

Inn of the Mountain Gods Resort & Casino Enterprises

Non - Gaming Team Member 3-yr Renewal Application All applicants applying for employment at Inn of the Mountain Gods Resort Enterprises must undergo a background check with the Mescalero Apache Tribal Gaming Commission (MATGC).

- ♦ The attached three-page application must be filled out completely and returned to the Gaming Commission office (Attach additional sheets if necessary).
- ♦ The Authorization for Release of Information must <u>NOT</u> be signed until applicant is in the presence of a Notary Public.
- Applicant must bring two valid forms of identification with application. Any two of the following will be accepted (A birth certificate is not an acceptable form of identification):
 - * State Issued Drivers License
- * State Issued ID
- * Social Security Card

* Tribal ID

* Passport

* Military ID

- * Resident Alien Card
- * School ID

*Voters Registration Card

If you have any questions, please call 464 - 7100, select option three (3) for the Licensing Department.

PRIVACY ACT NOTICE

In compliance with the Privacy Act Notice 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 employed with Inn of the Mountain Gods Enterprise. The information will be used by Inn of the Mountain Gods Enterprise who has need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to a civil, criminal, or regulatory investigations or prosecutions. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you. 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

A false statement on any part of your application may be grounds for not hiring you or firing you after you begin work.

Ι	have read the information above. By signing below, I am			
Applicant's Name (Please Print clearly)	in agreement with the above Notices.			
Applicant Signature	Date			

HAVE YOU TAKEN THE RESPONSIBLE O	GAMING TRAINING?	YES NO	0			
IF YES, WHEN? FULL LEGAL NAME (LAST)		(FIRST)			(MIDDLE)	
OTHER NAMES USED BY OR KNOWN BY	(INCLUDE MAIDEN NA	ME)				
CURRENT STREET ADDRESS	CI	ТҮ		STATE	ZIP	
CURRENT MAILING ADDRESS	CI	TY		STATE	ZIP	
HOME PHONE (Including area code)	BUSINESS PHON	INESS PHONE (Including area code)		CITIZENSHIP OTHER (Lis	USA 🗆	
POSITION APPLIED FOR	SOCIAL SECURI	OCIAL SECURITY NUMBER		DATE OF BIRTH MONTH/DAY/YEAR		
PLACE OF BIRTH CITY ST COUNTY CO		MESCALER				
IF YES: TRIBESTATETHREE (3) YEAR DRIVERS LICENSE HIS		CENSUS				
PLEASE LIST ANY IMMEDIATE FAMLY MOUNTAIN GODS RESORT & CASINO. Name	MEMBERS (Spouse, Pare Relationship		Department		Position	
IAVE YOU EVER FILED BANKRUPTCY?	YES NO	IF YES, LIST DATE	ES OF BANKRU	JPTCY AND REAS	SON WHY.	
CURRENT AND THREE (3) YEAR RESIDE	NTIAL HISTORY <u>(List f</u>	rom most current // Atta	ich additional sh		ROM	
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WITH IN THE PAST THREE YEARS HAVE YOU EVER BEEN ARREST FELONY (OTHER THAN MINOR TRAFFIC VIOLATIONS) INCLUDING F	STED, CHARGED OR INDICTED FOR A MISDEMEA RECKLESS DRIVING, CARELESS DRIVING or DUI/ D	NOR OR WI?
ARE YOU NOW THE SUBJECT OF A CRIMINAL INVESTIGATION? IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH INS	☐ YES ☐ NO TANCE (Attach additional sheet if necessary).	
Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Charge:	<u> </u>	
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Charge:		
Type of Charge (Misdemeanor or Felony):	Date	
Name of Court, City and State	Date	
Disposition (Outcome)		
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Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Characteristics		
Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
Disposition (Outcome)	and the second s	
Charge:		
Type of Charge (Misdemeanor or Felony):	Data	
Name of Court City and State	Date:	
Name of Court, City and State Disposition (Outcome)		
Charge:		٠
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		

AUTHORIZATION FOR RELEASE OF INFORMATION
I,
This document authorizes release of requested information whether or not such information would be otherwise protected from disclosure by any constitutional, statutory or common law privilege.
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 the purpose listed in the first paragraph of this document.
I authorize the release of any information related to my activities including, but not limited to: criminal justice agencies, regulatory agencies.
I authorize the Mescalero Apache Tribal Gaming Commission and Inn of the Mountain Gods Resort Enterprise to review and copy all documents as deemed appropriate.
I relinquish any right that I may have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Regulatory Act of 1988 (25 U.S.C. section 2701 et seq.). I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and hold harmless includes all claims, damages, losses and expenses, including reasonable attorneys' fees.
A reproduction of this authorization is the same as the original.
Executed on this day of20
Applicants Signature
SECTION BELOW TO BE COMPLETED BY A NOTARY
State of New Mexico County of Otero
This instrument was acknowledged before me on by
Notary
My Commission Expires