Hire Date:	JDE#	Nick Name:
niie Date.	JDE#	NICK Name.

HARRAH'S CHEROKEE

CHEROKEE TRIBAL GAMING COMMISSION APPLICATION FOR WORK PERMIT EMPLOYEE GAMING LICENSE

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.

(LAST)	(FIRST)	(MIDDLE)
Other Names Used:		
	(Include Maiden Name, Previous Marr	ied Name, Alias Names)
Social Security Number:	Da	ate of Birth:
Place of Birth:		
(City)	(County)	(State)
Home Address:	(0.00)	(5, (5), 6, 1)
	(Street Name / Apartment # / Cir	ty / State / Zip Code)
Current Mailing Address:		
	(P.O. Box # / Street Address / C	ity / State / Zip Code)
Telephone #: Home:	W	ork:
Employment Position for which §	gaming license is sought:	
Race	Height	Weight
Hair Color	Eye Color	Gender (circle one): Male Female
Driver's License Number:		State Issued:
	Name on License:	
	-	ised, the state where issued, and date of

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	or or not such license, permit, or	ess of licensing and regu		lication, type of license or peri
	you ever been charged or co , Complete the following for		g offense? [] YES	[] NO
Name	and Address of Court	Charge	Dates of the Charge	Disposition
Are yo	u a registered sex offender?		[] YES	[] NO
	you ever been charged or co , complete the following for		[] YES	[] NO
Name	and Address of Court	Charge	Dates of the Charge	Disposition
For ea applica dispos	ch misdemeanor conviction of ation), provide below the name	or ongoing misdemeano nes and address of the in	r prosecution (within 10 yenvolved, misdemeanor / ch	ears of the date of this
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Name	and Address of Court	Charge	Dates of the Charge	Disposition
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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 ____, 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) , 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** (NOTORIAL SEAL) Notary Public / My Commission Expires:

CHEROKEE TRIBAL GAMING COMMISSION RELEASE OF INFORMATION AUTHORIZATION

I,		any investigator, special agent,	
of the Cherokee Tribal Gaming Commission, the Fed investigatory agencies, in order to determine my suita related to my activities including: employment, scho health care professionals, and other sources. This info disciplinary, financial, employment, and criminal his	ability for involvement ols, criminal justice a rmation includes, but story records, whether	t in Indian gaming, to obtain any gencies, financial or lending ins is not limited to, my academic, re	y information requested stitutions, hospitals and esidential performance,
from disclosure by any constitutional, statutory or con-	mmon law privilege.		
I authorize custodians of such records and review and copying of any and all documents, record the agencies listed above, regardless of any previous	ds or correspondence	pertaining to me, upon request	
I do, for myself, my heirs, administrators su to whom this request is presented and his agents and judgements, executions, claims, and demands whatso have, or may claim to have against such person or l request.	employees from any a ever, known or unkno	and all manner of actions, causes own, in law or equity, which I ev	s of action, suits, debts, ver had, now have, may
I agree to accept any risk of adverse public information that is obtained in connection with a back			
I agree to indemnify and hold harmless a employees from and against all claims, damages, los reasons of complying with this request.			
I understand that the information released background investigations to process my license ap- services to a gaming operation.			
Copies of this authorization that show my sauthorization remains valid for five (5) years or for (whichever is longer) from the date it is signed.			
I,, d release of personal, financial and criminal information	to hereby certify that I about myself.	I have read the foregoing and un	nderstand and authorize
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)			
	_ 1	Notary Public / My Commission	Expires:
Your Application will be rejected if any ques	tions are omitted o	r not answered	INITIALS

AUTHORIZATION TO WITHHOLD BACKGROUND INVESTIGATION FEE FROM PAYROLL

I,	, (PI	LEASE PRINT CLEA	RLY) authorize the Cheroke	ee Tribal
			terprise, Tribal Bingo Enter	
			an employee of the gaming	
			Dollars and Fifty cents (\$37	
•		•	investigation costs. I further a	
		_	Casino Gaming Enterprise to	
	-	_	upon my separation of servi	
•		• -	se fees are non-refundable.	cc ii iiiy
separation is prior to pay	ing the chine amoun	t. I fully understand the	se rees are non-retundable.	
G '1G '/ N	T 1		D (CD' 4	
Social Security N	Number		Date of Birth	
Signatur			Date	
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Subscribed and sworn to	before me, this the	day of	. 20	
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(MOTODIAL CEAL)				
(NOTORIAL SEAL)				
Notary P	'ublic		My Commission Expire	s:
	Gaming F	acility (please circle on	ee)	
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Harrah	's Cherokee	Valley River	Mandara Spa	
Brio	HSS	Bingo	Ultra Star	
X 7 10 40 011 1	• 4 3 • 6	,	, ,	
Your application will be	e rejected if any que	estions are omitted or i	not answered.	INITIALS