

Gambling Establishment Key Employee Supplemental Background Investigation Information

DGC-APP-016A (Rev. 08/07)



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 FAMILY MEMBERS CURRENTLY WORKING IN ANY POSITION IN ANY GAMING FACILITY IN CALIFORNIA?..... <input type="checkbox"/> YES <input type="checkbox"/> NO						
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

<input type="checkbox"/> SINGLE			<input type="checkbox"/> MARRIED			<input type="checkbox"/> SEPARATED			<input type="checkbox"/> DIVORCED			<input type="checkbox"/> WIDOWED		
CURRENT SPOUSE														
NAME				DATE OF BIRTH				YEARS OF MARRIAGE						
<input type="checkbox"/> N/A														
FORMER SPOUSE														
NAME				DATE OF BIRTH				YEARS OF MARRIAGE						

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					

Gambling Establishment Key Employee Supplemental Background Investigation Information

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? <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> ENTRY LEVEL <input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER THAN HONORABLE <input type="checkbox"/> BAD CONDUCT <input type="checkbox"/> DISHONORABLE		
HAVE YOU EVER BEEN DISCIPLINED WHILE IN THE MILITARY..... <input type="checkbox"/> YES <input type="checkbox"/> NO DID THIS RESULT IN A COURT MARTIAL? IF YES, PROVIDE DETAILS BELOW..... <input type="checkbox"/> YES <input type="checkbox"/> 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)
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WHAT CRIME(S) WERE YOU CONVICTED OF?

B) APPROXIMATE DATE (MM/DD/YYYY)	COURT LOCATION (CITY & STATE) AND ARRESTING AGENCY (CITY & STATE)
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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)
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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?

YES NO

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS OF _____, 20_____.

SECTION 11: STATEMENT OF ASSETS		
LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES.		
ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE B)		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE C)		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

SECTION 12: STATEMENT OF LIABILITIES		
LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.		
LIABILITIES	*INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
TOTAL LIABILITIES		\$

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

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. 08/07)
- 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. 04/01)
- 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

SCHEDULE A - ASSETS

Cash

List all cash and where it is located, e.g. financial institutions (foreign and domestic), safe deposit boxes, etc.

Name & Address of Bank or Investment Account	Type of Account	Account Number	Date Opened	Names of Persons Who Have Signature Authority on Account	Balance
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL*:					\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE D - ASSETS

Business Investments

List any business investments in which any direct, indirect, or vested interest is held, along with the names of all individuals or entities who share a direct, indirect, or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liabilities companies, and corporations.

Entity Name	Type of Entity	Number of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Current Market Value
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE E - ASSETS

Real Estate

List any direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address or Parcel Number & Location	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Current Income (Rent/Lease) (indicate per month, year, etc.)	Purchase Price	Current Market Value
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE F - ASSETS

Other Assets

List all other assets (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Description	Date of Purchase	Purchase Price	Current Market Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE I - LIABILITIES

Notes Payable

List all notes payable.

Name and Address of Creditor	Date Incurred	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Note Amount	Interest Rate	Unpaid Balance
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
						TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

SCHEDULE J - LIABILITIES
Mortgages Payable

List all mortgages or liens on real estate.

Name and Address of Creditor Account Number	Address or Parcel Number and Location of Real Estate	Date Incurred	Interest Rate	Payment Amount & Payment Period (e.g., Weekly, Monthly, etc.)	Original Loan Amount	Unpaid Balance
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					TOTAL*:	\$

*This total should match the corresponding total reported on page 7.

Signature of Preparer _____

Date _____

