CARDROOM EMPLOYEE APPLICATION

NEW EMPLOYEE □	EW EMPLOYEE Card Room Name:			
RENEWAL	Employer Name:			
	Position Title:			
Name:				
First	Midd	ile L	ast	
Other Names used or A	AKA:			
Social Security Numbe	r:			
Driver's License No:				
Date of Birth:	The state of the s	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		<u> </u>	DATE	

CARDROOM EMPLOYEE APPLICATION

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:					

EMPLOYMENT HISTORY					
	المالية المالية				
Employment for the past ten years, beginning	with the r	nost curre	nt or previous employer		
FROM DATE TO DATE EMPLOYER NAME	, ADDRESS	, CONTAC	T NUMBER		
REFERENCES					
List Three References					
NAME ADDRESS	;		PHONE NUMBER		
, in the second			T HONE WOMEN		
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		



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission					
CA0150000 ORI (Code assigned by DOJ)	LICENSE, CERT OR PERMIT Authorized Applicant Type				
CARDROOM THIRD PARTY PLAYER					
Type of License/Certification/Permit OR Working Title (Maxim	mum 30 characters - If assigned by DOJ, use exact (file assigned)				
Contributing Agency Information:					
KERN COUNTY SHERIFF'S OFFICE Agency Authorized to Receive Criminal Record Information	03739 Mail Code (five-digit code assigned by DC	5.0			
1350 NORRIS ROAD	LICENSING UNIT				
Street Address or P.O. Box	Contact Name (mandatory for all school s	ubmissions)			
BAKERSFIELD CA State ZIP Coc					
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	4.4.			
Height Weight Eye Color Hair	Billing 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: NOJ	☐ FΒI			
If re-submission, list original ATI number: (Must provide proof of rejection)	Original ATI Number				
Employer (Additional response for agencies specified	d by statute):				
Employer Name	Mail Code (five digit code assigned by D	OJ)			
Street Address or P.O. Box					
City State ZIP Co	de Telephone Number (optional)				
Live Scan Transaction Completed By:					
Name of Operator	Date				
Transmitting Agency LSID	ATI Number	Amount Collected/Billed			



REQUEST FOR LIVE SCAN SERVICE

REQUEST FOR LIVE	SCAN SERVICE Print Form Reset Form		
Applicant Submission			
CA0349466 ORI (Code assigned by DOJ) Gambling License TPPPS Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if	State Gambling License Authorized Applicant Type		
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 State State State State	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	Number (Other Identification Number)		
Home Address Street Address or P.O. Box	City State ZIP Code		
Your Number: Third Party OCA Number (Agency Identifying Number)	Level of Service: DOJ 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		