

CARDROOM EMPLOYEE APPLICATION

NEW EMPLOYEE Card Room Name: _____

RENEWAL Employer Name: _____

Position Title: _____

Name: _____
 First Middle Last

Other Names used or AKA: _____

Social Security Number: _____

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