applied to any licensing or regulatory agency for a license, permit, or certificate related to gambling / gaming activities? [ ] YES [ ] NO
Whether or not such license, permit, or certificate was granted and include any applications denied, withdrawn, pending.

If YES, provide the name address of licensing and regulatory agency, date of application, type of license or permit applied for, and disposition of application.

_____
_____
_____

19. Have you ever applied for an occupation or professional license or permit with a licensing or regulatory agency (federal, tribal, state, local, foreign)? [ ] YES [ ] NO

If YES, list type of license or permit, date applied for, disposition of application, name and address of licensing or regulatory agency, nature of any disciplinary action taken, and dates license or permit held.

_____
_____
_____

20. Do you have or have you ever had a financial interest or other business relationship with the gaming industry or in a gambling entity or organization, or an ownership interest in such business?

[ ] YES [ ] NO

If YES, Provide the names, addresses, and telephone numbers of the business in which you have or had such interest; dated of involvement; nature of the business or organization; and your interest in it.

_____
_____
_____

21. Provide details and copies of any agreements between you and your business and any distributor, manufacturer, or supplier of equipment, or any other agreement relating to gaming activities or gaming equipment.

_____
_____
_____
_____
_____

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

22. Do you have any relatives associated with or employed in the gambling or liquor industry?
[ ] YES [ ] NO

If YES, provide name, relationship, name and address of business, and the employment position or affiliation of relative listed.

_____
_____
_____

23. Do you have, or have you ever had, any business relationship(s) or agreement(s) with Indian tribes or any ownership or management interest (including gaming) in such business?
[ ] YES [ ] NO

If YES, provide name and location of Tribe, nature of relationship agreement, type of work performed, and dates of agreement or relationship.

_____
_____
_____

24. Have you ever filed bankruptcy? [ ] YES [ ] NO

If YES, furnish details, including date, court, and whether filed as an individual or business:

_____
_____

25. Have you had a repossession, bad debt(s), collection(s), or judgement items within the past three years
[ ] YES [ ] NO

26. Have you ever been associated as an officer, director, stockholder, partner, or sole proprietor with any business entity that has filed for protection under the Federal Bankruptcy Laws?
[ ] YES [ ] NO

27. Date of last Federal Income Tax Return filed:_____ For year:_____
Date of last State Income Tax Return filed:_____ For year:_____

28. Do you own or control any assets or liabilities located outside the United States?
[ ] YES [ ] NO

If YES, provide details:_____
_____
_____

*** Your financial and criminal history will be checked upon submission of this application ***

29. Do you control, manage, or hold in trust, any assets or liabilities for another person or entity?
[ ] YES [ ] NO

If YES, provide details:_____
_____
_____

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

30. Have you ever been **charged or convicted** with any gaming offense? [ ] YES [ ] NO
If YES, Complete the following for each:

Name and Address of Court	Charge	Dates of the Charge	Disposition

31. Are you a registered sex offender? [ ] YES [ ] NO

32. Have you ever been **charged or convicted** with a felony? [ ] YES [ ] NO
If YES, complete the following for each:

Name and Address of Court	Charge	Dates of the Charge	Disposition

33. Are you currently under any probation or parole orders from any court of law? [ ] YES [ ] NO
If so, please describe below:

_____
_____
_____

34. For each misdemeanor conviction or ongoing misdemeanor prosecution (within 10 years of the date of this application), provide below the names and address of the involved, misdemeanor / charge, dates of the prosecution and disposition.

Name and Address of Court	Charge	Dates of the Charge	Disposition

35. For each criminal charge (including traffic charges), (whether or not there is a conviction, **even if charge was dismissed**), if such criminal charge was within the past 10 years and is not listed in Questions 29 and 30 above. List the criminal charge, name and address of the court involved, and the dates of the charge and disposition.

Name and Address of Court	Charge	Dates of the Charge	Disposition

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

NOTICE REGARDING FALSE STATEMENTS

In signing this application, I understand that: A false statement on any part of the application may be grounds for not hiring me, or for firing me after I begin work. Also, I understand that I may be punished by fine or imprisonment, (US Code Title 18, Section 1001).

****

CERTIFICATION AND OATH OF APPLICANT

I, _____, the applicant ,being duly sworn, deposed and say that the statements made and information provided on this application are true and contain a full and true account of the information requested to the best of my knowledge and belief, that statements provided by me to the Cherokee Tribal Gaming Commission, the Tribe, or its agents in and during the course of the background investigations of me conducted pursuant to the IGRA, the Ordinance, and other applicable laws and regulations, are true and correct and contain a full and true account of the information requested to the best of my knowledge and belief. I am aware that the purpose of the investigation is to determine my suitability for employment in or association with gaming activities and consent to the release of all information necessary. I have read and understand the Privacy Act Notice and the Notice Regarding False Statements above and consent to the requirement of this notice and disclosure of any background information. This statement is executed with the knowledge the misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Commission, and that later discovery of a material omission or material misrepresentation made in the above statements may be grounds for the revocation of any gaming license granted.

RELEASE OF ALL CLAIMS
(INDIVIDUAL)

I, _____, the undersigned ("Applicant") am filing with the Cherokee Tribal Gaming Commission my application for a gaming license. In consideration of the privilege to apply for a gaming license, I hereby, for myself and my successors and assigns, release, remise, and forever discharge the Eastern Band of Cherokee Indians, Cherokee Tribal Gaming Commission, and their respective members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgements, executions, claims and demands whatsoever, known and unknown, in law or equity, which I now have, may have, or may claim to have against any or all said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to my gaming application.

I, the Applicant, have read the above Certification and Oath and the release of all claims and understand all of the terms. I execute this certification, oath, and release voluntarily and with full knowledge of its significance on this the _____ day of _____, 20_____.

_____
Applicant Signature

Subscribed and sworn to before me, this the _____ day of _____, 20_____.

(NOTORIAL SEAL)

_____
Notary Public / My Commission Expires:

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

CHEROKEE TRIBAL GAMING COMMISSION
RELEASE OF INFORMATION AUTHORIZATION

I, _____, authorize any investigator, special agent, or other representative of the Cherokee Tribal Gaming Commission, the Federal Bureau of Investigation, or any tribal, state, or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including: employment, schools, criminal justice agencies, financial or lending institutions, hospitals and health care professionals, and other sources. This information includes, but is not limited to, my academic, residential performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize custodians of such records and courses of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators successors and assigns, hereby release, remise and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of action, suits, debts, judgements, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or by reasons of complying with this request.

I understand that the information released by records custodians and other sources of information is for required background investigations to process my license application for gaming employment or management, or providing goods or services to a gaming operation.

Copies of this authorization that show my signature are valid as the original release signed by me. I understand that this authorization remains valid for five (5) years or for the length of my employment with the Eastern Band of Cherokee Indians (whichever is longer) from the date it is signed.

I, _____, do hereby certify that I have read the foregoing and understand and authorize release of personal, financial and criminal information about myself.

_____ _____
Signature Date

_____ _____
Full Name (type or print) Social Security Number

_____
Current Address City State Zip

Subscribed and sworn to before me, this the _____ day of _____, 20_____.

(NOTORIAL SEAL)

_____
Notary Public / My Commission Expires:

Your Application will be rejected if any questions are omitted or not answered

_____
INITIALS

AUTHORIZATION TO WITHHOLD BACKGROUND INVESTIGATION FEE FROM PAYROLL

I, _____, **(PLEASE PRINT CLEARLY)** authorize the Cherokee Tribal Gaming Commission by and through the Tribal Casino Gaming Enterprise, Tribal Bingo Enterprise, or Harrah's Cherokee Casino & Hotel to withhold from my payroll as an employee of the gaming facilities the amount of Four Hundred Dollars ($400.00) at the rate One Hundred Dollars ($100.00) per paycheck until the entire Four Hundred Dollars ($400.00) is paid. These fees are to cover all licensing and investigation costs. I further authorize the Cherokee Tribal Gaming Commission by and through the Tribal Casino Gaming Enterprise to withhold the entire Four Hundred Dollars ($400.00) or any portion still owing upon my separation of service if my separation is prior to paying the entire amount. I fully understand these fees are non-refundable.

_____ _____

Social Security Number Date of Birth

_____ _____

Signature Date

Subscribed and sworn to before me, this the ____day of _____, 20___.

(NOTORIAL SEAL)

_____ _____

Notary Public My Commission Expires:

Gaming Facility *(please circle one)*

Harrah's Cherokee Valley River Mandara Spa

Brio HSS Bingo

Your application will be rejected if any questions are omitted or not answered.

_____

INITIALS