

FOR FACILITY USE ONLY:

Applicant Name (Last, First, Middle): _____

Applicant is applying for a position at the following video gaming facility (circle one):

- Batavia 002 Monticello 005 Tioga 019
- Buffalo/Fairgrounds 003 Saratoga 006 Vernon 023
- Finger Lakes 004 Yonkers 008 Resorts World Casino New York City 046

Other (specify): _____

The position the applicant is applying for: _____

**NEW YORK STATE GAMING COMMISSION
VIDEO LOTTERY GAMING EMPLOYEE LICENSE APPLICATION**

PERSONS REQUIRED TO OBTAIN A VIDEO LOTTERY GAMING EMPLOYEE LICENSE:

- a. Any person employed in the operation of a video lottery gaming facility whose employment duties primarily involve the maintenance or operation of gaming activity or equipment and assets associated therewith, or who must regularly work in restricted areas.
- b. Any person who performs duties that are primarily related to gaming functions/activities or who are primarily assigned to the gaming floor.
- c. All other persons employed by the video lottery gaming agent to perform services.

I. COMPLETING THIS FORM:

- a. You must make accurate statements and include all material facts. **Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.**
- b. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you or you have nothing to disclose, indicate “**Does Not Apply**” in response to that question. Failure to provide a response to every question could result in the denial of your application.
- c. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.
- d. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the New York State Gaming Commission and will not be returned.

II. BE SURE:

- a. You sign the **Statement and Authorization** at the end of this form in the presence of a notary public or other person authorized to authenticate your signature.
- b. You retain a completed copy of your application for your own records.

III. In accordance with Privacy Act of 1974 (Title 5 U.S.C. §522a As Amended), disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. If provided, your social security number will be used by the New York State Gaming Commission to obtain and verify information in your application for qualification. The absence of a social security number on the application may delay the determination of your application.

Please print or type the answers to the following questions in the spaces provided.

1. NAME: LAST (include Jr., Sr., etc. if applicable)		FIRST	MIDDLE	2. SOCIAL SECURITY # See Page 1, Item III	
3. MAILING ADDRESS/POSTAL ADDRESS:					
NUMBER AND STREET		APT #/FLAT #	CITY/TOWN	STATE/PROVINCE ZIP/POSTAL CODE	
4. HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)					
NUMBER AND STREET		APT #/FLAT #	CITY/TOWN	STATE/PROVINCE ZIP/POSTAL CODE	
5. HOME TELEPHONE NUMBER (AREA CODE) (NUMBER)		6. DATE OF BIRTH		7. MALE/FEMALE	
8. COLOR OF EYES		9. COLOR OF HAIR		10. HEIGHT	
				11. WEIGHT	
				LBS	
12. HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES___ NO___ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)					
NAME				DATE	
13. PLACE OF BIRTH:					
CITY/TOWN			STATE/ PROVINCE	COUNTRY	

14. Are you a United States citizen? Yes _____ No _____

a. If no, please indicate the following:

1. Country of Citizenship: _____

2. Name and address of sponsor upon your arrival: _____

b. If you are a naturalized citizen, provide the following information:

PETITION NUMBER	DATE GRANTED	COURT	CITY/STATE OF COURT	CERTIFICATE NUMBER
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c. If you are a legally authorized Permanent Resident Alien, provide the "A" number from your Alien Registration card
Card #: _____

d. If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization.
Authorization #: _____

15. Have you ever been issued a passport? Yes _____ No _____

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

EDUCATION

19. Beginning with your highest level of education and working backwards, complete the information listed below with respect to each school, college, graduate or postgraduate school you have attended. *(If additional space is require, attach a separate sheet).*

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

EMPLOYMENT AND LICENSING

20. Have you ever been employed by a casino or gaming/gambling related company* in any jurisdiction? Yes____ No____

*Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc. *(If additional space is required, attach a separate sheet).*

NAME OF GAMING/GAMBLING RELATED COMPANY AND COUNTRY/STATE WHERE YOU WERE EMPLOYED	NAME, MAILING ADDRESS AND TELEPHONE NUMBER OF EMPLOYER(S)	DATES		TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		FROM (MO/YR)	TO (MO/YR)			

21. Beginning with your present job and working backwards, list below all periods of employment for the past three (3) years or from age 18, whichever is less. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. **For any casino, horse racing or gaming/gambling related employment, please list your license number under "Title."** *(If additional space is required, attach a separate sheet).*

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

22. Regarding to the previously listed employment:

- a. Were you ever discharged, suspended or asked to resign from employment? Yes____ No____
- b. During the last seven (7) year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes____ No____

If yes to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign or disciplined:

DATE OF DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE, SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

23. Have you ever applied in New York or any other jurisdiction for a license, permit, registration or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)?

Yes____ No____

If yes, complete:

NAME & ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	TYPE OF LICENSE, PERMIT, APPROVAL, OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

24. Have you or has your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, Internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending.

Yes____ No____

If yes, complete the following chart:

NAME & ADDRESS OF LICENSING AGENCY/ORGANIZATION (INCLUDING COUNTRY, STATE/PROVINCE, COUNTY OR MUNICIPALITY/TOWN)	TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED OR PENDING, ETC.)	LICENSE, PERMIT, APPROVAL OR REGISTRATION NUMBER

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

IMPORTANT

The New York State Gaming Commission or its designee will make inquiries to establish whether you have had any involvement with law enforcement agencies.

Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity. The New York State Gaming Commission will compare the information you provide with criminal records maintained by federal and state law enforcement agencies.

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>. Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, CFR, Section 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/challenge-of-an-identity-history-summary>

An applicant may obtain, review and, if necessary, seek correction of his/her criminal history pursuant to New York State DCJS regulation (9NYCRR Part 6050). To obtain further information through procedures established by DCJS, visit <http://www.criminaljustice.ny.gov/ojis/recordreview.html>

25. Have you ever been convicted of any crime, offense or violation of law?

Yes____ No____

If yes, complete the following chart:

NATURE OF CONVICTION/ LOCATION WHERE INCIDENT OCCURRED	DATE OF CONVICTION	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION	SENTENCE

26. Have you ever been arrested or charged for any crime, offense or violation in which action is still pending?

Yes____ No____

If yes, complete the following chart:

NATURE OF PENDING CHARGE	LOCATION WHERE INCIDENT OCCURRED	DATE OF INCIDENT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED

27. Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons?

Yes___ No___

If yes, complete the following chart.

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

28. Have you ever been barred or otherwise excluded, for any reason, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.)

Yes___ No___

If yes, complete the following chart:

GAMING/GAMBLING AGENCY	DATE OF EXCLUSION	REASON FOR EXCLUSION

FINANCIAL

29. Have you ever been adjudicated bankrupt or filed a petition seeking relief under any bankruptcy or insolvency law in any jurisdiction?

Yes___ No___

If yes, complete the following chart:

DATE FILED	DOCKET/CASE NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

30. In the past ten (10) years, have you ever had any property, real or personal, repossessed by a finance company in any jurisdiction?

Yes___ No___

If yes, complete the following chart:

TYPE OF PROPERTY	DATE REPOSSESSED	NAME AND ADDRESS OF COMPANY REPOSSESSING PROPERTY	REASON FOR REPOSSESSION

Statement and Authorization

Statement

I am the applicant and I personally supplied the information contained in this application. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this form. Any document accompanying this application that is not an original document is a true copy of the original document. I swear that the foregoing statements are true.

Notification and Release Authorization

The New York State Gaming Commission is hereby authorized to provide information relative to my identity, including my name, social security number, date of birth, and video lottery gaming license to any other State agency for the purposes of obtaining a license.

To any person and all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state and local, including unemployment insurance agencies, without exception, both foreign and domestic: I have authorized the New York State Gaming Commission and the New York Division of Criminal Justice Services to conduct a full investigation into my background and activities.

I hereby authorize the New York State Gaming Commission to obtain a credit report on me through a credit agency of its choice and I further authorize the New York State Gaming Commission to check my credit record, as needed, on a continuing basis as it relates to my employment or my suitability for employment. If an adverse employment decision is made totally or partially due to the information on the Credit Report, the New York State Gaming Commission will provide me a copy of the Credit Report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact the credit agency, if I wish.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the New York State Gaming Commission, provided that he or she certifies to you that I have an application pending before the New York State Gaming Commission or that I am presently a licensee, registrant or other person required to be qualified under New York Tax Law Section 1617-a.

This authorization shall supersede any prior request or authorization to the contrary.

A copy of this authorization shall be considered as effective and valid as the original.

(Print Name)

(Date of Birth)

_____-_____-_____
(Social Security #)

(Address)

(City, State, Zip)

DATED: _____

(SIGNATURE OF APPLICANT)

Subscribed and sworn to
before me this _____ day

of _____, _____

NOTARY PUBLIC