

CHEROKEE TRIBAL GAMING COMMISSION
APPLICATION FOR HARRAH'S CHEROKEE INTERNAL AUDITOR
FOR 2 - 14 DAY WORK PERMIT

PLEASE READ: 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 employed in a gaming operation. The information will be used by the Commission, the State of North Carolina and the National Indian Gaming Commission members and staff who have 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 civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring of firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosure indicated in this notice will result in a tribe being unable to hire you in a primary management official or key employee position. **A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin to work. Also you may be punished by fine or imprisonment (U.S. Code 18, Chapter 47, § 1001).** The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Please type or print in Black ink.

Cost for the Temporary Badge: \$25.00

- ♦ Additional documentation and explanation sheets should be attached as necessary to clarify any answer.
- ♦ You must complete, and sign the application, and initial where indicated on the bottom of each page.
- ♦ Failure to complete all information and requirements will cause delays and/or denial of your application.

_____ (Initial when read and understood)

1. Name _____
(LAST) (FIRST) (MIDDLE)
Social Security Number _____ Date of Birth _____
Place of Birth _____
(City) (County) (State)
2. Home Address _____
(street/apartment number/city)
3. Telephone Number Home _____ Work _____
4. Current Employer: _____
5. Current Gaming License # _____ State issued _____ Property _____
6. Current Employer's Address: _____
(street, suite/box/city)
7. Driver's License # _____ State where issued _____
Date of Issuance _____ Name as shown on License _____
8. Are you a United States citizen? Yes No If No what country? _____
If an alien, your registration number _____ Port of Entry _____
Date of entry _____
If naturalized, your certification number _____ Date _____
Place: _____ (Submit Copy of naturalization document for verification).
9. Height _____ Weight _____ Hair _____ Eye color _____
Gender: (circle one) Male Female
10. Have you ever been charged or convicted with any gaming offense, any felony, within the past 10 years or any other crime for which there is an ongoing prosecution, fine, parole, or probation? Yes No
If YES, complete the following for each:
Name and Address of Court Charge Date of the Charge Disposition

11. Indicate POSITION TITLE while on property: _____

(Over)

_____ Initial

Individual Signature

Date

Please print name

Witness Signature

Date

Witness (Print Name)

Security Officer Signature

Date

_____ **Initial**