

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 _____

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

Employment for the past ten years, beginning with the most current 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 _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0150000

ORI (Code assigned by DOJ)

CARDROOM DEALER

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

LICENSE, CERT OR PERMIT

Authorized Applicant Type

Contributing Agency Information:

KERN COUNTY SHERIFF OFFICE

Agency Authorized to Receive Criminal Record Information

1350 NORRIS RD

Street Address or P.O. Box

BAKERSFIELD

City

CA 93308

State ZIP Code

03739

Mail Code (five-digit code assigned by DOJ)

LICENSING UNIT

Contact Name (mandatory for all school submissions)

(661) 391-7690

Contact Telephone Number

Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

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

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed