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**SILETZ TRIBAL GAMING COMMISSION**  
2120 NW 44<sup>TH</sup>, SUITE A  
LINCOLN CITY, OREGON 97367  
(541) 996-5497 • 1-800-789-5189 • FAX: (541) 996-5492  
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**Information for completing a [Low Security Non-Gaming Application](#)**

Please make sure to read the Declaration Page and General Instructions, as well as all the information in the application.

The Entire Application **Must** Be Completed. If a question does not apply to you, indicate “N/A” or “None”. Please note that a STGC notary will notarize your application when you return to our office on your processing appointment date.

STGC will notarize the application at no charge. Be advised that STGC cannot begin your background investigation until we have the necessary pages completely notarized.

Low Security Non-Gaming Applicants are not required to be fingerprinted.

There should be no gaps in the employment section. You must go back three years. Start with your current employer and work your way back three years. All the dates must correlate with each other see below example:

3/2021 -Current	Bi-Mart
12/2020 – 3/2021	Walgreens
3/2019 – 12/2020	Unemployed

If you have not been employed in the last 3 years, put “Unemployed.” If your first job was in the last 3 years please note when your very first job was, so that we know that you cannot go back 3 years. See example: 10/2021 – Current (first Job)

Make sure to initial each page at the bottom right where required.

Please go to [siletztribalgaming.com](http://siletztribalgaming.com) or contact our office to make an appointment when you are ready to have your application processed. Low Security Non-Gaming applicants will be at the Gaming Commission approximately 30 minutes. However, if there is too much information missing, we will reschedule your appointment. If there are only a few things, we may allow you to fill out the information and continue processing.

You must have three references who have known you for five years or more. Do not include relatives, any household members, present or past employers, or anyone you may have supervised. You can use co-workers, in-laws, and steps (as long as they don't live with you).

Terminations from employment must be explained. Any arrests must be explained.

There will be a \$25.00 fee that will be deducted out of your first paycheck.

If you have any questions, please give Creeanna Logan, Licensing Assistant a call at 541-996-5497, Dion Doar, Background Investigator a call at 541-996-5527, or Josh Morrow, Licensing Agent at 996-5528.

# Siletz Tribal Gaming Commission

2120 N.W. 44<sup>th</sup>, Suite A  
Lincoln City, Oregon 97367

■ [www.siletztribalgaming.com](http://www.siletztribalgaming.com) ■



## Low Security Non-Gaming License Application

POSITION APPLIED FOR: *(Job Title)*

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## DECLARATION TO POTENTIAL LICENSEE

The Siletz Tribal Gaming Commission's ongoing task and goal is to have the Chinook Winds Casino Resort be one of the best Native American casinos in the nation.

**The Siletz Tribal Gaming Commission reserves the right to deny a gaming license if, but not limited to, the following:**

- 1. You have not made a full and complete disclosure of all requested information.**
- 2. You have misrepresented any portion of this disclosure.**
- 3. You have committed or been convicted of a felony in the past five years, or currently have a felony matter pending (other than traffic offenses).**
- 4. Your credit history reveals a pattern of accounts sent to collections.**
- 5. The investigation of your background shows a consistent disregard of rules and regulations.**
- 6. Your background is such that your employment will jeopardize the honesty, integrity, fairness, or security of Chinook Winds Casino Resort. During the background investigation, your lifetime criminal history is taken into consideration.**

### APPLICATION IS COMPLETE ONLY WITH THE FOLLOWING:

- All questions must be answered. No blank spaces (including previous address numbers, street names and phone numbers for previous employers and/or references). Gaps in employment history must be explained.
- File photo and license photo, taken by Gaming Commission member.
- Notarized signatures on disclosure forms (no fee is charged).
- Licensing fee of \$25

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Signature

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Date

# SILETZ TRIBAL GAMING COMMISSION

## DISCLOSURE AGREEMENT

During the time you are employed at the Chinook Winds Casino Resort (full or part time) you must **notify** the **Siletz Tribal Gaming Commission** directly, **in writing** within **five (5) working days** of the date you were involved in any of the following events:

1. **ALL ARRESTS, DETENTIONS AND LITIGATIONS.** This includes any criminal arrest or civil action in which you were involved whether **convicted in criminal court** or settled in **civil court**. All arrests, detentions, charges, indictments, court orders and/or summons to answer for any Criminal Offense or violation for any reason whatsoever, regardless of the outcome (disposition) of the event (except MINOR TRAFFIC citations—speeding, stop signs, equipment, etc.); or
2. You have been **questioned** by any city, state, federal, or other law enforcement agencies (except MINOR TRAFFIC citations—speeding, stop signs, equipment, etc.), Commissions, or Committees, except for the Siletz Tribal Gaming Commission; or
3. Any information that changes your original application (such as, but not limited to, name change, address change, telephone change, etc.)

I HEREBY ACKNOWLEDGE that I have read and understand the foregoing requirements and agree to be bound by its terms as a condition of my licensing and that failure to notify the Siletz Tribal Gaming Commission may result in the immediate suspension or revocation of my gaming license.

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**NAME (Print)**

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**SIGNATURE**

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**DATE**

**GENERAL INSTRUCTIONS**

- Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.
- Handprint in blue or black ink an answer for each section.
- If a question does not apply to you, state with **N/A**.
- If additional space is needed, continue on separate sheet of paper and precede each answer with the appropriate title (and number).
- Applicant must initial each page, as provided in lower right-hand corner.
  - By placing his/her initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the denial, suspension, or revocation of a gaming license.

The applicant is hereby advised that he/she is seeking the granting of a Gaming License and that the burden of proving qualification for a favorable determination is always on the applicant.

In compliance with Public Law 93-579 7 (5 U.S.C. 552(a)) you are hereby notified that the disclosure of your social security number is voluntary. It will be used to obtain a credit history, and to check criminal history records. Your refusal to provide your socialsecurity number for this purpose will delay processing of your application.

**1. PERSONAL INFORMATION:**

Last Name			First Name			Middle Name			
Alias(es), Maiden Name, Other Name Changes, Legal or Otherwise					Email Address				
Present Physical Address - Street or RFD					Present Mailing Address				State/Zip
Since _____ (Date)									
Phone: Residence (    )					Phone: Business (    )				
Sex	Eye Color	Hair Color	Height	Weight	Driver's License #			State	
Date of Birth		Place of Birth			Social Security #				

a. Significant scars, tattoos, or distinguishing marks and/or characteristics \_\_\_\_\_

b. Are you a citizen of the United States? Yes  No   
 If No, provide your current Employment Authorization status and Expiration Date: \_\_\_\_\_.  
 (Employment Authorization Card required. If expired, documentation of processing status and Employment Authorization required.)

c. Do you speak and/or write any foreign languages? Yes  No   
 If Yes, please list such languages: \_\_\_\_\_

d. Enrolled Tribal Member? Yes  No   
 Tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

**2. MARITAL INFORMATION:**

Single  Married

Current Marriage \_\_\_\_\_  
Date City County State

Spouse's full name (Maiden) \_\_\_\_\_ S.S.N. \_\_\_\_\_

Date of birth \_\_\_\_\_

**3. MILITARY INFORMATION:**

Have you ever served in any armed forces? Yes  No  (If yes, a copy of your **DD Form 214** is required)

**4. ARRESTS, SUSPENSIONS, DETENTIONS, AND LITIGATIONS:**

A. List all arrests for the past **three (3) years**, whether or not you were convicted, charges were dropped, or never filed, regardless of the outcome. Include ALL arrests involving **FELONIES** for the **past five (5) years** (except MINOR TRAFFIC citations—speeding, stop signs, equipment, etc.)

Date of Arrest	Charges	Arresting Agency	Court Involved Address	Disposition (Outcome)

**5. PERSONAL VEHICLE(S):**

List below all motor vehicles that are owned or operated by you.

Make/Model	LICENSE NUMBER	REGISTERED IN THE STATE OF:	REGISTERED OWNER

## 6. EMPLOYMENT

Beginning with your current status and working backwards, list all employment, unemployment, student, military employment, and volunteer activities for the last 3 years. Also, include all business ventures with which you have been associated as an officer, director, stockholder, or related capacity. (Mark "yes" under "Gaming Present" (including lottery tickets) if coin or token-operated video card games were on the premises during the period of your employment or if any form of gambling took place on the premises during the period of your employment.) If additional space is needed, continue on separate sheet of paper.

Month and Year (From-To)	Name/Street Address/Telephone of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes c No c

Month and Year (From-To)	Name/Street Address/Telephone of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes c No c

Month and Year (From-To)	Name/Street Address/Telephone of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes c No c

Month and Year (From-To)	Name/Street Address/Telephone of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes c No c

Month and Year (From-To)	Name/Street Address/Telephone of Employer/Business		Reason for Leaving
Title	Description of Duties	Name of Supervisor	Gaming Present? Yes c No c

## 7. CHARACTER REFERENCES

List five-character references who have known you for **five years or more**. **DO NOT** include relatives, any household members, present or past employers, or employees you supervised.

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		

Name and where employed	Street	City	State/Zip	Telephone	Years known
Name	Home Address				
Employer	Business Address		Business Telephone		



**8. LICENSING INFORMATION**

8a Describe all previous or existing relationships with any Indian Tribes.

Dates	Company/Partner Name	Address

8b Fill in the information for each Gaming License applied for:

Licensing Agency	Address	* Applied for	Determination (Granted/Denied)	**Licensing Action taken	Expires/Expired Date
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*High Security (HS) or Low Security (LS)

\*\* If the license was suspended or revoked, mark yes and explain on a separate sheet of paper what lead to the action.

8c Fill in the information for each Occupational License applied for:

Licensing Agency	Address	*Type	**Determination (Granted/Denied)	Expiration Date

\*e.g., Food Handler, OLCC, etc.

\*\* If denied, please explain on a separate sheet of paper.