

MECHOOPDA INDIAN TRIBE OF CHICO RANCHERIA

Tribal Gaming Commission

125 Mission Ranch Blvd

Chico, CA 96021

Office: (530) 899-8922

Fax: (530) 899-8517

Gaming License Application for Employees

NOTICE TO APPLICANTS

Authority:

Indian Gaming Regulatory Act, 25 U.S.C. 2701 et seq. and Tribal Ordinances, Regulations, Codes and Rules.

Purpose:

To protect the tribe, employees, patrons, and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant to be employed by or associated with the gaming activities.

Burden of Proof:

An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications and suitability is at all times on the applicant.

Disclosure of Information:

An applicant may be subject to a gaming license denial or other action based upon failing to reveal any material facts or providing misleading or untrue information. The Mechoopda Tribal Gaming Authority specifically reserves the right to request additional and subsequent information from an applicant or license at any time.

Waiver of Claim for Damages:

An applicant accepts any and all risks of adverse reaction, financial loss, or public notice which may result from any action taken with respect to an application. By filing an application and applicant expressly waives any claim for damages as a result of any action taken with respect to that application.

Withdrawal of an Application:

Once an application for a gaming license is submitted for review, it may not be withdrawn without the permission of the Mechoopda Tribal Gaming Commission.

Privacy Act Notice:

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 provided 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 the appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulator investigation 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, 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 delays and errors in processing your application.

Notice Regarding False Statements

A false statement on any part of your license application, supporting documentation or supplemental information you provide as a part of this application may be grounds for denying a license, suspending or revoking your gaming license, or for terminating you after you begin work. As federal regulators have authority to review the information you provide in this application, be advised that false or misleading statements to federal agents is a criminal violation and you may be punished by fine or imprisonment pursuant U.S. Code, title 18, Section 1001.

Special Instructions

- Complete each question. If not applicable, indicate so with "N/A".
- Please type or print all answers. Do not use pencil. Failure to do so will cause delays and/or denial of your application.
- If needed, attach additional documents, pages or explanation sheets to this original application.
- Submit two current passport quality photographs. Ensure that the photographs provide a full facial view and write your name and social security number on the back of each picture.

Identification Requirements

As part of your application, please provide positive proof of your identity by including a copy of one or more of the following official documents:

- Certification of Birth
- Valid driver's license
- Valid State issued identification Card
- Military Identification Card
- Valid passport, or
- Alien registration card, if you are a registered alien.

Continuing Obligation to Update

The application has a continuing duty to provide to the Mechoopda Tribal Gaming Commission with any information that deviate or is in addition to the information provided in this application so long as the applicant is currently under review and consideration for a gaming license or holds a current gaming license issued. All updated information must be provided to the Tribal Gaming Authority within **forty-eight hours** of such changes. Failure to do so will result in denial, suspension or revocation of a license.

Thank you,

Mechoopda Gaming Commission

GAMING LICENSE APPLICATION

Do not misstate or omit any material fact(s) as each statement made in this application is subject to verification. Any corrections, changes or other alternations to this application form must be initialed and dated by the applicant. Each page, including additional pages, must be initialed in the lower right hand corner. By placing your initials on each page, you are attesting to the accuracy and completeness of the information contained on that page.

You are hereby advised that this **Gaming License Application** is an official document and any misrepresentations or failure to reveal or otherwise provide the information as requested may be deemed sufficient cause for the denial or revocation of a gaming license.

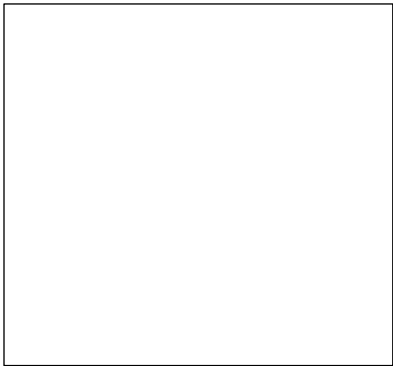
Date of Application ___/___/___

Position(s) Applied for: 1. _____ Job Number: _____
2. _____ Job Number: _____
3. _____ Job Number: _____

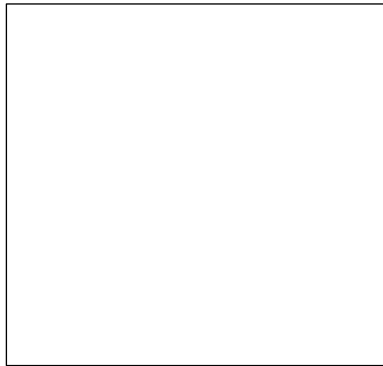
Full Name: _____

Address: _____

Telephone: _____



Date of photograph: _____



Date of Photograph: _____

SECTION 1. PERSONAL HISTORY INFORMATION**(A) Personal Information**

| | | | | | |
|--|------------------------|---|---|--|--|
| Last Name | | First Name | | Middle Name | |
| Maiden name, any alias, nicknames or other names used | | | | | |
| Present complete residence address (street name or route, city, state and zip code) | | | | | |
| Mailing address (if different from above address) | | | | | |
| Residence telephone number () _____ Cellular telephone number () _____ | | | | | |
| Present Employer Business Address _____ City, County, State, Zip _____ | | | | | |
| Current Occupation | | Business Phone: | | Fax Number: | |
| Date of Birth | | | Place of Birth (City, County, State, and Country) | | |
| Age | Social Security Number | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | | Driver's License or State issued Identification Card | |
| Eye Color | Hair Color | Weight | Height | | |
| Distinguishing marks (scars, distinctive marks, tattoos, etc.): Describe and indicate locations: | | | | | |
| | | | | | |
| Are you a Mechoopda Tribal Member? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", list your enrollment No: _____ | | | | | |
| | | | | | |
| Are you an enrolled member of another federally recognized Indian Tribe? Yes No If "Yes", list | | | | | |
| Tribal affiliation: _____ | | | Tribal enrollment ID number: _____ | | |
| Tribal address: _____ | | | Tribal office phone number: _____ | | |
| List all non-English languages, which you are fluent in, or capable of reading and/or writing: | | | | | |
| | | | | | |

Do you have any family members who work in gaming or gaming related positions in this gaming facility?

If "Yes", provide the name(s), address(es), relationship(s), position(s) held, and their supervisor's name.

| Name | Address | Relationship | Position Held | Supervisor |
|------|---------|--------------|---------------|------------|
| | | | | |
| | | | | |
| | | | | |

Are you a United States citizen? Yes No If "No", which country are you a citizen of? _____

(B) Martial Information:

Single Married Separated Divorced Widowed

Information regarding current spouse:

Full Name of Spouse

Last First Middle Maiden

Date of Birth: ____/____/____ Place of Birth: _____

Residence address (if different from applicant): _____

Telephone: Home () _____ Business () _____

Employer: _____ Occupation: _____

Address of Employer: _____
 Street City State Zip

Date of Marriage: ____/____/____

Former Marriage(s)

| Name (Last, First, Middle, Maiden) | Dates of Marriage (From-To) |
|------------------------------------|-----------------------------|
| | |
| | |

(C) Family Information:

(1) Children and/or Dependents

Provide the following information for each of your children (including step, adopted, foster children) and dependents.

| Name(Last, First, Middle, Maiden) | Date of Birth | Address | Phone No. | Relationship |
|-----------------------------------|---------------|---------|-----------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(2) Co-habitants and/or Roommates

List any adults, not disclosed above, with whom you currently reside.

| Name(Last, First, Middle, Maiden) | Employer/Occupation | Employer Address/Phone No. | Relationship |
|-----------------------------------|---------------------|----------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

(3) Parents and/or Step-Parents

List names, places of birth, residence addresses, and the most recent occupations of parents and/or stepparents. If retired or deceased, list their last addresses and occupations.

| Name(Last, First, Middle, Maiden) | Place of Birth | Address/City/State | Occupation |
|-----------------------------------|----------------|--------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

(4) Brothers and/or Sisters

List names, places of birth, residence addresses, and the most recent occupations of your brothers and sisters. If retired or deceased, list their last addresses and occupations.

| Name (Last, First, Middle, Maiden) | Place of Birth | Address/City/State | Occupation |
|------------------------------------|----------------|--------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

(D) Educational Background:

List below your formal education and include any schools or training programs you have attended.

| Name of School | Location (City/State) | Dates of Attendance | Graduate |
|------------------------|-----------------------|---------------------|--|
| High School | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| College/ University | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | |

(E) Military Information:

Have you ever served in any branch of the armed forces of the United States? Yes No

If you answered "yes", list which branch of the service: _____

If you answered "yes", attach a copy of your DD-214 to this application form.

Dates of Service: From _____ to _____ Type of Discharge: _____

Rating/Rank at Separation: _____ Serial/Service Number: _____

While in the military service, were you ever charged with any offense or disciplined? Yes No

If you answered "Yes", provide details of the action (use and attach additional paper if necessary)

(F) Employment History:

Beginning with your **CURRENT** employment, list each of your employers, your work assignments, all volunteer activities, any military experience and any periods of unemployment for the past fifteen (15) years.
 Attach an additional page if needed.

| | | |
|--------------------------|--|---|
| Month and Year (From-To) | Name & mailing address / Employer telephone number | Reason for Leaving? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Title | Description of Duties Name of Supervisor | Gambling Related? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--------------------------|--|---|
| Month and Year (From-To) | Name & mailing address / Employer telephone number | Reason for Leaving? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Title | Description of Duties Name of Supervisor | Gambling Related? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--------------------------|--|---|
| Month and Year (From-To) | Name & mailing address / Employer telephone number | Reason for Leaving? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Title | Description of Duties Name of Supervisor | Gambling Related? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--------------------------|--|---|
| Month and Year (From-To) | Name & mailing address / Employer telephone number | Reason for Leaving? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Title | Description of Duties Name of Supervisor | Gambling Related? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--------------------------|--|---|
| Month and Year (From-To) | Name & mailing address / Employer telephone number | Reason for Leaving? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Title | Description of Duties Name of Supervisor | Gambling Related? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--------------------------|--|---|
| Month and Year (From-To) | Name & mailing address / Employer telephone number | Reason for Leaving? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Title | Description of Duties Name of Supervisor | Gambling Related? Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|--------------------------|--|---|
| Month and Year (From-To) | Name & mailing address / Employer telephone number | Reason for Leaving? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Title | Description of Duties Name of Supervisor | Gambling Related? Yes <input type="checkbox"/> No <input type="checkbox"/> |

(G) Residence history: Please list your current residence address and all previous residential addresses for the past fifteen (15) years and a contact person with whom you were acquainted with during each period of residency for verification purposes. Attach an additional page if needed.

| | | | | |
|-------------------------------|-----------------|----------------|-----------------|-------|
| From Month/Yr. | To Month/Yr. | Street Address | City | State |
| | | | | |
| Complete Name Of Reference | | DOB of Age | Yrs. Acquainted | |
| Reference's Home Address | | | Home Phone: | |
| Reference's Business Address | | | Business Phone: | |

| | | | | |
|-------------------------------|-----------------|----------------|-----------------|-------|
| From Month/Yr. | To Month/Yr. | Street Address | City | State |
| | | | | |
| Complete Name Of Reference | | DOB of Age | Yrs. Acquainted | |
| Reference's Home Address | | | Home Phone: | |
| Reference's Business Address | | | Business Phone: | |

| | | | | |
|-------------------------------|-----------------|----------------|-----------------|-------|
| From Month/Yr. | To Month/Yr. | Street Address | City | State |
| | | | | |
| Complete Name Of Reference | | DOB of Age | Yrs. Acquainted | |
| Reference's Home Address | | | Home Phone: | |
| Reference's Business Address | | | Business Phone: | |

| | | | | |
|-------------------------------|-----------------|----------------|-----------------|-------|
| From Month/Yr. | To Month/Yr. | Street Address | City | State |
| | | | | |
| Complete Name Of Reference | | DOB of Age | Yrs. Acquainted | |
| Reference's Home Address | | | Home Phone: | |
| Reference's Business Address | | | Business Phone: | |

| | | | | |
|-------------------------------|-----------------|----------------|-----------------|-------|
| From Month/Yr. | To Month/Yr. | Street Address | City | State |
| | | | | |
| Complete Name Of Reference | | DOB of Age | Yrs. Acquainted | |
| Reference's Home Address | | | Home Phone: | |
| Reference's Business Address | | | Business Phone: | |

(H) Personal References: Please provide the names and contact information for three (3) personal references, who are not relatives, who have known you well for at least the past five (5) years. If the reference is retired, identify their former occupation. Provide an approximate age for each reference you are listing.

| | | |
|------------------|------------|-----------------|
| Complete Name | DOB or Age | Yrs. Acquainted |
| Home Address | | Home Phone: |
| Business Address | | Business Phone: |
| Complete Name | DOB or Age | Yrs. Acquainted |
| Home Address | | Home Phone: |
| Business Address | | Business Phone: |
| Complete Name | DOB or Age | Yrs. Acquainted |
| Home Address | | Home Phone: |
| Business Address | | Business Phone: |

(I) Social Acquaintances: Please provide the names and contact information for three (3) social acquaintances within your age group who have known you for at least the past five (5) years. Provide an approximate age for each social acquaintance you are listing.

| | | |
|------------------|------------|-----------------|
| Complete Name | DOB or Age | Yrs. Acquainted |
| Home Address | | Home Phone: |
| Business Address | | Business Phone: |
| Complete Name | DOB or Age | Yrs. Acquainted |
| Home Address | | Home Phone: |
| Business Address | | Business Phone: |
| Complete Name | DOB or Age | Yrs. Acquainted |
| Home Address | | Home Phone: |
| Business Address | | Business Phone: |

(J) Business Interests: Beginning with the most current, list all business, corporations and partnerships with which you have, or have been, associated with in as an owner, officer, director, active shareholder, partner or other related capacity.

| | | | | | |
|---|-----------------|---|-----------------------------|--|--|
| Dates of Involvement From _____ To _____ | | Name/Mailing Address/Telephone Number of Business | | Name of Corporation/Partnership | |
| Capacity/Title | Primary Purpose | Amount of Investment | % of Ownership/Shares Owned | Gambling Related Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | |
|---|-----------------|---|-----------------------------|--|--|
| Dates of Involvement From _____ To _____ | | Name/Mailing Address/Telephone Number of Business | | Name of Corporation/Partnership | |
| Capacity/Title | Primary Purpose | Amount of Investment | % of Ownership/Shares Owned | Gambling Related Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | |
|---|-----------------|---|-----------------------------|--|--|
| Dates of Involvement From _____ To _____ | | Name/Mailing Address/Telephone Number of Business | | Name of Corporation/Partnership | |
| Capacity/Title | Primary Purpose | Amount of Investment | % of Ownership/Shares Owned | Gambling Related Yes <input type="checkbox"/> No <input type="checkbox"/> | |

(K) Previous Business Relationships with Indian Tribes: Describe all previous or existing business relationships you have, or have had, with any Indian Tribe and identify any business ownership interest you may have, or had, in those businesses.

| |
|--|
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| |

(L) Previous Business Relationships within the Gaming Industry: Describe any existing or previous business relationships within the gaming industry, including any ownership interests in those businesses.

| |
|--|
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| |

SECTION 2. OTHER LICENSING INFORMATION

(A) Other Gaming Licenses: Have you ever held or applied for a permit, license, or certificate related to gaming, regardless of whether or not such license, permit, or certificate was granted? Yes No

If, "Yes", list below the licensing or regulatory agency (tribal, state, or local) to which you applied for a license, permit, or certificate related to gaming activities or lottery, whether or not such license, permit, or certificate was actually granted. (Include any applications denied, withdrawn, and/or pending.)

| | |
|--|---|
| Applicant Name: _____ | Type of Application: _____ |
| License/permit/certificate number: _____ | Dates Held: From _____ to _____ |
| City: _____ | County: _____ State: _____ Tribe: _____ |
| Action Taken: _____ | Issuing Agency: _____ |

| | |
|--|---|
| Applicant Name: _____ | Type of Application: _____ |
| License/permit/certificate number: _____ | Dates Held: From _____ to _____ |
| City: _____ | County: _____ State: _____ Tribe: _____ |
| Action Taken: _____ | Issuing Agency: _____ |

(B) Other Professional or Privileged Licenses: Have you ever held, or applied to, a licensing or regulatory agency for professional or an occupational license, permit, registration, or certificate of any type (whether or not the license, permit, or certificate was granted)? Yes No

If, "Yes", list below the licensing or regulatory agency to which you have applied for a license, permit, registration, or certificate regardless of whether or not such license, permit, registration, or certificate was granted. Include any applications that were denied, withdrawn or are pending. (attach additional informational page if necessary)

| | |
|--|---|
| Applicant Name: _____ | Date of Application: _____ |
| License/permit/certificate number: _____ | Dates Held: From: _____ to _____ |
| City: _____ | County: _____ State: _____ Tribe: _____ |
| Action Taken: _____ | Issuing Agency: _____ |

(C) Licensing Disciplinary Actions:

With regards to any professional or other privileged licenses you have possessed, have you appeared before any licensing board, agency or regulatory authority relative to any disciplinary actions involving your license? Yes No

If "Yes", please provide details below:

| Licensing Agency | Date of Action | Nature of Action | Disposition (revoked, fined, probation) |
|------------------|----------------|------------------|--|
| | | | |

SECTION 3. CRIMINAL HISTORY INFORMATION

(A) Previous Felony Arrests:

Have you ever been charged, arrested, convicted, or are you currently being prosecuted, for any felony crime? Yes No

If “Yes”, please list the charge(s), date, city, county, name and address of the courts involved and the final disposition of the case. (Including, but not limited to theft, burglary, embezzlement, falsifying income taxes, tax evasion, murder, manslaughter, assault, felony DUI, fraud, possession/use/sale of drugs, etc.)

| Date | Arresting Agency (Location-City & State) | Original Charges | Final Charge (if amended or reduced) | Court (Location-City & State) | Disposition (guilty, dismissed, not guilty, amount of fines, and/or sentence) |
|------|---|------------------|---|----------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

(B) Previous Misdemeanor Arrests:

Have you ever been arrested, convicted of, or are you currently being prosecuted for, a misdemeanor crime? Yes No

If “Yes”, please list the charges, dates, city, county, name, and address of the courts involved and the final dispositions. (Misdemeanors include DUI, simple assault and battery, disorderly conduct, shoplifting, petty theft, property damage, public intoxication, trespassing, etc.)

| Date | Arresting Agency (Location-City & State) | Original Charges | Final Charge (if amended or reduced) | Court (Location-City & State) | Disposition (guilty, dismissed, not guilty, amount of fines, and/or sentence) |
|------|---|------------------|---|----------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

(C) Any Other Criminal Charges:

Are you now, or have you ever charged or arrested for ANY CRIME, outside of the United States? (excluding minor traffic violations), whether or not convicted, that is not otherwise listed above? Yes No

If “Yes”, please list the charges, date, city, country or province, name and address of the courts involved and the final disposition.

| Date | Arresting Agency (Location-City & State) | Original Charges | Final Charge (if amended or reduced) | Court (Location-City & State) | Disposition (guilty, dismissed, not guilty, amount of fines, and/or sentence) |
|------|---|------------------|---|----------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

(D) Prior Associations or Involvement with Street Gangs, Prison Gangs or other anti-government groups:

Are you now, or have you ever been, associated with, or a member of, any criminal street gang, prison gang or unlawful anti-government organization? Yes No

If yes, please describe which street gang, prison gang or other unlawful organization and disclose your specific involvement within it.

SECTION 4. FINANCIAL HISTORY INFORMATION

(A) Bankruptcies:

Have you ever filed for bankruptcy in any jurisdiction? Yes No

If "Yes", please provide full details and an explanation on a separate page and attach the information to this form.

Date filed: ____/____/____ Date discharged: ____/____/____ Court: _____

(B) Civil Actions:

Have you ever been a plaintiff or a defendant in a civil suit? Yes No

If "Yes", please provide a full explanation and details on a separate page and attach the information to this form.

Date filed: ____/____/____ Date resolved: ____/____/____ Court: _____

(C) Judgements and/or Liens:

Have you had a judgment or lien rendered against you? Yes No

If "Yes", please provide a full explanation on a separate page and attach the information to this form.

Date filed: ____/____/____ Date discharged: ____/____/____ Jurisdiction recorded: _____

(D) Income Tax Audit/Adjusted:

Have you ever had your state or federal personal income tax return audited or adjusted? Yes No

Date audited/adjusted: ____/____/____ Year of Filing: ____/____/____ Jurisdiction: _____

Date audited/adjusted: ____/____/____ Year of Filing: ____/____/____ Jurisdiction: _____

If "Yes", please provide a full explanation and details of the circumstances on a separate page and attach to this form.

(E) Gross Annual Income (For Household):

Source: _____ Annual Amount: _____

Source: _____ Annual Amount: _____

Source: _____ Annual Amount: _____

Source: _____ Annual Amount: _____

TOTAL GROSS ANNUAL INCOME: _____

(F) Statement of Assets (For Household):

List the total value of all assets held, both tangible and intangible, on the appropriate line below. Enter the amounts as of the date of this application. If applicable, your investment in any gambling or related business should be reflected below.

| | Original Cost/ Investment | Current Market Value |
|---|------------------------------|-------------------------|
| Assets: | | |
| Cash & Checking Accounts _____ | _____ | _____ |
| Savings Accounts & Notes Receivable _____ | _____ | _____ |
| Stocks and Bonds _____ | _____ | _____ |
| Business Investments _____ | _____ | _____ |
| Real Estate _____ | _____ | _____ |
| Other Assets (autos, boats, etc.) _____ | _____ | _____ |
| TOTAL ASSETS _____ | _____ | _____ |

(G) Statement of Liabilities (For Household):

List all liabilities owned on the appropriate line below. Enter the amount as of the date of this application.

| | Monthly Payment | Present Balance |
|---|-----------------|-----------------|
| Liabilities: | | |
| Promissory Notes | _____ | _____ |
| Tax Liabilities | _____ | _____ |
| Mortgage or Rent | _____ | _____ |
| Car Payments/Leases | _____ | _____ |
| Personal Loans | _____ | _____ |
| Estimated Monthly Living Expenses | _____ | _____ |
| Other Liabilities (credit cards, judgments, contingent, liabilities, etc.)..... | _____ | _____ |
| TOTAL LIABILITIES | _____ | _____ |

MECHOOPDA INDIAN TRIBE OF CHICO RANCHERIA**Tribal Gaming Authority**

125 Mission Ranch Blvd.

Chico, CA 95926

Office: (530) 899-8922

Fax: (530) 899-8517

Effective _____, employers or prospective employers in California with the exception of certain financial institutions will be prohibited from obtaining consumer credit reports to use in the hiring and promotion process after Governor Jerry Brown recently signed into law Assembly Bill 22 (AB 22) that restricts the usage of consumer credit reports for employment purposes.

AB 22 bans the use of pre-employment credit checks for many employers. The bill prohibits employers or prospective employers from obtaining a consumer credit report for employment purposes unless the position of the person for whom the report is sought is one of the following:

- _____ A managerial position
- _____ A position in the state Department of Justice
- _____ A sworn peace officer or other law enforcement position
- _____ A position for which the information contained in the report is required by law to be disclosed or obtained.
- _____ A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, to all of the following types of information of any one person: (A) Bank of credit card account information. (B) Social Security Number. (C) Date of birth.
- _____ A position in which the person is or would be any of the following: (A) An armed signatory on the bank or credit card account of the employer. (B) Authorized to transfer money on behalf of the employer. (C) Authorized to enter into financial contracts on behalf of the employer.
- _____ A position that involves access to confidential or proprietary information, including a formula, pattern, compilation, program, device, method, technique, process or trade secret that (i) derives independent economic value, actual or potential, from being generally known to, and not being readily ascertainable by proper means by, other persons who may obtain economic value from the disclosure or use of the information, and (ii) is the subject of an effort that is reasonable under the circumstances to maintain secrecy of the information.
- _____ A position that involves regular access to cash totaling ten thousand dollars (\$10,000.00) or more of the employer, a customer, or client, during the workday.

In addition, AB 22 also requires the written notice informing the person for whom a consumer credit report is sought for employment purposes to also inform that person of the specific reason for obtaining the report.

ACKNOWLEDGMENT & CONSENT PURSUANT TO 25 CFR §§ 556.2 AND 556.3

I, the undersigned, hereby acknowledge the change in the Privacy Act Notice and False Statement Notice provided in their entirety below and effective _____, pursuant to 25 CFR §§ 556.2 AND 556.3 promulgated pursuant to the Indian Gaming Regulatory Act.

PRIVACY ACT NOTICE (2-25-2013)

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. 2710 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.

FALSE STATEMENT NOTICE (2-25-2013)

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).

I, the undersigned, hereby state that I understand, agree, and consent to the routine uses described in the Privacy Act Notice and understand and agree to the False Statement Notice.

I also acknowledge that all license application forms utilized until after February 25, 2013 will include the above recited notices.

Date: _____

Employee / Licensee Signature

Employee / Licensee Printed Name

Employee / Licensee Gaming License#

CERTIFICATION OF APPLICANT:

I certify that all of the statements made by me, and the records and documents that I have provided with respect to this application are true, complete and correct to the best of my knowledge and belief. I am aware that the purpose of this background investigation is to determine my suitability for licensing, the Tribal Gaming Agency and/or State of California gaming regulators may request my consumer credit report. My signature below authorizes these agencies to request my credit report for such purposes.

I also understand that the granting of a tribal gaming license imposes on me the responsibility to comply with certain Federal, State, local and Tribal laws and regulations concerning gaming and that my failure to abide by these requirements and regulations may result in the denial, suspension or revocation of my gaming license, as well as exposed me to other sanctions or fines.

Name: _____

(Please print) Last Name First Name Middle Name

Signature: _____ Date: ____/____/____

Witnessed by: _____, this _____ day of _____, 20____

(Print Full Name of Witness)

Signature of witness _____, a duly authorized witness for the Mechoopda Indian Tribal Gaming Commission.

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

Print Name

Signature

Notary Public in and for the State of _____

Residing at _____

My Commission expires _____

MECHOOPDA TRIBAL GAMING AUTHORITY

125 Mission Ranch Blvd - Chico, CA 95926

(530) 899-8922

(530) 899-8517 – fax

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby authorize any tribal, federal, or state gaming enforcement agency and their authorized agents, for the purpose of determining my suitability for involvement in Indian gaming activities, including operations and regulation, to obtain any and all information and records requested related to my activities including past, present, and future criminal investigations and enforcement matters; administrative and internal investigations; regulatory and disciplinary proceedings; medical records and claims, military activities and records; educational pursuant, financial and credit history and real and personal property interests. Sources of such records and information may include, but are not limited to, employers, educational institutions; criminal justice, enforcement, and court records; investigation and regulatory agencies; tax records; financial and lending institutions; businesses; residential management agents; property interests (real and personal; medical facilities; health care professionals; neighbors, personal references, relatives and acquaintances.

I authorize the custodians of such records and sources of information to release such documents, records, correspondence and information, and permit the review and copying of any and all documents, reports, records, correspondence, and information pertaining to my activities, upon request of the representative of the agencies indicated above, regardless of any previous agreement to the contrary.

For myself, my heirs, administrators, successors and assignees, I hereby release, surrender, and forever discharge any person or entity to whom this request is presented, and their agents and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, or may claim to have against such person or entity or their agents and 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 any purpose listed in this document.

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

I understand that the information and records released by records custodians and other sources of information is for the purpose of conducting a background investigation to process my license or license renewal application related to employment, management, or providing goods, services, or financing in conjunction with gaming activities, operations, or regulation.

Copies of this authorization that show my signature are as valid as the original release signed by me.

I, _____ do hereby certify that I have read the foregoing, understand its contents, and authorize release of such records and information about myself.

Signature Date Signed

Print Full Name Social Security Number

Current Address

WITNESSED BY:

Signature: _____ Date: ____/____/____

Witnessed by: _____, As a duly authorized witness for the Mechoopda Tribal Gaming Commission.
(print name)

OR Subscribed and sworn to, before me this _____ day of _____, 20____

Print Name

Signature
Notary Public in and for the State of _____
Residing at _____
My Commission Expires: _____