



**STATE GAMING AGENCY
TRIBAL KEY EMPLOYEE
SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION**

BUREAU OF GAMBLING CONTROL
P.O. BOX 168024
SACRAMENTO, CA 95816-8024
(916) 227-3584 / FAX (916) 227-2308

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Designated applicants for licensure as a Gaming Employee (other than a non-key Gaming Employee) are required by the Tribal-State Gaming Compact between the employer Tribe and the State of California to apply to the State Gaming Agency for a determination of suitability for licensure. The State Gaming Agency consists of the California Gambling Control Commission and the Bureau of Gambling Control of the California Department of Justice, which are entities of the State of California and not of the Tribe. The purpose of this Tribal Key Employee Supplemental Background Investigation Information form is to obtain information from you that is necessary to determine whether you meet suitability requirements for licensure under state law. By completing this form, you are providing information to the State Gaming Agency that will be used to make that determination.

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

The completed Tribal Key Employee Supplemental Background Investigation Information forms and application (BGC-TKE 01) should be mailed to the Bureau of Gambling Control at P. O. Box 168024, Sacramento, CA 95816-8024

Applicant's Full Name

Date of Photograph

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

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Instructions: Type or print legibly in 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 7 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 LICENSE/IDENTIFICATION CARD NUMBER	
			NO.	STATE: EXP:
PHYSICAL DESCRIPTION				
HEIGHT:		WEIGHT:	HAIR COLOR:	EYE COLOR:
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? <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 (MM/DD/YYYY):	DATE OF MARRIAGE (MM/DD/YYYY):	
FORMER SPOUSE <input type="checkbox"/> N/A			
NAME:	DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)
NAME	DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE (MM/DD/YYYY)	DATE OF DIVORCE (MM/DD/YYYY)

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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, VOLUNTEER ACTIVITIES, DURING THE PREVIOUS 10 YEARS.

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? IF YES, ATTACH A COPY OF YOUR DD-214.				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BRANCH OF SERVICE:			DATES OF SERVICE FROM (MM/YYYY) TO (MM/YYYY)		
COUNTRY OF SERVICE:		RATING 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 COURT-MARTIALED? IF YES, PROVIDE DETAILS BELOW.			<input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)			

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SECTION 6: BUSINESS INTEREST

LIST ALL BUSINESSES, SUCH AS CORPORATIONS AND PARTNERSHIPS, WITH WHICH YOU ARE CURRENTLY ASSOCIATED WITH AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER SIMILAR CAPACITY.

LIST ALL GAMBLING RELATED BUSINESSES WITH WHICH YOU HAVE BEEN ASSOCIATED AS AN OWNER, OFFICER, DIRECTOR, ACTIVE SHAREHOLDER, PARTNER OR OTHER SIMILAR CAPACITY WITHIN THE LAST 10 YEARS. EXCLUDE ANY OWNERSHIP INTEREST IN A TRIBAL CASINO DUE TO TRIBAL MEMBERSHIP.

DATES OF INVOLVEMENT (MM/YYYY) FROM TO		NAME OF CORPORATION/PARTNERSHIP: BUSINESS TELEPHONE NUMBER: ()	CORPORATION/PARTNERSHIP MAILING ADDRESS:	
YOUR CAPACITY/TITLE:	PRIMARY PURPOSE OF BUSINESS:	AMOUNT OF INVESTMENT:	% OF OWNERSHIP/# OF SHARES OWNED:	GAMBLING RELATED? <input type="checkbox"/> YES <input type="checkbox"/> 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).

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

SECTION 8: FINANCIAL HISTORY INFORMATION

HAVE YOU FILED FOR BANKRUPTCY WITHIN THE LAST 10 YEARS? ☐ YES ☐ NO

IF YES, PROVIDE THE FOLLOWING DETAILS

DATE FILED (MM/DD/YYYY):	DATE DISCHARGED (MM/DD/YYYY):	FEDERAL DISTRICT COURT WHERE FILED:
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EXPLAIN BELOW THE CIRCUMSTANCES THAT LED TO YOUR BANKRUPTCY FILING

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HAVE YOU HAD A JUDGMENT OR LIEN FILED AGAINST YOU WITHIN THE LAST 10 YEARS? ☐ YES ☐ NO

IF YES, EXPLAIN EACH INCIDENT AND GIVE COURT NAME AND ADDRESS

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SECTION 9: CRIMINAL HISTORY INFORMATION

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

IF YES, EXPLAIN EACH INCIDENT

A) APPROXIMATE DATE (MM/DD/YYYY):	COURT LOCATION (CITY & STATE):

WHAT CRIME(S) WERE YOU CONVICTED OF?

B) APPROXIMATE DATE (MM/DD/YYYY):	COURT LOCATION (CITY & STATE):

WHAT CRIME(S) WERE YOU CONVICTED OF?

C) APPROXIMATE DATE (MM/DD/YYYY):	COURT LOCATION (CITY & STATE):

WHAT CRIME(S) WERE YOU CONVICTED OF?

D) APPROXIMATE DATE (MM/DD/YYYY):	COURT LOCATION (CITY & STATE):

WHAT CRIME(S) WERE YOU CONVICTED OF?

SECTION 10: 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

SIGNATURE IN FULL	DATE

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ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., residences, employers, explanations to questions, etc.).
- Identify the corresponding question and specific items being referenced.

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Privacy Notice

As Required by Civil Code § 1798.17

The Bureau of Gambling Control in the Department of Justice collects the information requested on this form as authorized by California Business and Professions (B&P) Code section 19826(a). The Bureau uses this information to establish grounds for the license, permit or other approval indicated on this application form. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practice Act and state policy. The Department of Justice general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

All the personal information requested in this form must be provided. If you do not provide this information, your application will be denied.

You may review the records maintained by the Bureau in the Department of Justice that contain your personal information as permitted by the Information Practices Act. (See below for contact information.)

In order to process your application, we may need to share the information to give us with law enforcement or regulatory agencies for investigation unlawful activity, or for licensing or regulatory purposes.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

For questions about this notice or access to your records, you may contact the Department of Justice, Bureau of Gambling Control, at P. O. Box 168024, Sacramento, CA 95816-8024 or e-mail at GamblingControl@doj.ca.gov