



APPLICATION FOR AN OSAGE NATION GAMING/GAMING-RELATED ON-SITE SERVICE PROVIDER/TECHNICIAN LICENSE

Name of Applicant	Name of Employer
Position Held/Job Title	Date of Application

NOTICE:

Pursuant to the Osage Nation, Federal law and the Oklahoma State-Tribal Gaming Compact, all persons employed by a gaming/gaming-related vendor seeking to access and perform work on behalf of a licensed vendor must apply to the Osage Nation Gaming Commission (ONGC) for an on-site service provider/technician license. The Commission serves as the gaming regulatory and licensing agency of the Osage Nation and is empowered to deny, suspend or revoke the gaming license of any person who fails to meet or maintain compliance with the licensing standards contained in the Osage Nation Gaming Ordinance. **No person is allowed access to any Osage Gaming Facility on behalf of a gaming/gaming-related vendor without a valid gaming license issued by the ONGC.**

Prior to issuing a gaming/gaming-related license to an applicant, the ONGC will obtain fingerprint cards from each applicant, conduct a full background investigation, including but not limited to, a criminal history records check through the FBI's National Crimes Information Center, in order to determine if the applicant is of suitable character and reputation for licensure.

If the ONGC determines that an applicant is suitable for licensure, it will issue a license to the applicant, which will be valid for a period of two years. *Please note that possession of an Osage Nation gaming license is a privilege, not a right and it is the responsibility of the applicant to maintain his or her license in good standing and to seek renewal 90 days prior to the date of expiration.* Therefore, it is suggested that you make a copy of this application to assist you in the renewal process. **Section 3.07 of the Osage Nation Gaming Law imposes a continuing duty on each licensee to inform the ONGC of any changes in the information contained in this application, including reporting any arrests or criminal charges that may be filed after the issuance of a gaming license.** Licensees who fail to timely renew their license or who fail to maintain the suitability standards contained in the Osage Nation Gaming Law during the period of licensure, risk suspension or revocation of their gaming license.

INSTRUCTIONS:

Please read each question carefully and respond to each question fully and truthfully. Print clearly a response to each question in **Black** ink or type. If a question does not apply to you, so indicate by inserting **N/A** in the space provided. If the space provided is insufficient, continue on a separate sheet of paper in the same format as the application. **An applicant's failure to fully complete the application or to provide all items needed to complete the application package will result in the rejection of the application for consideration by the ONGC.** Should your application be rejected, you may not re-apply for a period of six (6) months. **An applicant's failure to disclose all required information or the submission of false or misleading information may result in the denial of a gaming license, rendering the applicant ineligible for employment in an Osage Nation gaming facility.**

APPLICATION SUBMISSION

The Osage Nation Gaming Commission (ONGC) reserves the right to request additional information and documentation throughout the course of the background investigation. An employee of a vendor who fails to fully comply with additional information requests may have their application rejected or denied. Employees of vendors will not be permitted to conduct business on behalf of a vendor in any Osage Casino Facility until an ONGC On-Site Service Provider/Technician License has been duly issued to the applicant.

All ONGC On-Site Service Provider/Technician Licenses are issued under the Vendor's Gaming/Gaming-Related License. As such, all On-Site Service Provider/Technician Licenses become inactive in the event that the Vendor's license expires or is revoked.

In order to complete the processing of your gaming license application you are required to complete the following steps:

1. Submit application packet.
2. Submit executed (signed and/or notarized) release forms. Originals of the Licensing Standard Statement, Privacy Notice, ONGC Authorization to Release Information and the Instahire Disclosure and Authorization forms must be received prior to starting a background investigation.
3. Submit required documentation as follows:
 - Valid Driver's License or State ID Card;
 - State Issued Birth Certificate;
 - Social Security Card with correct name and signature;
 - Two color photographs
 - Two Fingerprint cards (Obtained from a law enforcement agency)
 - Tribal Card, if applicable
 - Passport, if applicable
 - DD214, if applicable
 - Occupational/Professional Licenses, if applicable
 - INS Documents, if applicable
 - Proof of Higher Education, if applicable

All application packets must be submitted to:

Osage Casinos Central Services
Gaming Vendor License Applications
ATTN: Ashlee Hartness
1211 W. 36th St N.
Tulsa, Ok 74127
Ashlee.hartness@osagecasinos.com
918-699-7718

SECTION I - PERSONAL HISTORY

Last Name	First Name	Middle Name	Suffix, Other	
Alias(s), (nicknames, maiden name, married names, etc.)		Reason for name change (marriage, divorce, nickname)		Dates Used (years to & from)
Physical Address/E911 Address (No PO Boxes or RFD allowed)		City	County	State Zip
Mailing Address		City	County	State Zip
Telephone Number	Cell Phone Number	Message Phone	Other	
Date Of Birth	Age	Sex	Social Security Number	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Place of Birth: City	County	State	Country	
Driver's License/ID Card No.	State/Tribe Issued		Date of Expiration	
Are you a U.S. Citizen?	If No, Specify			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you a Tribal Member?	If Yes, List:			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Enrollment No:	Location of Tribal Headquarters			
Have you ever served in the military?	If yes, Please list branch			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION II - FBI INFORMATION

The following is requested information by the FBI when submitting fingerprints:

Eye Color	Hair Color	Weight	Height	Race

Distinguishing Marks (scars, tattoos, etc.) Give descriptions, and please use an additional page if needed to list all.

--

SECTION III - RESIDENTIAL HISTORY

Please provide the address for all residences you have occupied, regardless of whether or not your name was on the lease, for the **five (5) year** period immediately preceding the date of this application. Please start with your current address. **Failure to complete this section will result in your application not being processed.**

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		€ Own € Rent € Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		€ Own € Rent € Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		€ Own € Rent € Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		€ Own € Rent € Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		€ Own € Rent € Other

From: (month/year)	Physical Address	City
To: (month/year)	County, State, Zip Code	Rent/Own
		€ Own € Rent € Other

SECTION IV - WORK HISTORY

A. Beginning with your current employer, provide a complete history of your employment for the **five (5) year period immediately preceding the date of this application. You will need to list the month and year you started and quit each employer. **List and explain any gaps** in your employment during this timeframe in the spaces provided below. **Failure to complete this section will result in your application not being processed.****

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

From:	To:	Employer	Gaming Related
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Address		City, State	Telephone Number
Title		Description of Duties	
Supervisor		Reason for Leaving	

SECTION IV – WORK HISTORY CONTINUED

B. Have you ever been fired or terminated for cause by any employer or been allowed to resign under threat of termination?

Yes
 No

C. If you were fired or terminated for cause, did the basis for such action involve any allegation of theft, fraud, embezzlement, or any other misconduct involving truthfulness or honesty?

Yes
 No

If yes to either of the above, please identify the employer and fully explain the circumstances in the space provided below:

SECTION V – BUSINESS AND FINANCIAL INTERESTS

A. List any business you have owned or held interest in within the **five (5) year** period immediately preceding the date of this application. Include the address of the business, your position and the percentage of your ownership interest. You will need to supply proof of ownership for each business by providing documentation (i.e., tax documents, corporation papers, business license, etc.) that reflects you as having ownership in that business.

Date From:	Date To:	Name of Business		
Address		City, State	Gaming Related?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Capacity/Title		Primary Purpose		
Amount of Investment		% Ownership/Shares	Status of Business	

Date From:	Date To:	Name of Business	
Address		City, State	Gaming Related?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Capacity/Title	Primary Purpose		
Amount of Investment	% Ownership/Shares	Status of Business	

B. Has any company listed above owned by you or for which you served as an officer, director, or manager ever declared bankruptcy during the term of your association with such company?

Yes - identify business and fully explain below No

C. Have you declared bankruptcy within the last 10 years?

Yes No

If you marked "yes" to either of the above questions, please explain the circumstances surrounding the reason for bankruptcy:

SECTION VI – FINANCIAL OR OTHER INTEREST IN GAMING ACTIVITIES

A. Have you ever invested or loaned money, had an option to purchase, or had a contract to provide services to any gaming facility?

Yes No

B. Do you have an ownership interest in any gaming or gaming-related equipment leased or sold to any tribal gaming facility?

Yes No

C. Do you have an investment or ownership interest in any business that sells, manufactures, or leases gaming or gaming-related equipment or supplies to any tribal gaming facility?

Yes No

D. Have you ever worked for a gaming operation in any capacity in any jurisdiction?

Yes No

E. Do you have any relatives currently employed by the Osage Casinos?

Yes No

If you have answered "yes" to any of the above questions, please explain in the spaces below. If you have any family employed by the Osage Casinos, state their name(s) and your relationship.

SECTION VII - GAMING LICENSE HISTORY

A. Have you **ever** applied for a gaming license by any jurisdiction regardless of whether or not you received a license?

Yes No

If yes, provide the following information:

Type of License	Name of Issuing Jurisdiction		Address	
License Number	Date of Issuance	Status of License		Denied, Suspended or Revoked?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction		Address	
License Number	Date of Issuance	Status of License		Denied, Suspended or Revoked?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction	Address	
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction	Address	
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ever been denied, or subject to the suspension or revocation of a gaming license by any jurisdiction, provide a full explanation below:

SECTION VIII - OTHER LICENSES

B. Do you have or have you ever applied for any professional, occupational or certifications for any profession or other license permit? (Such licenses may include, C.N.A., LPN, RN, FAA, CLEET, Security License, Conceal and Carry, Food Handlers, Notary Public, etc.)

Yes No

If yes, please provide the following information along with a copy of the license:

Type of License	Name of Issuing Jurisdiction	Address	
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction		Address	
License Number	Date of Issuance	Status of License		Denied, Suspended or Revoked?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Type of License	Name of Issuing Jurisdiction	Address	
License Number	Date of Issuance	Status of License	Denied, Suspended or Revoked?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have ever been denied or subject to the suspension or revocation of a professional, occupational or other license or permit by any jurisdiction, provide a full explanation below:

SECTION IX – EDUCATION

A. Identify the high school where you graduated, include the address, year of matriculation, and the name on the diploma or the name of GED Program, address of testing center, etc.:

High School/GED Program	Address	City, State
Name on Diploma or GED	Year of Graduation	

B. Complete the following information for every college, university or vocational school you have attended and supply copies of all degrees awarded and/or certificates of attendance:

Name of School	Address, City, State	Contact Information
Dates Attended	Graduation Date	Degree Awarded

Name of School	Address, City, State	Contact Information
Dates Attended	Graduation Date	Degree Awarded

Name of School	Address, City, State	Contact Information
Dates Attended	Graduation Date	Degree Awarded

Name of School	Address, City, State	Contact Information
Dates Attended	Graduation Date	Degree Awarded

SECTION X – PERSONAL REFERENCES

List the name, address and current phone number for three (3) personal references, including one (1) reference who has known you for the ten (10) year period immediately preceding the date of this application and your relationship with each reference. **DO NOT USE RELATIVES OR ANYONE CURRENTLY EMPLOYED BY THE OSAGE CASINOS.** Failure to complete this section will result in your application not being processed.

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

Name of Reference	Address	City, State, Zip
Telephone Number	Alternate Telephone Number	Years Known
Occupation	Relationship to Applicant	

SECTION XI – CRIMINAL HISTORY

Prior to answering the questions contained in this section, carefully review the following definitions and instructions. You may be asked to supply a disposition or court document to any matter you disclose in your application. If you have any such document(s) in your possession, it is advised that you bring submit those documents with your application.

Definitions:

- **Date of Charge(s):** Refers to the date you were arrested, detained, held, taken into custody or the date that formal charges were brought against you for any unlawful conduct that you were alleged to have committed.
- **Offense Charged:** Refers to any information, complaint or indictment filed in any tribal, state or federal Court alleging that you have committed any "offense". It can also refer to any complaint that may not have resulted in any formal indictment but did result in an arrest. Includes all felony and misdemeanor crimes regardless of the seriousness of the alleged conduct, including serious violations of any motor vehicle code or ordinance such as driving while intoxicated or driving under the influence of a controlled substance. However, this does not include minor traffic violations.
- **Disposition:** Refers to the outcome of the matter such as, any convictions, dismissals, deferred sentences, suspended sentences, or a matter that was expunged or dismissed.
- **Sentence:** Refers to any time you were ordered to serve in any penal institution, County jail, DUI School, probation or a diversionary program, deferred or suspended sentence.
- **Incarcerated:** Refers to any jail (city or county) or state correctional facility, in which you were held, detained or taken into custody.
- **Probation:** Will need to be marked "yes" if you are currently paying on any fines, restitution or are on a deferred sentence. If a case is closed but payments are still pending in any matter you will need to state that. If a matter is still pending but a sentence has not been ordered at this time you will need to disclose that information.

Instructions: Answer "YES" and provide a full explanation of the facts and circumstances for each incident even if:

- You did not commit the offense charged.
- The charges were dismissed, deferred or downgraded to a lesser charge.
- You completed pretrial intervention or equivalent diversionary program.
- You were not convicted.
- You did not serve a prison or jail sentence.
- The charges or offenses occurred more than ten (10) years ago.

Answer "NO" only if you have never been arrested or charged with any offense as defined above.

IMPORTANT NOTICE

Your fingerprints will be submitted to the FBI's National Crimes Information Center, a comprehensive law enforcement database containing federal and state criminal arrest and conviction records. A report will be returned to the Commission containing any arrest and conviction information in the database associated with your fingerprints. The content of this report will be compared with the information contained in this application. If you have failed to disclose any arrests or convictions in this application, such omission(s) will be taken into account in assessing your character, honesty, integrity and suitability for licensure and will result in the denial or rejection of the gaming application. Often Court matters expunged at the District Court level will be included in the FBI report. Not all matters that are expunged from your record will be deleted from the FBI database, which could

give the impression that you failed to disclose the matter in your application. In the event that you do not disclose any charge that was expunged from your record and it does appear on the FBI report, you may be asked to supply an Order of the Court stating that the matter was expunged.

SECTION XI – CRIMINAL HISTORY

A. The following questions regarding criminal records must be answered. Because this is a **gaming license**, you must relinquish all information, regardless of the jurisdiction (i.e. federal, state, county, city, or tribal court), or the advice from a probation officer, attorney or court. Failure to provide such information may result in the rejection of your application for a gaming license.

1. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a felony? Yes No
2. Have you ever been charged or convicted of, or do you have an ongoing prosecution for a misdemeanor (excluding traffic violations)? Yes No
3. Have you ever had any criminal charges (excluding minor traffic charges) filed against you whether or not there was a conviction; including a DUI, DWI or DUS? Yes No
4. Have you ever been arrested? Yes No
5. Have you ever been fingerprinted by any authority for any reason other than a license? Yes No
6. Have you ever had a deferred sentence for a criminal charge filed against you? Yes No
7. Have you ever had a suspended sentence for a criminal charge filed against you? Yes No
8. Have you ever had any charges filed against you be dismissed? Yes No
9. Have you ever been arrested for an offense that you were not charged with? Yes No
10. Have you ever had any charges filed against you be expunged from your record? Yes No
11. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any charges related to fraud, embezzlement, theft, shoplifting, or burglary for any reason whatsoever, regardless of the disposition of the event or even if charges were not filed? Yes No
12. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any gambling related offense, fraud, or misrepresentation in any connection for any reason whatsoever, regardless of the disposition of the event? Yes No

If you answered YES to any of the above questions, you must complete the information requested in the following three sheets, you may also be required to provide a certified copy of the court disposition showing the outcome of the case (i.e. dismissal, conviction, closure, or Judgment and Sentence) and a written statement in your own words as to what happened. Failure to do so may result in a rejection of your application for being incomplete.

SECTION XI – CRIMINAL HISTORY

B. Felony Record(s): Are you now or have you ever been arrested, charged, prosecuted or convicted of any felony offense, no matter the outcome of the case?

Yes No

If yes, complete the following:

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation:

SECTION XI – CRIMINAL HISTORY

C. Misdemeanor Record(s): Are you now or have you ever been prosecuted for or convicted of any misdemeanor offense, no matter the outcome of the case? Yes No

If yes, provide the following information:

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Charge	Offense Charged	Court – County/City
Sentence		If Incarcerated, Where?
Disposition		Presently on Probation?
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Explanation:

SECTION XI – CRIMINAL HISTORY

D. Other Criminal Record(s): Are you now or have you ever been charged with or arrested for a crime that did not result in a conviction or formal charges being brought against you that is not otherwise listed above? Yes No

If yes, complete the following information:

Date	Offense	Disposition	Location – County/City

E. If you wish to describe or explain any unique circumstances or to provide any additional information that you believe may be relevant to the ONGC in considering this application in relation to your criminal history, please use the following space.

PRIVACY NOTICE
NOTICE TO APPLICANT

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 Osage Nation Gaming Commission staff that 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 civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the ONGC 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 the ONGC being unable to license you to perform work at any Osage Gaming Facility.

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).

FAILURE TO DISCLOSE

Failure to disclose any information requested in the Gaming License Application or failure to disclose any criminal matters will be cause for the rejection of your application for being incomplete. Should your application be rejected you may not re-apply for a period of six (6) months.

Signature of Applicant/Licensee

Date

Gaming Commission

LICENSING STANDARDS STATEMENT

Section 3.13: Denial of Provisional License Application for Cause

The tribe shall deny a license to any applicant whenever the applicant or any person with a 5% or more ownership interest therein:

- A. Has withheld pertinent information or has made false statements on the gaming license application;
- B. Has attempted to bribe a Council Member, Tribal Gaming Commission member or any other person in an attempt to avoid or circumvent tribal law or any other applicable law;
- C. Has offered something of value, or a loan, financing or other thing of value to a Tribal Gaming Commission member, a subordinate employee or any person participation in any gaming activity;
- D. Has been knowingly promoted, played or participated in any gaming activity operated in violation of tribal law;
- E. Has been knowingly involved in the falsification of books or records which relate to transaction connected with the operation of gaming activity;
- F. Has been convicted of, or has entered a plea of nolo contendere to any crime involving gaming or embezzlement;
- G. Has been determined by the Tribal Gaming Commission or National Indian Gaming Commission to have present or prior activities, criminal record, if any, or reputation, habits and associations which pose a threat to the public interest or to the effective regulation of gaming, or create or enhance the dangers of unsuitable, unfair, or illegal practices in the conduct of gaming, provided, that any conviction more than five years before the commencement of employment of the Tribe shall not be considered under the Subsection.
- H. Has denied the Tribe access to any place at which gaming is required to be licensed, is being conducted or who has failed to produce for inspection or audit any book, record, document or other item required by any regulations promulgated pursuant to Section 3.13.
- I. Has failed to pay any tribal taxes and additions to taxes, including penalties and interest;
- J. Has been found guilty of any violation or attempt or conspiracy to violate any law, rule or regulation pertaining to gaming in any jurisdiction for which suspension or termination of employment or license might be imposed in such jurisdiction; or
- K. Has been suspended from operation or any gaming in another jurisdiction or who has had a license to conduct such gaming cancelled, revoked, suspended, or limited for any reason.
- L. Has knowingly withheld pertinent information pertaining to any criminal charges filed against said person. No matter the outcome of the charges.

I, _____ DO MEET THE LICENSING STANDARDS OF SECTION 3.13 OF THE OSAGE NATION OF OKLAHOMA FOR TEMPORARY LICENSING. I FURTHER UNDERSTAND THAT ANY VIOLATION OF SUCH LICENSING STANDARDS DURING THE TERM OF MY EMPLOYMENT OR PENDING THE OUTCOME OF THE OSBI & FBI BACKGROUND RESULTS COULD BE CAUSE FOR DISMISSAL, AND OR LICENSE DENIAL.

SIGNED _____ DATE _____

**OSAGE NATION GAMING COMMISSION
AUTHORIZATION FOR RELEASE OF INFORMATION**

PRESENTED TO: _____
(Please print or type your name here)

I hereby authorize release to both the Osage Nation Gaming Commission (ONGC) and the National Indian Gaming Commission (NIGC) any information requested in order for the ONGC and the NIGC to determine my suitability for involvement in Indian gaming.

This document authorizes release of requested information whether or not such information would otherwise be 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 release of any information related to my activities including: schools, property interests (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise 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 Gaming Regulatory Act of 1988 (25 U.S.C. § 2701 et seq.). I further agree to indemnify and hold harmless any persons to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney's fees.

A reproduction of this authorization is the same as the original.

Executed at (city) _____, (State) _____.

On this _____ day of _____, 20_____.

Signature: _____

Subscribed and sworn to before me on this _____ day of _____, 20_____

Notary Public

Commission #: _____
Commission Expiration Date: _____
[Seal]

BACKGROUND AUTHORIZATION FORM

In connection with your application and/or employment with Osage Nation Gaming Commission, this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, driving and/or motor vehicle records, social security verification, verification of your education or employment history and other background checks. They may involve interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to InstaHire Check.com, 2685 South Rainbow Blvd. #200, Las Vegas, NV 89146 [1-702-760-2110]. For information about instahirecheck.com's privacy practices, see www.instahirecheck.com. The scope of this notice and authorization is not limited to the present and, if hired, will continue and allow Employer to conduct future screenings for retention, promotion or reassignment, unless revoked by you in writing. Employer also reserves the right to share such reports with a third-party for whom you will be placed to work as a representative of Employer, if applicable.

Acknowledgement and Authorization

You hereby authorize, without reservation, the obtaining of a "consumer report" and/or "investigative consumer report" at any time after receipt of this authorization and during the course of your employment, to the extent permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of Employer, if applicable.

Minnesota & Oklahoma applicants or employees only: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Employer. By checking "yes", a copy will be provided to you at the address you provide on this notice.

I would like to receive a copy of my consumer report: () Yes () No

New York applicants or employees only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting Crimcheck.com directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this notice.

Washington State applicants or employees only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosures to consumers (RCW 19.182.070) by contacting Crimcheck.com directly.

California, Maine applicants or employees only: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Employer. By checking "yes" a copy will be provided to you at the address you provide on this Notice.

I would like to receive a copy of my consumer report: () Yes () No

Signature: _____ Date: _____

Name: _____ SSN: _____

**Previous Names Used: (Within the past 7 years) _____

Current Home Address:

Street Address (No P.O. Boxes) _____ City _____ State _____ Zip Code _____ County _____

How long have you lived at current address? _____

**Date of Birth: _____ / _____ / _____ Driver's License Number: _____ State: _____

Have you ever been convicted of a crime other than minor traffic offenses? Y _____ N _____

If yes, provide explanation:

Year of Offense: _____ County offense was committed: _____ Offense Description: _____

City offense was committed: _____

***** Instahire.com will only use this information for background screening purposes and no other purpose.***