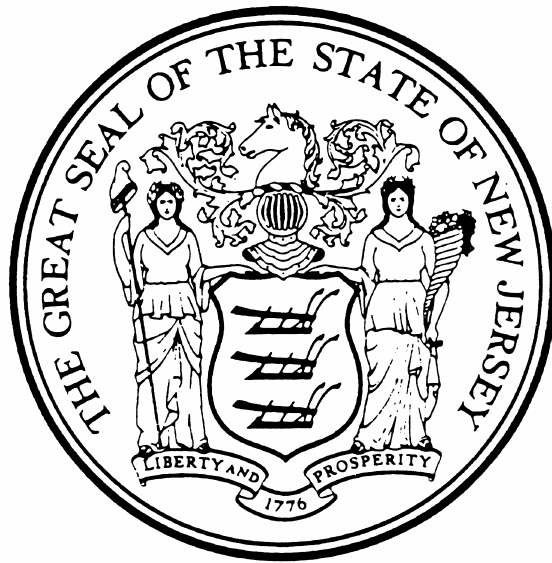


STATE OF NEW JERSEY CASINO CONTROL COMMISSION



CASINO SERVICE EMPLOYEE REGISTRATION APPLICATION PERSONAL HISTORY DISCLOSURE FORM 4-A

APPLICATION INSTRUCTIONS
PERSONAL HISTORY DISCLOSURE FORM 4-A

Please be aware that the Casino Control Commission (Commission) will not accept an application from or issue a registration to any person who is not a citizen of the United States or who does not possess a valid employment authorization issued by the United States Immigration and Naturalization Service (INS). Furthermore, the expiration date of a registration issued by the Commission to any person who is not a citizen of the United States cannot exceed the expiration date of that person's INS employment authorization.

I. COMPLETING THIS FORM:

- A. This application form is to be completed by any person who wishes to apply for a casino service employee registration or by any person who is directed to do so by the Commission.
- 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, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, state "None" in response to that question.
- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only dark ink. If the application is not legible, it will not be accepted.
- D. If you need additional space to answer any question(s), use the blank page provided on page 15 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which you are answering.

II. ESTABLISHING YOUR IDENTITY AND WORK AUTHORIZATION:

All applicants must come to the Commission offices and establish their identity and employment authorization. Our offices are located at:

New Jersey Casino Control Commission
Employee License Bureau
Arcade Building
Tennessee Avenue and Boardwalk
Atlantic City, NJ 08401

To establish your identity and employment authorization in accordance with *N.J.A.C. 19:41-7.2A*, you must present the original document(s) listed below in A or B.

- A. A current and valid U.S. passport OR Certificate of Naturalization OR a current identification card issued by the INS containing a photograph or fingerprints and identifying information such as name, date of birth, sex, height, color of eyes and address.
- B. If the items in (A) above are not available, **two** of the following authentic documents will be accepted:
 - 1. A certified copy of a U.S. birth certificate issued by a state, county or municipal authority, with an official seal;
 - 2. A current and valid state issued driver's license that has a photograph and/or identifying information;

3. A current and valid identification card issued to persons who serve in the U.S. military or their dependents that has a photograph and/or identifying information;
4. A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
5. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information;
6. An expired casino employee or casino key employee license issued after 1998; or
7. A current and valid foreign passport with a proper INS authorization.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

Call (609) 441-3015 if you have any questions about identification documents.

III. CASINO SERVICE EMPLOYEE REGISTRATION:

- A. You will be registered by the Commission only when a casino hotel asks the Commission to grant your registration and the casino hotel certifies to the Commission that you have filed a complete application. A complete application consists of an original and a photocopy. You must speak to a representative of a casino hotel in order that a request for registration will be made to the Commission on your behalf.
- B. If the copy of this form is not clear, the application will not be accepted.
- C. Sign both the Statement of Truth and the Release Authorization forms on pages 16 or 17 and 18 in the presence of a notary public and have your signatures notarized.
- D. Initial each page of this form in the space provided after you have checked your answers and are sure they are complete and correct.
- E. Submit this form with a check, money order, credit card or debit card (no cash) in the amount of \$60. Make your check or money order payable to the "Casino Control Fund." ***Application fees are nonrefundable.***
- F. Once your application is accepted, it becomes the property of the Commission and may not be withdrawn without the permission of the Commission.
- G. After you file your application, you may be required to be fingerprinted. If the Commission directs you to be fingerprinted, **you must be fingerprinted within thirty (30) days after you file your application with the Commission.** To be fingerprinted, you must make an appointment with the Division of Gaming Enforcement's (Division) Identification Unit, which is located in the Arcade Building, Tennessee Avenue and Boardwalk, Atlantic City, New Jersey. Call for an appointment at (609) 441-3050. There is no charge for fingerprinting. **When you arrive for your fingerprinting appointment, you must present the identification documents listed in Section II to establish your identity or you will not be fingerprinted.** Failure to be fingerprinted shall be a basis for the revocation of your casino service employee registration.
- H. We recommend that you keep a copy of your completed application for your records.
- I. If you are not employed in the Atlantic City casino industry for a period of three (3) years, this registration will become invalid per *N.J.S.A. 5:12-91.b.*

IV. IMPORTANT NOTICES:

- A. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.
Si usted no puede entender este formulario completamente en Ingles, es su responsabilidad de obtener los metodos necesarios de traduccion.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Commission and the Division of any change of address.
- C. Pursuant to section 86(b) of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of your casino service employee registration application.
- D. Pursuant to sections 79(a)(6) and 80 of the Casino Control Act, any person who applies for and obtains a registration from the Commission is required to submit to warrantless searches when present in a licensed casino hotel facility.
- E. Pursuant to section 74 of the Casino Control Act, information supplied to the Commission and the Division or otherwise obtained by either of them is confidential and shall not be revealed except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly authorized law enforcement agency. Nevertheless, pursuant to section 80 of the Casino Control Act, an applicant or licensee waives any liability of the State of New Jersey and its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.
- F. In accordance with section 5 of the Privacy Act, 5 U.S.C. 552a, disclosure of your social security number is voluntary. Failure to disclose your social security number is not grounds for denial of your application. The request for your social security number is made pursuant to the Casino Control Act, *N.J.S.A. 5:12-1 et seq.* (Specifically *N.J.S.A. 5:12-80 and 89.*) If provided, your social security number will be used by the Commission and the Division to obtain and verify information for your registration as a casino service employee. The absence of a social security number on the application may result in a delay in the final determination of your application.

IMPORTANT

FAILURE TO ANSWER ANY QUESTION ON THIS FORM COMPLETELY AND TRUTHFULLY WILL RESULT IN THE REVOCATION OF YOUR REGISTRATION.

**THE COMMISSION WILL
AFFIX A PHOTOGRAPH HERE.**

PERSONAL HISTORY DISCLOSURE FORM - 4A

OFFICIAL USE ONLY		
1. CCC	2. CCC	3. DGE

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

NAME: (LAST) (FIRST) (MIDDLE)

MAILING ADDRESS: (NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE) (PHONE NO.)

HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS)
(NUMBER AND STREET) (APT#) (CITY) (STATE) (ZIP CODE) (PHONE NO.)

DATE OF BIRTH: (MO) (DAY) (YEAR) MAIDEN NAME: ALIAS OR NICKNAME:

HEIGHT: (FT - IN) WEIGHT: (LBS) SOCIAL SECURITY NUMBER:*

PLEASE CHECK OR COMPLETE APPROPRIATE SPACE

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <u>HAIR COLOR:</u> | <u>EYE COLOR:</u> | <u>SEX:**</u> | <u>RACE:**</u> |
| <input type="checkbox"/> (BK) BLACK | <input type="checkbox"/> (BK) BLACK | <input type="checkbox"/> (M) MALE | <input type="checkbox"/> (C) CAUCASIAN |
| <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (BR) BROWN | <input type="checkbox"/> (F) FEMALE | <input type="checkbox"/> (B) BLACK |
| <input type="checkbox"/> (BD) BLOND | <input type="checkbox"/> (HZ) HAZEL | | <input type="checkbox"/> (H) HISPANIC |
| <input type="checkbox"/> (RD) RED | <input type="checkbox"/> (BL) BLUE | | <input type="checkbox"/> (A) ASIAN |
| <input type="checkbox"/> (GY) GRAY | <input type="checkbox"/> (GY) GRAY | | <input type="checkbox"/> (N) NATIVE AMERICAN |
| <input type="checkbox"/> (WH) WHITE | <input type="checkbox"/> (GR) GREEN | | |
| <input type="checkbox"/> (BA) BALD | | | |

OFFICIAL USE ONLY				
POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5
LOGIC	XREF 1		XREF2	XREF3

***UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. SEE SECTION IV F UNDER IMPORTANT NOTICES ON PAGE 4 OF THIS APPLICATION.**

****YOUR RESPONSE IS OPTIONAL.**

1. Have you been known by any name or names other than listed on page 7? If yes, list the additional names below and specify dates of use for each.

2. Are you a citizen of the United States? Yes No

3. If you are a naturalized citizen of the United States, attach a copy of your certificate of naturalization to this form labeled as Exhibit 3:

4. If you are not a citizen of the United States, please indicate:

A. The country of which you are citizen: _____

B. Place of Birth: _____
CITY STATE COUNTRY

C. Port of entry to the United States: _____

D. Name and address of sponsor upon your arrival:

5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your INS "A" number or other INS authorization number in the space provided below, and attach to this form a copy of your INS identification card and/or any other INS document that conditions or restricts your employment labeled as Exhibit 5.

INS "A" number: _____

6. Have you lived at your current address for less than one (1) year?

Yes No

If yes, complete the chart below indicating all of your residences during the past year **except** your current residence.

DATES		ADDRESS (NO., STREET, APT., CITY, STATE, COUNTRY & ZIP CODE)	TELEPHONE NUMBER
FROM: (MO/YR)	TO: (MO/YR)		

7. Circle your current marital status: Single Married Legally separated Divorced

A. Give the name of your present spouse: _____

B. List all former spouses: _____

8. In the chart below, list the last three (3) jobs you have had beginning with the most recent and working backwards. Note with an asterisk (*) any employment where gaming was conducted on the premises.

DATES		NAME, MAILING ADDRESS and PHONE NUMBER(S) OF EMPLOYER(S)	POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM: (MO/YR)	TO: (MO/YR)				

9. Have you ever before applied to the New Jersey Casino Control Commission for any license, permit, approval or registration?

Yes No

If yes, complete the following chart:

TYPE OF LICENSE, PERMIT, APPROVAL OR REGISTRATION PREVIOUSLY APPLIED FOR	DATE APPLICATION WAS FILED	DISPOSITION (GRANTED, PENDING, DENIED)	IF ISSUED, GIVE APPROPRIATE NUMBER(S)

10. Have you ever applied in any jurisdiction for a license, permit or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, parimutuel operation, lottery, sports betting, etc.)?

Yes No

If yes complete the following chart:

TYPE OF GAMBLING OPERATION	POSITION SOUGHT OR HELD	DATE OF APPLICATION	NAME & ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY OR MUNICIPALITY)	DISPOSITION (GRANTED, DENIED OR PENDING)	IF ISSUED, GIVE LICENSE NUMBER(S)

CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any "offense."
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses and violation of probation or any other court order. Juvenile offenses that occurred within the most recent 10-year period are also included within the definition of "offenses."

INSTRUCTIONS: A. Answer "yes" and provide all information to the best of your ability EVEN IF:

- 1. You did not commit the offense charged;
- 2. The charges were dismissed or subsequently downgraded to a lesser charge;
- 3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- 4. You were not convicted;
- 5. You did not serve any time in prison or jail; or
- 6. The charges or offenses happened a long time ago.

B. Answer "no" IF:

- 1. You have never been arrested or charged with any crime or offense;
- 2. Any records relating to a charge, an arrest or conviction have been expunged or otherwise officially sealed by a court or government agency; AND
- 3. You attach a copy of the expungment or sealing order to this application labeled as Exhibit 11.

11. Have you ever been arrested or charged with any crime or offense in New Jersey or any other jurisdiction?

Yes No

If yes, complete the chart on the following page:

11. (Cont.)

NATURE OF CHARGE OR OFFENSE/ LOCATION OF WHERE THE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED, ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

12. List the name, address and telephone number of three references.

NAME	ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE)

13. As indicated in the instructions on page 2 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom on any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS

STATEMENT OF TRUTH

STATE OF _____:

COUNTY OF _____:

SS:

_____, being duly sworn
(PRINT NAME)

according to law deposes and says:

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. 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 application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

STATE

PARA SER COMPLETADO SI USTED NO LEE O ENTIENDE INGLES Y SI SU PRIMERA LENGUA ES ESPANOL.

DECLARACION DE VERDAD

ESTADO DE _____

CONDADO DE _____

SS:

_____, siendo debidamente jurado

de acuerdo a la ley depone y dice:

1. Yo soy el solicitante quien esta sometiendo esta planilla.
2. Yo suministre personalmente la informacion contenida en esta planilla.
3. Yo entiendo y leo Ingles, o e tenido un interprete leer, explicar y notar las contestaciones de cada y una pregunta en esta planilla.
4. Yo juro (o afirmo) que las declaraciones echas por mi anteriormente son ciertas. Tengo conocimiento que si algunas de las declaraciones echas por mi anteriormente son intencionalmente falsas, estoy sujeto a un castigo.

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

STATE

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies -- federal, state and local, without exception, both foreign and domestic.

I, _____ have
(PRINT NAME)

authorized the New Jersey Casino Control Commission and the New Jersey Division of Gaming Enforcement to conduct a full investigation into my background and activities.

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 Division of Gaming Enforcement or the Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

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

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

DATED: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

STATE

