

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 SERVICE EMPLOYEE LICENSE APPLICATION**

PERSONS REQUIRED TO OBTAIN A VIDEO LOTTERY GAMING SERVICE EMPLOYEE LICENSE:

- a. Any person who will be employed in the Food & Beverage, Housekeeping, Valet or Facility Maintenance operations of a video lottery gaming facility or any other person employed in the operation of a video lottery gaming facility whose employment duties do not involve the maintenance or operation of gaming activity or equipment and assets associated therewith; or whose employment duties do not regularly require work in restricted areas or primary assignment to the gaming floor; or whose employment duties are not primarily related to gaming functions or activities.
- b. 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	
		FT		IN	
				LBS	
12. HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? 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.)					YES___ NO___
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 card 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 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

RESIDENCE

16. Beginning with your current residence(s) and working backwards, complete the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past three (3) years or since the age of 18, whichever is less.
(If additional space is required, attach a separate sheet)

DATES		ADDRESS <small>(NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)</small>	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>			

EDUCATION

17. 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 required, 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: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>				

EMPLOYMENT

18. 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: <small>(MO/YR)</small>	TO: <small>(MO/YR)</small>				

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>

19. 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

20. 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

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