

Vendor Employee Disclosure Form



Oregon State Police
Gaming Enforcement Division
Vendor Investigations Section
PO Box 12649
Salem, OR 97309

Company Information

Name of Company: _____
Business Address: _____
Business Telephone Number: _____
Your Position/Title _____

Personal Background Information

Name (Last, First, Middle) _____ Date of Birth _____
Aliases _____ Social Security Number _____
Home Address _____ Driver's License Number _____
City _____ State _____ State DL Issued _____
Zip Code _____ Phone _____ Sex: Male Female

1. Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal Offense or traffic crime, for any reason whatsoever regardless of the disposition of the event (except MINOR traffic citations)?
 Yes No
2. Have you ever been arrested, convicted, indicted, or summoned to answer for any gambling-related offense?
 Yes No
3. Have you ever engaged in any type of unlawful gambling or gaming?
 Yes No (If yes, describe) _____

4. Are you delinquent paying any Federal, State, or Parish/County taxes; or child support?
 Yes No (If yes, describe) _____

(If you answered **yes** to questions 1 or 2, please provide details in the space below. List all cases without exception, in any state, province, or jurisdiction.)

Arrest Date	Age	Arrest/Charge	Location (City/State)	Disposition	Arresting Agency

**Do not send this form via facsimile or scanned into an email.
Please mail your signed disclosure to the address provided at the top of Page 1.**

Disclosure Statement

"I, the undersigned, upon oath, do hereby declare that the foregoing information is true, correct, and complete. I understand the information may be used to protect the public interest and to promote and assure the security, honesty, integrity, and fairness of Tribal gaming in Oregon. I understand that untruthful, incomplete, or misleading answers are cause for denial by the Tribe of any contract or procurement and may be the subject of prosecution under ORS 162.065, 162.075, or 162.085. I acknowledge responsibility for excessive investigation costs incurred due to untruthful, incomplete, or misleading answers. I authorize the Oregon State Police Gaming Enforcement Division to investigate or direct an investigation of any matter concerning me, as necessary, including, but not limited to financial records, financial sources, credit history, school records, child support enforcement records, criminal history records, Department of Motor Vehicle records, local, state, and federal tax records, civil litigation records, as well as contact with listed and unlisted references. I acknowledge that I will consent to providing fingerprints, if asked to do so. Background investigations will be conducted by the Oregon State Police Gaming Enforcement Division."

Printed Name: _____

Signature: _____

Date: _____

<u>For Gaming Enforcement Division Use Only:</u>	
Detective _____ Date _____	Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sergeant _____ Date _____	