

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 THIRD PARTY PLAYER _____
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'S OFFICE _____ 03739 _____
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

1350 NORRIS ROAD _____ 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 _____ First _____ Suffix _____
(AKA or Alias) Last

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 _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

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 TPPPS
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 First Suffix
(AKA or Alias) Last

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 City State ZIP Code
Street Address or P.O. Box

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