



IMPORTANT NOTICE

If all the required documents are not accompanying application, the application will not be accepted. Any section of the application that is incomplete will void the application. Application and accompanying documentation will be mailed back to the address on the application.

Background checks must be done for all states applicant has lived in within the last 10 years. It is the responsibility of the applicant to pay for those background checks. Get the state background form online and a money order for the amount required to do the check. Make sure money order is filled out properly and send all document along with application.



PO Box 59, Trenton ND 58853
Human Resources: 701-577-4801
Human Resources Fax: 701-774-2618

DOCUMENTS REQUIRED WITH APPLICATION

1. Resume should be attached
2. Two (2) forms of identification
3. Official High School or G.E.D. Transcripts
4. Official College Transcripts
5. Enrollment documentation if claiming Indian Preference
6. Veteran's Preference Documentation (DD-214)

The Grand Treasure Casino is a Smoking Environment.

If all required documents are not attached, your application will not be accepted and mailed back to the address on the application.

Grand Treasure Casino Operational Department List

ADMINISTRATION & FINANCE

Controller
Compliance/Internal Audit
Accountant
Accounts Payable
Revenue Audit
Human Resources
Information Technology (IT)
Purchasing/Property & Supply

BUILDING & GROUND MAINTENANCE

Maintenance
Janitorial

SECURITY

Security Supervisor
Security Officer

GIFT SHOP

Gift Shop Supervisor
Gift Shop Cashier

HOUSING

Janitor
Maintenance

RESTAURANT

Cook
Server/Cashier

SURVEILLANCE

Surveillance Operator

GAMING OPERATIONS

Property Supervisor
Gaming Machine Supervisor
Gaming Machine Attendant

CASH OPERATIONS

Cage Supervisor
Cage Cashier
Drop/Count Team Supervisor
Drop/Count Team Member

BAR/CONEY COVE

Bartender
Server/Cashier

NOTICE

This application must be filled out in a neat legible manner, giving dates, times, and locations correctly.

Background checks are done for every state you lived in for the past 10 years. Forms and money orders are to be filled out properly and brought in with the application. You are not to mail the background checks out.

If all documentation is not with application, it will all be mailed back to the applicant.



PO Box 59
Trenton, ND 58853

Human Resources: 701-577-4801
Human Resource Fax: 701-774-2618
Casino Phone: 701-577-4770

DATE: _____ POSITION APPLYING FOR: _____

NAME: _____ SOCIAL SECURITY NUMBER: ____-____-____

ADDRESS: _____ CITY: _____ ST: _____ ZIPCODE: _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

DATE OF BIRTH: ____/____/____

Do you claim Indian Preference? **Yes** or **No** If so, attach a copy of document verifying tribal enrollment.

Do you claim Tribal Preference? **Yes** or **No** If yes, please provide documentation.

Do you claim Veteran's Preference? **Yes** or **No** If yes, please provide documentation.

Are you able to work in a smoking environment? **Yes** or **No**

Are you able to work rotating shifts? **Yes** or **No**

Are you able to sit 8+ hours? **Yes** or **No**

Are you able to stand/walk 8+ hours? **Yes** or **No**

Are you able to lift at least 25 lbs? **Yes** or **No**

Do you have any medical conditions that would prevent you from working at Grand Treasure Casino?
Yes or **No** If yes, please explain:

EDUCATION: List all educational background including high school. Please attach a copy of all certificates and degrees.

1. High School/GED (Name & Address): _____

Degree: _____ Year: _____

2. College (Name & Address): _____

Degree: _____ Year: _____

College (Name & Address): _____

Degree: _____ Year: _____

EMPLOYMENT HISTORY: Have you ever been terminated from a previous position? ____ If yes, please explain:

Have you ever been asked to resign from a previous position? ____ If yes, please explain: _____

Is there anything that would prevent you from performing the essential functions of the position or shift for which you are applying? ____ If yes, please explain: _____

Are you available for work: ____ Full-time; ____ Part-time; ____ Call-in; ____ T/A

LIST ALL PERIODS OF PREVIOUS EMPLOYMENT AND UNEMPLOYMENT, BEGINNING WITH THE MOST RECENT.

1. Company Name & Address: _____
Position: _____ Hire Date: _____ End Date: _____
Immediate Supervisor: _____ Telephone Number: _____
Job Duties: _____
Reason for leaving: _____

2. Company Name & Address: _____
Position: _____ Hire Date: _____ End Date: _____
Immediate Supervisor: _____ Telephone Number: _____
Job Duties: _____
Reason for leaving: _____

3. Company Name & Address: _____
Position: _____ Hire Date: _____ End Date: _____
Immediate Supervisor: _____ Telephone Number: _____
Job Duties: _____
Reason for leaving: _____

4. Company Name & Address: _____
Position: _____ Hire Date: _____ End Date: _____
Immediate Supervisor: _____ Telephone Number: _____
Job Duties: _____
Reason for leaving: _____

REFERENCES: List three (3) people that are not related to you, are not previous supervisors nor previous co-workers, and whom have known you for at least one (1) year. Please provide complete name, mailing address, and day-time telephone numbers for each.

1. Name: _____ Telephone Number: _____
Mailing Address: _____

2. Name: _____ Telephone Number: _____
Mailing Address: _____

3. Name: _____ Telephone Number: _____
Mailing Address: _____

I certify that the statements contained in this application or accompanying forms are true and complete. I understand that any offer of employment is conditioned on a background check and that attaining sufficient security clearance is required. I hereby authorize Grand Treasure Casino to investigate all statements contained in my application or accompanying forms, and to contact my former employers. I understand that any false statements, omissions, or misrepresentations will constitute sufficient cause and reason for either refusal to hire or termination from employment.

I request the conferring with references listed to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to employer.

I understand, acknowledge and agree that unless otherwise expressly agreed to in writing and signed by a duly authorized official of Grand Treasure Casino, if employed by Grand Treasure Casino my employment will be "at will" and without fixed term, and that either of us may terminate the

employment at any time with or without prior notice and with or without cause. I also understand that this “at will” employment relationship may not be changed, altered, or amended, except with regard to changes in compensation.

If extended an offer of employment in certain job categories, I consent to undergo a pre-placement physical examination by a health professional selected by the Grand Treasure Casino. I understand that any offer of employment is conditioned upon the results of this post offer examination.

Signature: _____ Date: _____

ADDITIONAL INFORMATION REQUEST:

NAME: _____ DOB: _____ SS# _____

CRIMINAL HISTORY:

You must disclose all information about a criminal record or history. Failure to do so may result in denial of your application. You must disclose: 1) Charges; 2) Convictions (including NSF); 3) Dispositions (including dismissals and deferred or suspended sentences).

Have you been charged with a crime (felony or misdemeanor), other than a minor traffic offense, during the past 10 years? Y _____ N _____

Have you been convicted of a crime (felony or misdemeanor) during the past 10 years? Y _____ N _____

Have you been released from incarceration (prison), probation, or parole during the past 10 years? Y _____ N _____

If yes, list all criminal charges, convictions, and dispositions: (use an additional page if necessary).

Date of Arrest	Offense	City	State	Felony or Misdemeanor	Disposition

This information is to determine eligibility for employment at the Grand Treasure Casino.

Signature: _____ Date: _____

Consent for Disclosure

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 of seq. The purpose of the requested information is to determine the eligibility of the individuals to be granted a gaming license. The information will be used by the Tribal Gaming Regulatory authorities and by 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 issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or gaming operation. Failure to consent to the disclosure indicated in this notice will result in the Tribe's being able to license you in a Tribe's being able to license you in a primary management official or key employee position. A false statement on any part of your 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 (US Code, title 18, section 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.

Finger Print Applicant Record Notification

- Fingerprints submitted will be used to check the criminal history records of the FBI.
- Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR)2 , Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>
- Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

I, _____, have read, agree and authorize my
(Please Print)

consent for disclosure/finger printing and the processes thereof.

_____, Date: _____
Signature of Applicant

TURTLE MOUNTAIN GAMING PROGRAM
PO BOX 900
BELCOURT, NORTH DAKOTA 58316
Telephone: (701) 244-0079
Fax: (701) 244-0245

Indian Gaming Application
AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I authorize any Investigator, Special Agent, or other duly accredited representative of the U.S. Department of Interior, Bureau of Indian Affairs, the Federal Bureau of Investigation, any State and local Law Enforcement Agencies to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited by my academic, residential, achievement, performance, attendance disciplinary, employment history, and criminal history record information.

I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will or may be needed and I may be contacted for such a release at a later date.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the Investigator, Special Agent, State and local Law Enforcement Agent, or other duly accredited representative of/or any Federal Agency authorized about regardless of any previous agreement to the contrary.

I understand that the information released by record custodians and sources of information is for required background investigations needed to process my Indian Gaming Application for operating a gaming operation on Indian Country, and Indian Reservation.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date it is signed.

I, _____ do hereby certify that I have read the forgoing and understand and authorize release of information about myself.

Signature (sign in ink) must be signed
in front of Notary

Date signed

Full Name (type or print legibly)
(Maiden name must be included)

Social Security Number

Date of Birth

Place of Birth (City, State)

Current Address (P.O. Box, City, State)

Zip Code

Subscribed and sworn to before me this _____ day of _____, 20____
My commission expires _____

SEAL

Notary Public

Address: _____



NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 50744 (05-2021)

FOR BCI USE ONLY
Check Number
Amount
Receipt Number
Receipt Date

INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned.**
2. Record request only covers North Dakota criminal history records.
3. State law (NDCC § 12-60-16.6) requires the subject's name and at least two other provided items of information match the data in the criminal history record system before a record may be released. Providing maiden or former names is very important. Please ensure Social Security Number and Date of Birth are provided and are correct. A set of fingerprints is not required, but may be submitted.
4. The required **\$15.00** fee [U.S. Dollars] per record check must be included with this request. The **check or money order** must be made payable to the **North Dakota Attorney General**.
5. To complete the criminal history record check, we must have a signed authorization form (SFN 51156) from the subject **OR** the subject's current address. If a signed authorization form is not provided, state law requires BCI provide notice to the subject if a record is disseminated. NDCC § 12-60-16.8)
6. Return the request to:

Criminal Records Section
North Dakota Bureau of Criminal Investigation
PO Box 1054
Bismarck ND 58502-1054
(701) 328-5500

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

Mail to Attention of			Telephone Number
Name/Company			
Address	City	State	ZIP Code

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Formal)	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Social Security Number	BCI State ID Number (if known)
Specific Reportable Criminal Event Identified by Date, Offense, and Agency or Court (if known)		
Current Address (if current address is not provided, a signed authorization form must be attached)		
City	State	ZIP Code

Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record information background investigation under NDCC § 12-60-16.6. Disclosure of your social security number is voluntary. However, not providing this information will result in the requirement that other information be provided, including a reportable criminal event or the submission of fingerprints.

FOR BCI USE ONLY

SID Number	Released Date	Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Parole/Probation <input type="checkbox"/>	Offender <input type="checkbox"/>	Offender Letter <input type="checkbox"/>
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INFORMATION CONTAINED ON THIS RECORD REQUEST FORM IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW.