CARDROOM EMPLOYEE APPLICATION

NEW EMPLOYEE □	Card Room Name:			
RENEWAL 🗆	Employer Name:			
	Position Title:			
Name:				
First	Mide	dle La	st	
Other Names used or	AKA:			
Social Security Numb	er:			
Driver's License No:				
Date of Birth:		Male □	Female 🗆	
Height:	Weight:	Hair:	Eyes:	
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			DATE	

CARDROOM EMPLOYEE APPLICATION

Applicant Name			· · · · · · · · · · · · · · · · · · ·		
Have you been charged with a misdemeanor? Have you been charged with a felony?		Yes □ Yes □	If yes, please explain below If yes, please explain below		
Please provide date and detail of each incident:					
EMPLOYMENT HISTORY					
Employment for the past ten years, beginning w	vith the n	nost curre	nt or previous employer		
FROM DATE TO DATE EMPLOYER NAME, ADDRESS, CONTACT NUMBER					
REFERENCES					
List Three References					
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.					
APPLICANT SIGNATURE			DATE		
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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission				
CA0150000 ORI (Code assigned by DOJ) CARDROOM ENTERPRISE KEY EMPLOYEE	LICENSE, CERT OR PERMIT Authorized Applicant Type			
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 OFFICE Agency Authorized to Receive Criminal Record Information	03739			
	Mail Code (five-digit code assigned by DOJ)			
1350 NORRIS RD Street Address or P.O. Box	LICENSING UNIT Contact Name (mandatory for all school submissions)			
BAKERSFIELD CA 93308 City State ZIP Code	(661) 391-7690 Contact Telephone Number			
Applicant Information:				
Last Name	First Name	Middle Initial Suffix		
Other Name (AKA or Alias)	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] ҒВІ		
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 An	nount Collected/Billed		



REQUEST FOR LIVE SCAN SERVICE

REQUEST FOR LIVE	REQUEST FOR LIVE SCAN SERVICE Print Form Reset Form		
Applicant Submission			
CA0349466 ORI (code assigned by DOJ) Gambling License Cardroom	State Gambling License Authorized Applicant Type		
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - If Contributing Agency Information:	assigned by DOJ, use exact title assigned)		
Bureau of Gambling Control Agency Authorized to Receive Criminal Record Information	09332 Mail Code (five-digit code assigned by DOJ)		
PO Box 168024 Street Address or P.O. Box	Contact Name (mandatory for all school submissions)		
Sacramento CA 95816 City State ZIP Code	Contact Telephone Number		
Applicant Information:			
Last Name	First Name Middle Initial Suffix		
Other Name (AKA or Alias)	First Suffix		
Date of Birth Sex Mate Female	Driver's License Number		
Height Weight Eye Color Hair Color	Number (Agency Bising Number) Misc.		
Place of Birth (State or Country) Social Security Number	Number (Other Identification Number)		
Home Address Street Address or P.O. Box	City State ZIP Code		
Your Number: Cardroom Key OCA Number (Agency Identifying Number)	Level of Service: DOJ E FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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		