



# CARDROOM EMPLOYEE APPLICATION

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Applicant Name

Have you been charged with a misdemeanor? No  Yes  If yes, please explain below  
Have you been charged with a felony? No  Yes  If yes, please explain below

Please provide date and detail of each incident:

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## EMPLOYMENT HISTORY

Employment for the past ten years, beginning with the most current or previous employer

FROM DATE TO DATE EMPLOYER NAME, ADDRESS, CONTACT NUMBER

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## REFERENCES

List Three References

NAME ADDRESS PHONE NUMBER

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I have read all the above and declare under penalty of perjury that to the best of my knowledge each and every statement is true and correct.

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APPLICANT SIGNATURE

DATE



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0150000

ORI (Code assigned by DOJ)

LICENSE, CERT OR PERMIT

Authorized Applicant Type

CARDROOM ENTERPRISE EMPLOYEE

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

KERN COUNTY SHERIFF'S OFFICE

Agency Authorized to Receive Criminal Record Information

03739

Mail Code (five-digit code assigned by DOJ)

1350 NORRIS ROAD

Street Address or P.O. Box

LICENSING UNIT

Contact Name (mandatory for all school submissions)

BAKERSFIELD

City

CA 93308

State ZIP Code

(661) 391-7690

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

#### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed