



WASHINGTON STATE GAMBLING COMMISSION
 LOCATION: 4565 7th Avenue SE, Lacey WA 98503
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 WEB SITE: www.wsgc.wa.gov

CLASS III INDIAN GAMING EMPLOYEE

PERSONAL / CRIMINAL HISTORY STATEMENT

PLEASE TYPE OR PRINT IN DARK INK.

CONFIDENTIAL

PERSONAL STATEMENT										
Name: Last		First		Middle	Maiden	Other Names Used				
Home Address: Street or Route					City		County		State	Zip
Social Security Number		Birthdate			Place of Birth: City		County		State	Country
-		-	Month	Day	Year					
Other Social Security Numbers Used			Sex	Race		Height		Weight	Eye Color	
Driver's License Number			State	Home Phone () -			Work Phone () -			
Military Service: Branch & Dates of Services							Do you live in Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you lived in Washington? _____			
Are you a U.S. citizen?		If No, Give Alien Registration Number			Port of Entry			Date of Entry		
<input type="checkbox"/> Yes <input type="checkbox"/> No								Month	Day	Year
Spouse's Name: Last		First		Middle	Maiden	Date & Place of Marriage: / /		City	County	State Country

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS IN SAME FORMAT.

EMPLOYMENT HISTORY										
List employment, self-employment, military service, unemployment and school attendance for the last 5 years.										
Dates From:		To:	Title:			Supervisor:				
Employer / School / Military Service / Unemployment							Phone () -			
Address: Street or Route					City	County	State or Country	Zip Code		
Dates From:		To:	Title:			Supervisor:				
Employer / School / Military Service / Unemployment							Phone () -			
Address: Street or Route					City	County	State or Country	Zip Code		
Dates From:		To:	Title:			Supervisor:				
Employer / School / Military Service / Unemployment							Phone () -			
Address: Street or Route					City	County	State or Country	Zip Code		
Dates From:		To:	Title:			Supervisor:				
Employer / School / Military Service / Unemployment							Phone () -			
Address: Street or Route					City	County	State or Country	Zip Code		

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS IN SAME FORMAT.

RESIDENCE INFORMATION List all places of residence for the **last 5 years**. List current residence first.

Dates From:	Street Address:			
To:	City:	County	State or Country	Zip Code
Dates From:	Street Address:			
To:	City:	County	State or Country	Zip Code
Dates From:	Street Address:			
To:	City:	County	State or Country	Zip Code
Dates From:	Street Address:			
To:	City:	County	State or Country	Zip Code

List any business licenses that you have **ever held**, currently applied for, or have been denied / revoked / suspended in any other state:

Type	License Numbers	Business Name	State	Last Year Held
Gambling				
Liquor				
Lottery				
Other				

HAVE YOU EVER (as a **JUVENILE** or an **ADULT**):

CRIMINAL HISTORY STATEMENT	1. Forfeited bail or paid a fine over \$25? 2. Been arrested or charged with a crime? 3. Been convicted or jailed? 4. Been placed on probation or community service?	5. Are you subject to any warrants failure to appear charges? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Had a gambling license denied suspended or revoked?
	<p>You must answer "YES" if any of the above have occurred, even if charges were dismissed, deferred, or changed. Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial / revocation / administrative closure of your application. The following traffic violations may be excluded from your explanation: speeding, signal, sign, seatbelt, and right-of-way.</p>	

Date Charged	Charge	City	County	State	Disposition and Date

CERTIFICATION

I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that untruthful or misleading answers are cause for rejection of my application and / or revocation of any certification granted. I hereby authorize investigation of my criminal history as necessary for Class III Indian Gaming Certification.

Signature: _____ Place: _____

Print Name: _____ Date: _____