



FOREST COUNTY POTAWATOMI GAMING COMMISSION

Application for Internship

Office Use ONLY: FCPC Enrollment verified _____ Date: _____
Reference Contacted _____ Date: _____
Preliminary Check _____ Date: _____

Date: _____ **FCPC Enrolled?** Yes / No **Enrollment #:** _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____
Address: _____ Email: _____
City/State/Zip: _____ Telephone 1: _____
Social Security #: _____ Telephone 2: _____
Birth Date: _____

EDUCATION

Do you have a High School Diploma, GED or an equivalent; or, are you currently enrolled in a program to complete your HSD/GED/Equivalent coursework? Yes / No

High School/Program: _____ Location: _____
Graduated? Yes / No
College or University: _____ Location: _____
Major: _____ Graduated? Yes / No

MOST RECENT CASINO/TRIBAL WORK EXPERIENCE *(if no casino/Tribal experience, note most recent employment)*

| Dates | Employer | City/State | Main Duties |
|-------|----------|------------|-------------|
|-------|----------|------------|-------------|

MISCELLANEOUS *(please use back of page or additional paper if more space is needed)*

Why do you want to participate in the internship program? _____

Do you have any comments or special notes? _____

REFERENCE

| Name | Relationship | Telephone # |
|------|--------------|-------------|
|------|--------------|-------------|

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____

ACKNOWLEDGEMENT

The information in this application is true and accurate to the best of my knowledge. I give permission to the Forest County Potawatomi Gaming Commission to verify all above information and to conduct any background check that is relevant to my eligibility for an internship, including, but not limited to, credit history and criminal background.

Signature _____ Date _____