

# Siletz Tribal Gaming Commission - Temporary Employee Application

2120 NW 44<sup>th</sup>, Suite A, Lincoln City, Oregon 97367  
 541-996-5497, 1-800-789-5189  
 www.siletztribalgaming.com

Last Name		First Name		Full Middle		Date
Physical and Mailing Address						Social Security Number
						Driver's License # & State
City, State, Zip Code						Telephone Number (      )
Date of Birth			Position			Nationality (circle one)    Native-American    Caucasian Hispanic    African-American    Other
Gender	Hgt	Wgt	Hair	Eyes	Place of Birth (State and Country)	

## SECTION A

**Answer Yes or No to the following questions. If YES is answered to any question, furnish complete details in section B (page 2).**

1. Have you been questioned, arrested, detained, charged, indicted, or summoned by any law enforcement agency to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event (except for minor traffic citations)?     Yes     No
2. Has a criminal indictment, information, or complaint been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party?     Yes     No
3. Have you been questioned by a city, state, federal, or other law enforcement agency, commission, or committee (except for the Siletz Tribal Gaming Commission)?     Yes     No
4. Have you been subpoenaed to appear or testify before a federal, state, or county grand jury, board or commission?     Yes     No
5. Have you had a civil or criminal record expunged or sealed by a court Order?     Yes     No
6. Have you received a pardon for any criminal offense?     Yes     No
7. Have you been the subject of any civil or criminal order, judgment, or decree of any court?  
 Yes     No
8. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (include bankruptcies)?  
 Yes     No

**SECTION B**

Details:

I certify that all the statements made in this document are true, complete to the best of my knowledge and belief and are made in good faith. I am aware that the Siletz Tribal Gaming Commission may conduct an investigation to determine my suitability for a Siletz Tribal Gaming License.

I authorize and grant my consent to provide any law enforcement agency and any such person, business or agency deemed necessary to release information to the Confederated Tribes of Siletz Indians of Oregon, Siletz Tribal Gaming Commission, or its designated representative.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

# SILETZ TRIBAL GAMING COMMISSION

## Privacy 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 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 regarding false statements.

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).

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**Print Name**

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**Signature**

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**Date**

*Applicant's Initials* \_\_\_\_\_ 3

# **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; or**
- 2. You have been questioned by any city, state, federal, or other law enforcement agencies, 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**

**DATE**

*Applicant's Initials* \_\_\_\_\_

# APPLICANT'S REQUEST TO RELEASE INFORMATION

To: \_\_\_\_\_

From: \_\_\_\_\_

Applicant's Name

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my benefit:
  - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents, and information in the possession of the person to whom this request is presented as I might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
  - (c) To place the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request.
5. I grant to said attorney in fact full power and authority to, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends when the gaming license is no longer deemed valid by the Siletz Tribal Gaming Commission.
7. I have filed with the Confederated Tribes of Siletz Indians Gaming Commission an "application" as that term is defined in Siletz Tribal Gaming Ordinance. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.

*Applicant's Initials* \_\_\_\_\_ Page 1

8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manners of action, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
9. I agree to indemnify and hold harmless the person to whom this request is presented and his 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.
10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request

at \_\_\_\_\_, \_\_\_\_\_  
*City State*

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Applicant's Signature*

Subscribed and sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_. At

\_\_\_\_\_, \_\_\_\_\_  
*City State*

\_\_\_\_\_  
*Notary of Public (signature)*

\_\_\_\_\_  
*Print Name*

My commission expires on \_\_\_\_\_.

Signature of Confederated Tribes of Siletz Gaming Commission Agent presenting this request:

\_\_\_\_\_

Date: \_\_\_\_\_