

HAVE you ever been convicted of a Misdemeanor? **YES - NO**
AND/OR do you have Pending Unresolved Misdemeanor Charges? **YES - NO**

Type	Year	County	State

HAVE you ever been convicted of a Felony? **YES - NO**
AND/OR do you have Pending Unresolved Felony Charges? **YES - NO**

Type	Year	County	State

HAVE you ever used, or are you otherwise known by another name? If so, please list all such names (**include Maiden name and nicknames**).

1. _____ 2. _____ 3. _____

Previous Address(s):

PRIVACY NOTICE

Federal law requires that current employees sign this statement regarding the privacy of information supplied to the Menominee Casino Resort.

In compliance with the Privacy Act of 1974, the following information is provided: Solution 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 employees of the Menominee Casino Resort and its Gaming operation. The information will be used by the Menominee Indian Gaming commission or by the National Indian Gaming Commission members and staff, the Menominee Security Department/Menominee Human Resources office and staff, who have need for the information in the performance of their office 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 investigation or prosecutions or when pursuant to a requirement by a tribe, the Menominee Casino Resort or the National Indian Gaming Commission in the connection of the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigation of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in the screening from employment.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____ D.O.B.: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

*****MUST ATTACH A COPY IF APPLICABLE*****

CONSENT TO RELEASE INFORMATION

I hereby authorize all previous and current employers to disclose to the Menominee Casino Resort Human Resource office any records necessary to determine eligibility for employment. This includes all information regarding my service, character and conduct while in their employ.

Employers' are hereby released from any and all liability, which may result from furnishing such information. This authorization is good for one year from the date below.

SIGNATURE: _____ DATE: _____

I am consenting to a *drug test and screen* as a condition for my employment and consent for disclosure of results to Menominee Casino Resort.

SIGNATURE: _____ DATE: _____

DISCLAIMER: The Menominee Casino Resort will not be responsible for the completeness of this form. It is the applicant's responsibility to fill out the application form completely so that the Human Resource Office can ascertain pertinent information. If the applicants are screened out due to inadequate information, the decision is not subject to appeal.

SIGNATURE: _____ DATE: _____

I certify that answers given herein are true and complete to the best of my knowledge. A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work.

All information derived pursuant to the employee background investigation is confidential and will not be released to anyone, including the applicant. This application becomes the property of the Menominee Casino Resort.

SIGNATURE: _____ DATE: _____

****A SOCIAL SECURITY CARD WITH CURRENT NAME IS NEEDED AT THE TIME OF HIRE WITH THE MENOMINEE CASINO RESORT. ****

PLEASE INITIAL _____

Revised 1/24/13