

Inn of the Mountain Gods Resort & Casino Enterprises

Non - Gaming Team Member

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 four-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

Applicant Signature

* Passport

* Military ID *Voters Registration Card

* Resident Alien Card

* School ID

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.

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

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

Date

ULL LEGAL NAME (LAST	<u> </u>	(FIRST)	_	-	(MIDDLE)			
THER NAMES USED BY OR KNO	OWN BY (INCLUDE MAIL	DEN NAME)						
URRENT STREET ADDRESS		CITY		STATE	ZIP			
URRENT MAILING ADDRESS		CITY		STATE	ZIP			
DRRENT MAILING ADDRESS				BIRIE	2711			
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				OTHER (Lis				
OSITION APPLIED FOR	SOCIAL S	ECURITY NUMBER		DATE OF BIRTH MONTH/DAY/YEAR				
		•		1	1			
LACE OF BIRTH	-	-		NENROLLED MEN O APACHE TRIBE				
ПТҮ	STATE		☐ YES					
OUNTY	_ COUNTRY		□ NO	Census #				
RE YOU AN ENROLLED MEMBI	ER OF ANY FEDERALLY	Y RECOGNIZED INDIAN T	RIBE, OTHER	THAN THE MESCA	ALERO APACHE?			
YES \square	NO \square							
IF YES: TRIBE		CITY						
STATE		CENSUS	S#					
IILITARY SERVICE (Attach a copy	of your DD 214)				·			
DATE(S)	· ·	DDANCH OF CEDUICE						
RANK								
WHILE IN THE MILITARY, WER MARSHALL? YES \Box	E YOU EVER CHARGE		T RESULTED I , ATTACH DOO		ENERAL COURT			
LEASE LIST ANY IMMEDIATE F	AMILY MEMBERS (Spo				OR THE INN OF THE			
IOUNTAIN GODS RESORT & CA	SINO.							
Name	Relationship	Pos	sition	De	epartment			
								
								
URRENT AND 10 YEAR DRIVER	S LICENSE HISTORY (P	lease list state and DL#'s)						
RESIDENTIAL HISTORY (List from	n most current / Attach addi	tional sheet if necessary)						
Address, City, State and Zip								
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WITH IN THE PAST THREE YEARS HAVE YOU EVER BEFELONY (OTHER THAN MINOR TRAFFIC VIOLATIONS) IN	BEEN ARRESTED, CHARGED OR INDICTED FOR A MISDEMEANOI NCLUDING RECKLESS DRIVING, CARELESS DRIVING or DUI/ DWI	R OR ?
ARE YOU NOW THE SUBJECT OF A CRIMINAL INVESTIF YES, PROVIDE THE FOLLOWING INFORMATION FO		
Charge:		
	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Chause		
Charge: Type of Charge (Misdemeanor or Felony):	Date	
Name of Court City and State	Date.	
Name of Court, City and State Disposition (Outcome)		
Disposition (Outcome)		
Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
Name of Court, City and State		
Disposition (Outcome)		
Charge:	D-4	
Type of Charge (Misdemeanor or Felony):		
Name of Court, City and State Disposition (Outcome)		
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):		
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Charge:		
Type of Charge (Misdemeanor or Felony):	Date:	
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:	
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,, hereby authorize the release, to the Mescalero Apache Tribal Gaming Commission (MATGC), any information requested in order to determine my suitability for employment with the Inn of the Mountain Gods Resort Enterprise
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