

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		LICENSE, CERT OR PERMIT
ORI (Code assigned by DOJ)		Authorized Applicant Type
CARDROOM ENTERPRISE KEY EMPLOYEE		
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		03739
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)
1350 NORRIS RD		LICENSING UNIT
Street Address or P.O. Box		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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number		
Height	Weight	Eye Color	Hair Color	
Place of Birth (State or Country)	Social Security Number		Billing Number (Agency Billing Number)	
Home Address Street Address or P.O. Box			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: _____ Original ATI Number

(Must provide proof of rejection)

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



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

CA0349466 State Gambling License
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

Bureau of Gambling Control 09332
Agency Authorized to Receive Criminal Record Information 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) Last First Suffix

Date of Birth Sex Male Female Driver's License Number

Height Weight Eye Color Hair Color Billing 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: Cardroom Key
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