CHEROKEE TRIBAL GAMING COMMISSION APPLICATION FOR ULTRA STAR STAFF AND VENDOR BADGE FOR 15 - 45 DAY WORK PERMIT

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. 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 Commission, the State of North Carolina and 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 of firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosure indicated in this notice will result in a tribe being unable to hire you in a primary management official or key employee position. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin to work. Also you may be punished by fine or imprisonment (U.S. Codel 8, Chapter 47, § 1001). The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Please type or print in Black ink.

Cost for the Temporary Badge: \$50.00

Initial

- Additional documentation and explanation sheets should be attached as necessary to clarify any answer.
- You must complete, and sign 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)

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(City)	(Coun		
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Ioma Address		ty)	(State)
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elephone Number Trome		WOIK	
Current Employer:			
Current Gaming License #		State issued	Property
Current Employer's Address:			
(street	t, suite/box/city)	a where issued	
Date of Issuance	Name as shown on Lice	ense	
Are you a United States citizen?	Yes No If No v	vhat country?	
f an alien, your registration number	Port	of Entry	
Jate of entry	her	Date	
Place:	(Submit Copy of na	turalization document f	or verification).
Height Weight_	Hair	Eye color	
Gender: (circle one) Male	Female		
Tave you ever been charged or conv	victed with any gaming offense	any felony within the	nast 10 years or any
•			
-			
Name and Address of Court	Charge	Date of the Charge	Disposition
	Current Employer: Current Gaming License #	Current Employer's Address: (street, suite/box/city) Priver's License #	Current Employer: Current Gaming License # State issued Current Employer's Address: (street, suite/box/city) Oriver's License # State where issued Oute of Issuance Name as shown on License License # No If No what country? If an alien, your registration number Port of Entry Oute of entry Inaturalized, your certification number Date Ilace: (Submit Copy of naturalization document for the country is conder: (circle one) Male Female Inve you ever been charged or convicted with any gaming offense, any felony, within the other crime for which there is an ongoing prosecution, fine, parole, or probation? In the provided Hair Port of Entry In the provided Hair Port o

Individual Signature	Date	
Please print name		
Witness Signature	Date	
Witness (Print Name)		
Security Officer Signature		