CARDROOM EMPLOYEE APPLICATION

NEW EMPLOYEE □	Card Room Name	:						
RENEWAL \square	Employer Name:							
	Position Title:							
Name:								
First		Middle	Last					
Other Names used or AKA:								
Social Security Numbe	r:							
Driver's License No:								
Date of Birth:			Male 🗆	Female				
Height:	Weight:	Hair:	Еу	ves:				
Phone:	Phone:							
Street Address:								
City:			Zip	Code:				
I, the undersigned have read all the above and declare under penalty of perjury that each and every statement is true and correct. Knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license. Furthermore, I understand that if my application for license or renewal is denied for any reason, the Sheriff shall refund only that portion of the fee allocated to pay for post-issuance or renewal enforcement per Kern County Ordinance 5.04.160								
APPLICANT SIGNATURE			DA	TE				

CARDROOM EMPLOYEE APPLICATION

Applicant Nam	e						
	charged with a misde		No 🗆	Yes 🗆	If yes, please explain below		
Have you been	charged with a felon	λi	No 🗆	Yes 🗆	If yes, please explain below		
Please provide	date and detail of eac	ch incident:					
EMPLOYMENT	HISTORY						
Employment for the past ten years, beginning with the most current or previous employer							
FROM DATE	TO DATE EMPLOY	ER NAME, A	DDRESS	, CONTACT	NUMBER		
REFERENCES							
List Three Refe	rences						
NAME		ADDRESS			PHONE NUMBER		
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.							
statement is true a	and correct.						
APPLICANT SIG	NATURE		***************************************		DATE		
					đ		



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission						
	LICENSE, CERT OR PERMIT Authorized Applicant Type assigned by DOJ, use exact title assigned)					
Contributing Agency Information:						
KERN COUNTY SHERIFF'S OFFICE	03739					
Agency Authorized to Receive Criminal Record Information	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 CA 93308	(661) 391-7690					
City State ZIP Code	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	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):		ė.				
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 C	Collected/Billed				