



*Pride of the Ojibwe*

13394 W Trepania Road  
Hayward • Wisconsin • 54843  
Phone 715-634-8934 • Fax 715-634-4797 • HR Fax (715) 699-1209

**\*\*\* NOTICE \*\*\***

**LAC COURTE OREILLES TRIBAL MEMBERS**

The Lac Courte Oreilles Tribal Governing Board announces  
one (1) vacancy for the Lac Courte Oreilles Gaming Commission

**Posting Date:** May 29, 2024  
**Closing Date:** Open Until Filled

**Applicants for appointment to the Tribal Gaming Commission must satisfy the following requirements:**

- Be an enrolled Lac Courte Oreilles tribal member.
- Must be at least twenty-one (21) years of age.
- Have obtained a High School Diploma, equivalent to, or a degree of Higher Education.
- Have no prior record of
  1. A felony,
  2. Any gaming related offense,
  3. Fraud or misrepresentation in any connection,
  4. A violation of any law of Lac Courte Oreilles, including the Compact, regulating or prohibiting gaming.
- Shall not be immediate family member cohabiting partner of any member of the Tribal Governing Board or key Employee of a gaming facility.
- Shall not be employed by any Gaming Operation and not be a Primary Management Official in any gaming facility.
- Shall have no financial interest in any management or vendor contract.
- Shall not be primarily employed in a tribal Director or Management position that will impede the availability as a Commissioner
- Shall not be an elected Tribal Official.
- Shall have some gaming experience through education, experience, and/or interest.

*LCO Tribal Government  
Human Resource Dept  
Gaming Commission*

- Must be willing to submit to a background investigation and provide all relevant information to facilitate the investigation.
- Must be able to pass a background check.
- Must be able to pass a pre-employment drug screen.

**Duties of appointed commission members:**

- Attend monthly meeting to oversee and preserve the integrity of gaming activities.

**Interested Persons Should Submit a Letter of Interest with Qualifications**

**(Please fill out the release and authorization form)**

**MAIL INFORMATION TO:**

**Lac Courte Oreilles Tribal Government**

**ATTN: Human Resource Department**

**13394 W. Trepania Road**

**Hayward, WI 54843**

**Fax (715) 634-4797**

**HR Fax (715) 699-1209**

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*Tribal preference will apply to qualified applicants in accordance with the  
Lac Courte Oreilles Policies & Procedures Manual.*

**RELEASE AND AUTHORIZATION**

I hereby authorize the Lac Courte Oreilles Band of Lake Superior Chippewa Indians, to conduct an investigation into my personal background for evaluating my qualification for employment, promotion, reassignment, or retention as an employee. I acknowledge and agree that the Lac Courte Oreilles Band of Lake Superior Chippewa Indians may obtain information pursuant to such investigation through personal interview and acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history and public record information (e.g., record of civil judgement, convictions, motor vehicle violations) as well as diplomas, degrees, licenses, and transcripts may be relevant to the Lac Court Oreilles Band of Lake Superior Chippewa Indians evaluation of my qualifications. I hereby release the Lac Courte Oreilles Band of Lake Superior Chippewa Indians and any person providing information in connection therewith from all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to ensure the accuracy of records obtained during this investigation. The foregoing is in accordance with my understanding and agreement and my signature on this Release and Authorization confirms my acceptance hereof. Copies of the Release and Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney. I verify by my signature, under penalty of perjury, the information provided is truthful and accurate.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
**Print:** Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden, former or alias name(s):

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Other names you are known by?

\_\_\_\_\_  
Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

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

\_\_\_\_\_  
Driver's License Number:

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

\_\_\_\_\_  
Enrollment Number:

Present

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ How long at present address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From: (Month/Year) \_\_\_\_\_ To: (Month/Year) \_\_\_\_\_