

Gambling Establishment Key Employee Supplemental Background Investigation Information

DGC-APP-016A (Rev. 06/07)



DIVISION OF GAMBLING CONTROL
P.O. Box 168024
Sacramento, CA 95816-8024
(916) 263-3408; Fax (916) 263-3403

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Business and Professions Code section 19854 requires every gambling establishment key employee to apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b). The purpose of this Gambling Establishment Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet the requirements for licensure under state law. By completing this form you are providing information that will be used to make that determination.

You must provide truthful information in all your responses in this application. All answers to questions in this application, and all supplemental documentation provided by you, will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type, or print legibly in blue or black ink, all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion.

Please send your completed Gambling Establishment Key Employee Supplemental Background Investigation Information form and Application (CGCC-031) to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Include a background deposit fee as required in Title 11, California Code of Regulations, section 2037.

Applicant's Full Name

Date of Photograph

Affix a passport quality photograph taken within the last 30 days here.

Instructions: Type or print legibly (in blue or black ink) an answer to every question. If a question does not apply to you, write "N/A" (Not Applicable). If more space is needed to answer a question, please use page 9 of the form and precede each answer with the applicable section.

SECTION 1: PERSONAL INFORMATION

YOUR FULL NAME		
LAST	FIRST	MIDDLE
BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		DRIVER'S LICENSE/IDENTIFICATION CARD NUMBER
	NO.	STATE EXP
PHYSICAL DESCRIPTION		
HEIGHT	WEIGHT	HAIR COLOR EYE COLOR
DISTINGUISHING MARKS (SCARS, TATTOOS, ETC.) DESCRIBE AND INDICATE LOCATION		
ARE YOU A UNITED STATES CITIZEN..... <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, OF WHAT COUNTRY ARE YOU A CITIZEN?
ALIEN REGISTRATION NUMBER		IF NATURALIZED, CERTIFICATE NUMBER
DATE NATURALIZED (MM/DD/YYYY)		PLACE

DO YOU HAVE ANY IMMEDIATE FAMILY MEMBERS WHO WORK IN GAMING RELATED POSITIONS IN THE GAMING FACILITY FOR WHICH YOU ARE SEEKING EMPLOYMENT? No Yes
 IF YES, COMPLETE INFORMATION BELOW.

NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
RELATIONSHIP	POSITION HELD	SUPERVISOR'S NAME		
NAME OF FAMILY MEMBER	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
RELATIONSHIP	POSITION HELD	SUPERVISOR'S NAME		

SECTION 2: MARITAL INFORMATION

SINGLE MARRIED SEPARATED DIVORCED WIDOWED

CURRENT SPOUSE

NAME	DATE OF BIRTH	YEARS OF MARRIAGE
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N/A FORMER SPOUSE

NAME	DATE OF BIRTH	YEARS OF MARRIAGE
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SECTION 3: RESIDENCES

LIST ALL RESIDENCES DURING THE LAST FIVE YEARS (MOST RECENT FIRST, EXCLUDING CURRENT). PROVIDE COMPLETE ADDRESSES (INCLUDE MARKERS SUCH AS STREET, DRIVE, ROAD, EAST, WEST, ETC., AND UNIT OR APARTMENT NUMBER). DO NOT USE P.O. BOXES.

A) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		
D) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
CITY	COUNTY	STATE	ZIP		

SECTION 4: EXPERIENCE AND EMPLOYMENT

BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST **ALL** JOBS YOU HAVE HAD, INCLUDING PART-TIME, TEMPORARY, SELF-EMPLOYMENT, AND VOLUNTEER ACTIVITIES, DURING THE PREVIOUS 10 YEARS. INCLUDE PERIODS OF UNEMPLOYMENT AND IN THE DUTIES/ASSIGNMENTS SECTION EXPLAIN HOW YOU SUPPORTED YOURSELF WHILE UNEMPLOYED.

A) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES / ASSIGNMENTS					
B) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE	REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES / ASSIGNMENTS					

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C) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)				SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					

D) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)				SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					

E) NAME OF EMPLOYER				FROM (MM/YYYY)	TO (MM/YYYY)
ADDRESS (NUMBER / STREET)				SUPERVISOR	
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		REASON FOR LEAVING		GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES / ASSIGNMENTS					

SECTION 5: MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? YES NO
 IF YES, ATTACH A COPY OF YOUR DD-214

BRANCH OF SERVICE		DATES OF SERVICE FROM TO	
COUNTRY OF SERVICE	RANK AT SEPARATION	SERVICE NUMBER	

TYPE OF DISCHARGE: ENTRY LEVEL HONORABLE GENERAL OTHER THAN HONORABLE BAD CONDUCT DISHONORABLE

HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY..... YES NO
 DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW..... YES NO

DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)

SECTION 6: CRIMINAL HISTORY INFORMATION

HAVE YOU EVER BEEN **CONVICTED** OF A CRIME, PLED GUILTY OR PLED NOLO CONTENDERE (NO CONTEST) TO A CRIME (OTHER THAN A VEHICLE CODE INFRACTION)? INCLUDE ANY CONVICTIONS REDUCED OR EXPUNGED, **UNLESS** THE RECORDS HAVE BEEN SEALED PURSUANT TO A COURT ORDER. YES NO

IF YES, EXPLAIN EACH INCIDENT.

A) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	

B) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	

C) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	

D) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
WHAT CRIME(S) WERE YOU CONVICTED OF?	

HAVE YOU EVER ENGAGED IN BOOKMAKING OR OTHER ILLEGAL GAMBLING ACTIVITIES?..... YES NO

SECTION 7: OTHER LICENSING INFORMATION

HAVE YOU EVER **HELD** OR **APPLIED** FOR A PERMIT, LICENSE, OR CERTIFICATE RELATED TO GAMING?..... YES NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, OR LOCAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT OR CERTIFICATE RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, OR CERTIFICATE WAS GRANTED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

A) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM: TO:	
CITY, COUNTY, STATE		ACTION TAKEN	GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

B) LICENSE/PERMIT/CERTIFICATE #	TYPE OF APPLICATION	DATES HELD (MM/YYYY)	ISSUING AGENCY
		FROM: TO:	
CITY, COUNTY, STATE		ACTION TAKEN	GAMING ESTABLISHMENT/TRIBE/THIRD PARTY PROVIDER

HAVE YOU EVER **HELD** OR **APPLIED** FOR A PRIVILEGED REGISTRATION, PROFESSIONAL LICENSE, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING?... YES NO

IF YES, LIST BELOW ANY LICENSING OR REGULATORY AGENCY TO WHICH YOU HAVE APPLIED FOR A LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL NOT RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, REGISTRATION, CERTIFICATE OR CREDENTIAL WAS ISSUED (INCLUDE ANY APPLICATIONS DENIED, WITHDRAWN, AND/OR PENDING).

TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER
				FROM: TO:
TYPE OF LICENSE #	LICENSING AGENCY/JURISDICTION	LICENSE NUMBER	APPROVED/DENIED/SURRENDERED	DATES HELD OR DATE AND REASON FOR DENIAL OR SURRENDER
				FROM: TO:

SECTION 10: GROSS ANNUAL INCOME	
CURRENT GROSS ANNUAL INCOME	\$
BUSINESS INCOME (EXPLAIN TYPE OF BUSINESS)	\$
INTEREST INCOME	\$
DIVIDEND INCOME	\$
RENTAL INCOME	\$
CHILD SUPPORT	\$
GIFTS	\$
SPOUSAL SUPPORT/ALIMONY	\$
OTHER (SPECIFY, I.E. SPOUSAL INCOME)	\$
OTHER (SPECIFY)	\$
TOTAL GROSS INCOME	\$
DO YOU RECEIVE BONUSES OR PROFIT SHARING FROM YOUR CURRENT EMPLOYER WHICH ARE BASED ON A PERCENTAGE OF THE GAMBLING ESTABLISHMENT REVENUE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 11: STATEMENT OF ASSETS	
LIST THE TOTAL VALUE OF ALL ASSETS AS OF THE DATE OF THIS APPLICATION.	
ASSETS	
CASH	\$
ACCOUNTS AND NOTES RECEIVABLE	\$
STOCKS AND BONDS	\$
BUSINESS INVESTMENTS	\$
REAL ESTATE	\$
OTHER ASSETS	\$
TOTAL ASSETS	\$

SECTION 12: STATEMENT OF LIABILITIES	
LIST THE TOTAL AMOUNT OF ALL LIABILITIES AS OF THE DATE OF THIS APPLICATION.	
LIABILITIES	
ACCOUNTS PAYABLE (REVOLVING ACCOUNTS, CREDIT CARDS, LEASES, LINES OF CREDIT, ETC.)	\$
TAXES PAYABLE (INCOME TAXES, REAL ESTATE TAXES, BUSINESS TAXES, ETC.)	\$
NOTES PAYABLE	\$
MORTGAGE PAYABLE	\$
CONTINGENT AND OTHER LIABILITIES (CO-SIGNER ON A LOAN, CHILD SUPPORT, ALIMONY, ETC.)	\$
TOTAL LIABILITIES	\$

SECTION 13: SUPPORTING DOCUMENTATION CHECKLIST

KEY EMPLOYEE APPLICANTS MUST INCLUDE THE FOLLOWING ADDITIONAL DOCUMENTS WITH THIS APPLICATION. ONLY DOCUMENTS THAT ARE DATED AND SIGNED BY ALL PARTIES WILL BE ACCEPTED. FAILURE TO PROVIDE COMPLETED DOCUMENTS MAY RESULT IN A DENIAL OF YOUR LICENSE REQUEST.

- Authorization to Release Information form (DGC-APP. 006, Rev. 05/07)
- Tax returns – signed copies of state and federal, both individual and business for the past three years, including all statements and attachments
- Bank statements – copies of all personal and business accounts corresponding only to the most recent tax return
- Investment account statements – copies for all accounts corresponding only to the most recent tax return
- Naturalization certificate – if a naturalized citizen, a copy of your naturalization certificate
- Request for Live Scan Service (BCII 8016, Rev. 01/01)
- Employment contract – copy
- Local cardroom employee license, permit, badge, etc. – copy
- Military form DD214, if applicable – copy
- Alien registration, if applicable – copy
- Bankruptcy court records, if applicable - copy

SECTION 14: DECLARATION

I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____ .
City and State *Date*

PRINT FULL NAME	SIGNATURE	DATE

