

**TORRES MARTINEZ GAMING LICENSE APPLICATION**  
**For KEY/NON-KEY A Employees**

**NOTICE TO APPLICANTS**

**AUTHORITY:**

Indian Gaming Regulatory Act, 25 U.S.C. 2701 et seq. and Tribal Ordinance and Regulations.

**PURPOSE:**

To protect the tribe, employees, patrons, and public by ensuring that gaming activities are free from criminal activities and corruptive elements. The required information is used to determine the suitability of the applicant to be employed by or associated with the gaming activities.

**BURDEN OF PROOF:**

An applicant is seeking the granting of a privilege. The burden of proving the applicant's qualifications is at all times on the applicant.

**DISCLOSURE OF INFORMATION:**

***\*\*An applicant may be subject to denial or other action for failing to provide all information, documentation, and assurances as required or requested, or failing to reveal any material facts, or providing misleading or untrue information. The Torres Martinez Gaming Commission reserves the right to request additional information, at any time. You have 10 days to report all physical/residential address changes to the TMGA. You have 10 days to disclose all negative contact with any law enforcement agencies after the issuance of a gaming/non-gaming license, failure to do so may result in the denial, suspension, or revocation of your gaming license that was issue to you as a privilege by the Torres Martinez Gaming Commission. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.***

**WAIVER OF CLAIM FOR DAMAGES:**

An applicant accepts any risk of adverse reaction, financial loss, or public notice, which may result from any action taken with respect to an application. By filing an application, an applicant expressly waives any claim for damages as a result of any action taken with respect to that application.

**WITHDRAWAL OF AN APPLICATION:**

An application may not be withdrawn without the permission of the Torres Martinez Gaming Commission.

**TMGC CREDIT THRESHOLD:**

**The TMGC has a derogatory credit threshold of \$15,000.00. An applicant may be subject to denial for the following credit issues: Collections, Charge-offs, Liens, Child support arrears, Civil Judgments, and Bankruptcies. Past mortgage defaults and medical debts may be excluded from the \$15,000.00 threshold by the TMGA with adequate explanation.**

**STATE KEY EMPLOYEE(S):**

A State Key Employee is defined as: any key employee that is employed/licensed in a supervisory or above position.

**The TMGC may deny licensing any key/non-key employee promotions or transfers to a State Key position for the following outstanding or unresolved issues: Credit, State or Federal Tax Liens, Child Support Arrears, Civil Judgments, Bankruptcies-Dismissed or Discharged, Any Criminal History involving a felony conviction(s) involving crimes of moral turpitude or theft.**

**PRIVACY NOTICE**

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 Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC 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 NIGC in connection with the 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 disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result 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).

**LICENSE FEES:**

**ALL NEW AND RENEWAL APPLICANTS WILL BE SUBJECT TO TMGA'S LICENSING FEE'S UNLESS OTHERWISE STATED IN WRITING, OR WAIVED BY THE TMGA.**

**LICENSING FEES ARE AS FOLLOWS; NEW APPLICANTS; \$1,000.00 (PMO), \$500.00 (State Key), \$350.00 and \$200.00 (Non-Key) and ALL RENEWALS; \$100.00. The Casino currently pays these fees for the applicant.**

**SPECIAL INSTRUCTIONS:**

- Complete each question. If not applicable, indicate so with "N/A". Failure to do so may cause delay and/or denial of your application.
- Do not leave any blanks. Failure to do so may cause delay and/or denial of your application.
- If needed, attach additional documents or explanation sheets. Each sheet must be labeled with the corresponding page number and question.
- If you are unable to submit a current passport quality size picture for your file one can be provided to you at the time of your interview. Please come prepared by wearing the proper attire. Should this apply to you, do not have any of the following visible: body piercings-(at chest and/or shoulder level) or facial piercings.
- If your job will possibly require you to drive a Tribal or rental vehicle, please submit your driving record for the last three (3) years with this application. Please contact the Backgrounds Department prior to your appointment and inquire if this is a requirement.

**IDENTIFICATION REQUIREMENTS:**

As part of your application, we will require that you provide positive proof of your identity with two or more of the following official documents.

- Certification of birth;
- Valid driver's license;
- Valid State identification card;
- Military identification card;
- Valid passport; or
- Alien registration card, if you are a registered alien.

**TORRES MARTINEZ TRIBAL GAMING COMMISSION**

**GAMING LICNSE APPLICATION  
For KEY/NON-KEY A Employees**

Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Any corrections, changes, or other alterations must be initialed and dated by the applicant. Each page, including additional pages, must be initialed in the lower right hand corner. By placing your initials on each page, you are attesting to the accuracy and completeness of the information contained on that page.

You are advised that this Gaming License application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for denial or revocation.

Date of Applications: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Full Name: \_\_\_\_\_

BIRTHDATE (MM/DD/YYYY) \_\_\_\_\_

Social Security Number (s): \_\_\_\_\_

Driver's License No. for Previous 5 years: \_\_\_\_\_ State Issued \_\_\_\_\_

Identification Card No. for Previous 5 years: \_\_\_\_\_ State Issued \_\_\_\_\_

Distinguishing Marks (scars, tattoos, etc.) Describe and indicate location.

\_\_\_\_\_  
\_\_\_\_\_

Are you a Tribal Member:       Yes       No      If **YES**, complete the following:

Tribal Affiliation: \_\_\_\_\_

Enrollment No. \_\_\_\_\_ Location: \_\_\_\_\_

List all languages (indicate whether spoken, written, or both): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Section 1. Personal History Information**

**[A] PERSONAL INFORMATION**

**(PLEASE PRINT OR TYPE)**

<b>License No.</b>	_____
<b>Date:</b>	_____
<b>Position</b>	_____

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name (If no middle name NMN)</b>	
<b>ALIAS(es) ALL NAMES USED (nicknames, Maiden Name, Name changes, Legal or Otherwise)</b>					
<b>Present Residence Address (Street or Route):</b>			<b>City, State, Zip AND COUNTY</b>		
<b>Mailing Address (if different from above):</b>			<b>City, State, Zip AND COUNTY</b>		
<b>Present Employer including Business Address:</b>			<b>City, State, Zip AND COUNTY</b>		
<b>Current Occupation:</b>			<b>Home Telephone No.</b> _____		
			<b>Business Phone No.</b> _____		
			<b>Email address.</b> _____		
<b>Date of Birth:</b>		<b>Place of Birth (City, County, State, and Country)</b>			
<b>Age</b>	<b>Social Security Number(s)</b>		<b>Sex:</b>		<b>Driver's License/Identification Card No. For Previous 5 years.</b>
	-	-	<input type="checkbox"/> Male <input type="checkbox"/> Female		No. _____ State Issued _____
	-	-			No. _____ State Issued _____
<b>Eye Color</b>	<b>Hair Color</b>	<b>Weight</b>		<b>Height</b>	
<b>Distinguishing Marks (scars, tattoos, etc.). Describe and indicate location.</b>					
<b>Are you a Tribal Member:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If YES, complete the following:</b>					
<b>Tribal Affiliation:</b> _____ <b>Enrollment No.</b> _____ <b>Location</b> _____					
<b>List all languages (indicate whether spoken, written or both)</b>					

**(2) Do you have any family members, or cohabits who work in gaming or gaming related positions in this gaming facility?**

Yes  No

If YES, provide his/her name, address, relationship, position held, and his/her supervisor's name

Name	Address	Relationship	Position Held	Supervisor

Are you a United States Citizen?  Yes  No If NO, what country? \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ If naturalized, Certificate Number: \_\_\_\_\_

Date naturalized: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place: \_\_\_\_\_  
(submit copy of naturalization document for verification)

Are you eligible for employment in this country?  Yes  No

**[B] MARITAL INFORMATION:**

Single  Married  Separated  Divorced  Widowed

**Information regarding CURRENT SPOUSE:**

Full Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residence Address (if different from applicant): \_\_\_\_\_

Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street City State Zip

Date of Marriage: \_\_\_\_\_

**FORMER SPOUSE (S):**

Name (Last, First, Middle, Maiden)	Dates of Marriage (From-To)

**[C] FAMILY INFORMATION:**

**(1) Children and/or Dependents**

**Provide the following information for each of your children (including step, adopted, Foster children) and dependents.**

Name (last, First, Middle, Maiden)	Date of Birth	Address	Telephone No.	Relationship

**(2) Co-habitants and/or Roommates**  
**List any adults, not disclosed above, with whom you reside.**

Name (last, First, Middle, Maiden)	Date of Birth	Employer/Business Address	Telephone No.	Relationship

**(3) Parents and/or Step Parents**  
**List name, place of birth, residence address, and most recent occupation of parents and/or step-parents. If retired or deceased, list last address and occupation.**

Name (last, First, Middle)	Date of Birth	Address	Occupation
<b>Father</b>			
<b>Mother (and Maiden)</b>			
<b>Step-Father</b>			
<b>Step-Mother</b>			

**(4) Brothers and Sisters**  
**List name, place of birth, residence address, and most recent occupation of brothers**

and sisters. If retired or deceased, list last address and occupation.

Name (last, First, Middle, Maiden)	Place of Birth	Address	Occupation

**[D] EDUCATION/TRAINING: Include education/training that demonstrates your Qualifications for this position. Start with the most recent. Education/training shall be Verified for positions with specific education/training requirements.**

	Name of School	Location (City/State)	Date of Attendance (from/to)	Type of program or Course	Diploma/Degree/Cert/Units
High School					
College/ University					
Other					
Other					

**[E] MILITARY INFORMATION:**

Have you ever served in any armed forces?  Yes  No (If YES, attach DD214)

Branch of Service: \_\_\_\_\_ Dates of Service: from \_\_\_\_\_ to \_\_\_\_\_ State: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Rating at Separation: \_\_\_\_\_ Serial Number: \_\_\_\_\_

While in the military, were you ever charged with any offense or disciplined?  Yes  No

If YES provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**[F] EMPLOYMENT HISTORY: Include all employment for the past 5 YEARS. Start with the most recent and work back. Experience may be paid or unpaid, full-time**

or part-time. Additional space is provided on page 14.

DATES		EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:			Co. Name	Official Title:
To:			Address:	Duties:
			City:	
			Zip/State:	
			Phone:	
			Contract Name:	Reason for Leaving:
DATES		EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:				
To:			Co. Name	Official Title:
			Address:	Duties:
			City:	
			Zip/State:	
			Phone:	
		Contract Name:	Reason for Leaving:	
DATES		EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:			Co. Name	Official Title:
To:			Address:	Duties:
			City:	
			Zip/State:	
			Phone:	
			Contract Name:	Reason for Leaving:
DATES		EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:			Co. Name	Official Title:
To:			Address:	Duties:
			City:	
			Zip/State:	
			Phone:	
			Contract Name:	Reason for Leaving:

DATES			EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:			Co. Name		Official Title:
To:			Address:		Duties (Max 200 Characters)
			City:		
			Zip/State:		
			Phone:		
			Contract Name:		Reason for Leaving:
DATES			EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:					
To:			Co. Name		Official Title:
			Address:		Duties (Max 200 Characters)
			City:		
			Zip/State:		
			Phone:		
			Contract Name:		Reason for Leaving:
DATES			EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:			Co. Name		Official Title:
To:			Address:		Duties (Max 200 Characters)
			City:		
			Zip/State:		
			Phone:		
			Contract Name:		Reason for Leaving:
DATES			EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:			Co. Name		Official Title:
To:			Address:		Duties (Max 200 Characters)
			City:		
			Zip/State:		
			Phone:		
			Contract Name:		Reason for Leaving:
DATES			EMPLOYER'S NAME & ADDRESS		EXPERIENCE
From:			Co. Name		Official Title:
To:			Address:		Duties (Max 200 Characters)
			City:		
			Zip/State:		
			Phone:		
			Contract Name:		Reason for Leaving:

**[G] RESIDENCES: Please list all your residences (MOST RECENT FIRST) for the past 15 years.**

Month and Year (From-To)	Street and Number	City, State, and Zip	Counties	Rent/Own (check on)
				Own <input type="checkbox"/> Rent <input type="checkbox"/>
				Own <input type="checkbox"/> Rent <input type="checkbox"/>
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				Own <input type="checkbox"/> Rent <input type="checkbox"/>

**[H] REFERENCES: List name, address, and telephone number of at least five (5) personal references that are NOT RELATED TO YOU. Include at least one (1) reference you were acquainted with during each period of residence listed in Question [G] above. Do not include relatives, present employer, or your employees.**

Name and Occupation	Street	City	State	Zip	Telephone	Year Met
Name	Home Address				Home No. ( )	
Occupation	Email Address				Work No. ( )	
Name	Home Address				Home No. ( )	
Occupation	Email Address				Work No. ( )	
Name	Home Address				Home No. ( )	
Occupation	Email Address				Work No. ( )	
Name	Home Address				Home No. ( )	
Occupation	Email Address				Work No. ( )	
Name	Home Address				Home No. ( )	
Occupation	Email Address				Work No. ( )	

**[I] BUSINESS INTERESTS: List all businesses, corporations and partnerships with which you are or have been associated with in the past 15 years as an owner, officer, director, active shareholder, and partner or other related capacity.**

Dates of Involvement (From-To)		Name of Corporation/Partnership	Mailing Address/Telephone Number
Capacity/Title	Primary Purpose	Amount of Investment	% Ownership # Shares Owned
			Gambling Related <input type="checkbox"/> Yes <input type="checkbox"/> No

**[J] Describe all previous and/or existing business relationships with any Indian Tribe, including any Ownership interest in those businesses:**

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[K] Describe any existing and/or previous business relationships with the gaming industry generally. Including ownership interests in those businesses:

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**Section 2 Other Licensing Information**

[A] Have you ever held or applied for a permit, license, or certificate related to gaming, whether or not such license, permit, or certificate was granted?  Yes  No

If YES, list below any licensing or regulatory agency (tribal, state, or local) to which you have applied for a license, permit, or certificate related to gaming activities or lottery, whether or not such license, permit, or certificate was granted. (Include any applications denied, withdrawn, and/or pending.)

Applicant Name: _____	Type of Application: _____
License/permit/certificate number _____	Dates Held: From _____ To _____
Address: _____	City: _____ State: _____ Tribe: _____
Action Taken: _____	Issuing Agency: _____
Applicant Name: _____	Type of Application: _____
License/permit/certificate number _____	Dates Held: From _____ To _____
Address: _____	City: _____ State: _____ Tribe: _____
Action Taken: _____	Issuing Agency: _____
Applicant Name: _____	Type of Application: _____
License/permit/certificate number _____	Dates Held: From _____ To _____
Address: _____	City: _____ State: _____ Tribe: _____
Action Taken: _____	Issuing Agency: _____
Applicant Name: _____	Type of Application: _____
License/permit/certificate number _____	Dates Held: From _____ To _____
Address: _____	City: _____ State: _____ Tribe: _____
Action Taken: _____	Issuing Agency: _____

**[B] Have you ever held or applied to a licensing or regulatory agency for an occupational license, permit, registration, or certificate of any type whether or not the license, permit, or certificate was granted.  Yes  No**

**If YES, list below any licensing or regulatory agency, to which you have applied for a license, permit, registration, or certificate whether or not such license, permit, registration, or certificate, was granted. (Include any applications denied, withdrawn and/or pending.**

Applicant Name: _____	Type of Application: _____
License/permit/cert/reg. number _____	Dates Held: From: _____ To: _____
Address: _____	City: _____ State: _____ Tribe _____
Action Taken _____	Issuing Agency: _____
Applicant Name: _____	Type of Application: _____
License/permit/certificate number _____	Dates Held: From: _____ To: _____
Address: _____	City: _____ State: _____ Tribe _____
Action Taken _____	Issuing Agency: _____

**[C] Have any disciplinary actions ever been taken, or are any such actions pending, for any of the above listed license(s), permit(s), registration(s), and/or certificate(s)?  Yes  No**

**If YES, provide details below:**

Licensing Agency	Date of Action	Nature of Action	Disposition (e.g. revoked, fined, probation)

**[D] Have you appeared before any licensing agency or similar authority either inside or outside the State of California, for any reason whatsoever?  Yes  No**

**If yes, provide complete details:**

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**Section 3. Criminal History Information**

**[A] Have you EVER been CONVICTED of or CHARGED with a felony, or are you currently being PROSECUTED for a felony?  Yes  No**

**If YES, please explain: list the charge, date, city, name/address of the courts involved, and the disposition. (Including but not limited to theft, burglary, embezzlement, falsifying income tax, tax evasion, murder, manslaughter, assault, DUI, fraud, possession/use/sale of drugs. etc.)**

Date	Arresting Agency Location-City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location-City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

**[B] Are you now being or have you in the past 10 years been CONVICTED of or PROSECUTED for any MISDEMEANOR (including on-going prosecutions)?  Yes  No**

**If YES, please list the charge, date, city, name/address of the courts involved and the disposition. (Including but not limited to DUI, assault, and battery, disorderly conduct, minor shoplifting, property damage, public intoxication, trespassing, etc.)**

Date	Arresting Agency Location-City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location-City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

**[C] Are you now, or have you EVER been, CHARGED with ANY CRIME (excluding minor traffic violations) within the last 10 years, whether or not convicted, that is not otherwise listed above?**  
 Yes  No

**If YES, please list the charge, date, city, name/address of the courts involved, and the disposition.**

Date	Arresting Agency Location-City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location-City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

**[D] Are you NOW, or have you EVER been, ARRESTED, CHARGED and or PROSECUTED for ANY CRIME (excluding minor traffic violations) whether or not convicted, that is not otherwise listed above?**  Yes  No

**If YES, please list the charge, date, city, name/address of the courts involved, and the disposition.**

Date	Arresting Agency Location-City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location-City & State	Disposition (dismissed, not guilty, guilty, amount of fine and/or length and dates of confinement and/or probation)

**[E] Have you ever received a PARDON for or EXPUNGEMENT of any criminal offense?**  Yes  No

**If YES, provide details below.**

Date	Arresting Agency Location-City & State	Original Charge (if any)	Final Charge (if amended or reduced)	Court Location-City & State	Disposition (pardon, expungement)

**Section 4. Financial History Information**

[A] Have you ever filed for bankruptcy, in any jurisdiction?  Yes  No

Date filed: \_\_\_\_\_ Date discharged: \_\_\_\_\_ Location filed: \_\_\_\_\_

[B] Have you ever been a plaintiff in a civil suit?  Yes  No if YES, explain and provide the court name and address:

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[C] Have you ever been a defendant in a civil suit and/or had a judgment or lien rendered against you  
 Yes  No If YES, explain and provide the court name and address:

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[D] Have you ever had your state or federal income tax return audited with negative results?  
 Yes  No If YES, provide details and dates

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[E] GROSS ANNUAL INCOME (FOR HOUSEHOLD):

Source: _____	Annual Amount: _____
Source: _____	Annual Amount: _____
Source: _____	Annual Amount: _____

TOTAL GROSS ANNUAL INCOME: \$ \_\_\_\_\_

[F] STATEMENT OF ASSETS (FOR HOUSEHOLD):

List the total value of all assets held, both tangible and intangible, on the appropriate line below. Enter the amounts as of the date of this application. If applicable, our investment in any gambling or related business should be reflected below.

ASSETS:	Original Cost/Investment	Current Market Value
Cash & Checking Accounts(Total Amount)	_____	_____
Savings Accounts & Notes Receivable	_____	_____
Stocks and Bonds	_____	_____
Business Investments	_____	_____
Real Estate	_____	_____
Other Assets (autos, boat, etc.)	_____	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>





Para información en español, visite <http://www.consumerfinance.gov/learnmore> o escriba a la  
Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment- or to take another adverse action against you- must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (you “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are a victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for accredit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information. In most cases.** A consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A credit reporting agency may provide information about you only to people with a valid need- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone numbers you can call if you chose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or in some case, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity Theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>L.a. Banks, savings associations, and credit unions with total assets of over \$10Billion and their affiliates.</p> <p>b. Such affiliations that are not banks, savings associations, or credit unions also should list, in addition to the CFPB</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer response Center-FCRA Washington DC20580 (887) 382-4357</p>
<p>2. To the extent not included in item I above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks.</p> <p>b. State member banks, branches, Federal agencies, and Insured State Branches of Foreign Banks),  commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks. And insured state savings associations.</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8<sup>th</sup> floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F. Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center FCRA Washington, DC 20580 (877) 382-4357</p>

**NOTICE REGARDING BACKGROUND INVESTIGATION  
PURSUANT TO CALIFORNIA LAW**

The Torres Martinez Gaming Commission intends to obtain information about you from an investigative Consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the End-User may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factoring making employment decisions. The source of any investigative consumer report and or consumer credit report (as those terms are defined under California law) will be ESR, 7110 Redwood Blvd., Suite C, Novato, CA Tel: 888-999-4474. You may find information about ESR’S privacy practices at <http://www.esrcheck.com/Privacypolicy.php>.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account, number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss our file in such person’s presence.

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 40316 (formerly cited as 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

**Authority:** the FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Our fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NIGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal register, including the Routine Uses for the BGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018