

Work Permit Questionnaire

BGC-LIC. 049 Rev. 11/07

BUREAU OF GAMBLING CONTROL

(916) 263-3408

FAX (916) 263-3403



WORK PERMIT QUESTIONNAIRE

Type or print clearly in ink an answer to every question. If the space available is insufficient, use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, so state with "N/A." Do not misstate or omit any material fact(s) as each statement made herein is subject to verification.

You are advised that this personal history record is an official document. Any misrepresentation or failure to reveal requested information may be deemed to be sufficient cause for the denial of your application, or revocation of your permit.

Name and Address of Gambling Establishment: _____

1. PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise					
Present Residence Address			City, State, Zip		Home Phone Number (including area code)
Occupation					
Social Security No.		Driver's License No.		State Issued	Expiration Date
Date of Birth			Place of Birth (City, State)		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color	Hair Color	Weight	Height	Race/Ethnicity
Marks, Scars, Tattoos:					
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Registration No. _____	
If Naturalized, Certificate No. _____		Place of Naturalization _____		Date _____	

2. RESIDENCE: Excluding your current residence, list all residences you have had for the last 3 years.

Month and Year From-To	Street and Number	City	State/Zip Code

3. EMPLOYMENT: Beginning with your current employer, list all places of employment where you have worked during the last 3 years.

Name of Employer	Location	Job Title	Month/Year From-To	Reason for Leaving

4. CRIMINAL HISTORY (Convictions only):

A. Have you ever been convicted of a felony? Yes No

B. Have you been convicted of a misdemeanor within the past 10 years? (Convictions dismissed pursuant to Penal Code section 1203.4 must be disclosed.)
 Yes No

C. Are you currently on probation? Yes No

If your answer to 4. A or B was "yes," provide details here.				
Date of Arrest	Arresting Agency Location - City & State	Original Charge	Final Charge (if amended or reduced)	Disposition

5. LICENSING HISTORY:

A. Have you ever applied to any local, state or federal governmental agency for a gambling establishment employee permit, badge, or license in any state? Yes No

B. Have you ever been denied a gambling establishment work permit or license by any law enforcement agency, or had any such permit or license revoked or suspended? Yes No

If your answer to 5. A or B was "yes," provide details here. If you have been denied, revoked or withdrawn an application, provide details here.

Local Government Agency	Type of Application	Approved/Denied	Dates Held	Reasons for Denial, Revocation or Suspension

C. Have you ever been questioned about your participation in any gambling offense, in or outside of California, or by any law enforcement agency?
 Yes No

D. Have you ever been prohibited from being present on the premises of any gaming or pari-mutuel wagering establishment by any government officer, agency or gambling establishment? Yes No

If your answer to 5. C or D was "yes" provide details here.

DECLARATION

STATE OF _____

COUNTY OF _____

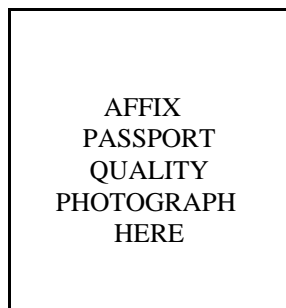
I, _____, attest that I have read the foregoing Work Permit Questionnaire and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of my permit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this _____ day of _____, 20____, at _____
City, State

Signature of Applicant

AFFIX ONE PASSPORT QUALITY PHOTOGRAPH TAKEN WITHIN THE LAST 30 DAYS



Date of photograph _____