

State of Nevada Gaming Employee Registration Application

COMPLETED BY LICENSEE	
Place of Employment	
Employer's Address (street and city)	
Position	
(Note: if Security Guard – Check one: <input type="checkbox"/> Armed or <input type="checkbox"/> Unarmed)	
Hire Date	
Employer/HR Representative (print)	Applicant's Name (first) (Middle) (Last)
Employer/HR Representative (signature)	Date
Social Security Number	

Original Renewal

GCB USE ONLY	
Registration #	
Arrest History Verified By	
Screened By	
Date Issued	Expiration Date
GCB Entered By:	
GCB Reviewed By:	
GCB BI Case Number:	

Alias and/or Maiden Name	Sex	Race	Height	Weight	Hair Color	Eye Color	Date of Birth	Age	Place of Birth (City/State)
Local Address (number and street)	(Apartment or space number)			City	State	Zip	Phone Number		
Mailing Address (If different from Local Address)	(Number, street, apartment, space number)			City	State	Zip	Phone Number		
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number/Issuing Country		Naturalization Number		Alien Card Number				
Driver's License Number/State	Marks Scars, Tattoos			Emergency Notification (Name)			Emergency Contact Number		
Emergency Contact Address (number and street)				City	State	Zip			

LIST YOUR CURRENT EMPLOYER BELOW AND EACH JOB HELD IN THE PAST FIVE YEARS (ATTACH ADDITIONAL SHEET IF NEEDED)

EMPLOYER	LOCATION (Street, City and State)	POSITION	Fr/To (Mo/Yr)	REASON FOR LEAVING

HAVE YOU AT ANY TIME BEEN ARRESTED, INDICTED, OR RECEIVED A CITATION/INFRACTION FOR ANY OFFENSE?

YES NO

IF YES, LIST ALL ARRESTS, INDICTMENTS AND CITATIONS WITH THE EXCEPTION OF SPEEDING, PARKING AND MINOR TRAFFIC VIOLATIONS
(ATTACH ADDITIONAL SHEET IF NEEDED.)

DATE (Yr/Mo)	ARRESTING AGENCY OR CITY & STATE	OFFENSE CHARGED	DISPOSITION (SENTENCE/FINE)

A notice must be completed and filed with the Board within 10 days of a change in employment location or obtaining an additional job as a gaming employee.
 I, the undersigned applicant, certify that the information entered on this application and attached questionnaire is true, correct and complete to the best of my knowledge and belief and further that such certification is made with the full knowledge that any failure to disclose, misstate, or other attempt to mislead may be considered sufficient cause for denial or revocation of a permit to be employed in the gaming industry, as provided in NRS 463.335 and 463.337, or grounds for arrest pursuant to NRS 197.190.

Applicant's Signature _____ Date _____

GAMING EMPLOYEE QUESTIONNAIRE

Answer the following questions by marking the appropriate box and explaining any "yes" answers in the space provided:

		YES	NO
1.	Are you now on bail, probation, parole, been released from custody on your own recognizance or have any active warrants for your arrest?		
2a.	Have you ever been questioned about your participation in any gambling or larceny related (including embezzlement) offense committed against a gaming establishment in Nevada, including any violations of the regulations of the Nevada Gaming Commission, by any agent of the Gaming Control Board or other law enforcement officer?		
2b.	Have you been questioned about your participation in any gambling or larceny related (including embezzlement) offense committed against a gaming establishment in any jurisdiction outside of Nevada by any law enforcement officer?		
3.	Have you ever been refused any work permits, license or related approval to be involved in gaming, racing, or pari-mutual wagering in a state other than Nevada or had any such permit, license, or approval revoked or suspended?		
4.	Have you ever been denied a work permit, gaming license or related approval by the Nevada Gaming Commission, or had any such permit, license or approval revoked or suspended.		
5.	Have you ever been prohibited from being present on the premises of any gaming or pari-mutual wagering establishments by any government officer or agency?		
6a.	Are you a convicted sex offender?		
6b.	If you are a convicted sex offender, are you in compliance with registration requirements under Nevada law?		

Explain "YES" answers here:

**Applicant's
Initials** _____

AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD INFORMATION

I hereby authorize and request any criminal justice agency to release or disclose records of my criminal history to the Nevada State Gaming Control Board for the purpose of work permit review. The records include, but are not limited to, any and all documents that are maintained by criminal justice agencies that consist of information regarding any arrest, detention, indictment, information or other formal criminal charges and dispositions of charges including dismissals, acquittals, convictions, correctional supervision and release

I further release, discharge, exonerate and hold harmless the State Gaming Control Board, the Nevada Gaming Commission and any other criminal justice agency, their agents and representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the collection, dissemination and inspection of my criminal history records.

I authorize the use of a telefax or photocopy of this form for the release or disclosure of the information described above.

I declare under the penalty of perjury that the foregoing is true and correct. Executed on _____ (date).

Name(Print) _____

Address _____

Signature _____

Street _____ **City** _____ **State** _____

Place of Birth _____

State of Nevada Gaming Employment Registration Application

Additional Information Sheet

Applicant's Name (First) (Middle) (Last)	Place of Employment
Social Security Number	Employer's Address (street and city)
_____ _____ _____ _____ _____ _____ _____ _____ _____	Position

LIST ADDITIONAL JOBS HELD IN THE PAST FIVE YEARS

EMPLOYER	LOCATION (Street, City and State)	POSITION	Fr/To (Mo/Yr)	REASON FOR LEAVING

LIST ADDITIONAL ARRESTS, INDICTMENTS, OR CITATIONS/INFRACTIONS FOR ANY OFFENSE.

DATE (Mo/Yr)	ARRESTING AGENCY OR CITY & STATE	OFFENSE CHARGED	DISPOSITION (SENTENCE/FINE)



STATE GAMING CONTROL BOARD GAMING EMPLOYEE REGISTRATION

CHILD SUPPORT COMPLIANCE STATEMENT

Pursuant to Nevada Revised Statute 425.520, every applicant is required to submit a Child Support Compliance Statement. Please mark the appropriate response.

- 1. I am not required to pay child support. **(Check this box if you do not have children.)**
- 2. I am required to pay child support, and I am making my payments.
- 3. I am required to pay child support, and I am not making my payments.

Name: _____
(Please Print)

Social Security Number: _____

Address: _____

(Please Print – Include Street, City, State and Zip Code)

Signature: _____
(Applicant's Signature)

Date: _____

Employer: _____
(Please Print)



**STATE GAMING CONTROL BOARD
GAMING EMPLOYEE REGISTRATION
FINGERPRINT RECEIPT**

Please Print Legibly

Present this form to the fingerprint technician at the time fingerprints are taken.

Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship _____

Sex ___ Race ___ Hgt. ___ Wgt. ___ Eyes ___ Hair ___

Employer: _____

Position: _____

Reason: NRS 463.335 ORI: NV0020800 Miscellaneous No. (MNU): 881020

The above named gaming employee obtained fingerprints, which were / will be sent electronically to the Central Repository for Nevada Records of Criminal History under the account number of the Gaming Control Board.

(Agency or Agency Stamp) (Representative) (Date)

Official Use Only: _____



Nevada Department of
Public Safety
Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by _____ (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize _____ (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name:

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative:

PLEASE PRINT

_____ Last Name

_____ First Name

_____ Middle

Agency Representative Signature: _____

Date: _____