STATE GAMING AGENCY
TRIBAL KEY EMPLOYEE
SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION

BGC-TBL-001 (Rev. 07/11)

BUREAU OF GAMBLING CONTROL
P.O. BOX 168024
SACRAMENTO, CA 95816-8024
(916) 263-3408; FAX (916) 263-3403

Print Form Save Form Reset Form

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 (CGCC-TKE 01) should be mailed to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231.

Applicant's Full Name

_____

Date of Photograph

_____

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

State Gaming Agency - Tribal Key Employee Supplemental Background Investigation Information

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? ☐ YES ☐ 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? ☐ YES ☐ 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

☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED

CURRENT SPOUSE

NAME	DATE OF BIRTH (MM/DD/YYYY)	DATE OF MARRIAGE (MM/DD/YYYY)

FORMER SPOUSE ☐ 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)

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? ☐ YES ☐ 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? ☐ YES ☐ NO	
DUTIES / ASSIGNMENTS				

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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ NO	
DUTIES / ASSIGNMENTS					

SECTION 5: MILITARY EXPERIENCE

HAVE YOU EVER SERVED IN ANY BRANCH OF THE U.S. ARMED FORCES? ☐ YES ☐ NO
IF YES, ATTACH A COPY OF YOUR DD-214.

BRANCH OF SERVICE		DATES OF SERVICE FROM (MM/YYYY) TO (MM/YYYY)
COUNTRY OF SERVICE	RATING AT SEPARATION	SERVICE NUMBER

TYPE OF DISCHARGE: ☐ ENTRY LEVEL ☐ HONORABLE ☐ GENERAL ☐ OTHER THAN HONORABLE ☐ BAD CONDUCT ☐ DISHONORABLE

HAVE YOU EVER BEEN COURT-MARTIALED? IF YES, PROVIDE DETAILS BELOW. ☐ YES ☐ NO

DATE (MM/YYYY)	FINAL CHARGE	COURT LOCATION (CITY & STATE)

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? ☐ YES ☐ 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

EXPLAIN BELOW THE CIRCUMSTANCES THAT LED TO YOUR BANKRUPTCY FILING

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

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 COURT ORDER. ☐ YES ☐ NO

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

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.