



# Occupational License Level 2 Application

## Application Instructions

### I. COMPLETING THIS APPLICATION

- A. You are to complete this application if you are:
  - 1. Required to obtain and maintain a Casino Gaming Employee License pursuant to Nebraska Administrative Code (NAC) Title 296 rule 3.004; or directed to do so by the Commission.
- B. Read each question carefully prior to answering. Answer every question completely and legibly. 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, write "None" in response to that question. **Note: The Commission will not review your application unless you provide a response to every question.**
- C. If additional space is needed, provide the extra information on a separate 'Further Response Page,' clearly identifying the question(s). Attach this page behind the application and before any required exhibits.

### II. BACKGROUND INVESTIGATIONS

- A. Along with a completed application, you will be required to be fingerprinted so that the Commission can initiate a criminal record background check as part of the investigation of your suitability for a Casino Gaming Employee License.
- B. If you are seeking an initial or renewal Casino Gaming Employee License and you have received an offer of employment from or are currently employed by a casino in Nebraska:
  - 1. You will be notified of a time and date to report to the casino that offered you employment so that fingerprints can be obtained.
  - 2. To establish your identity, you must present one or more of the original documents listed below:
    - i. A government-issued birth certificate with an official seal;
    - ii. A government-issued driver's license that has a photograph and/or identifying information;
    - iii. A military-issued identification card that has a photograph and/or identifying information;
    - iv. A foreign passport with a proper USCIS authorization;
    - v. Any other government-issued identification card that has a photograph and/or identifying information.

**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.

### III. DUTY TO UPDATE INFORMATION

- A. License holders and applicants must keep all previously submitted information up to date, including information in this application and information required under NAC Title 296 Rule 3.007.07

- B. To fulfill this continuing duty to update, the person must:
1. Submit information about the change to the Commission **in writing** and no later than **ten days** after the change occurs; and
  2. Include their name and Casino Gaming Employee License number.

#### IV. IMPORTANT NOTICES

- A. Should you be unable to fully understand this application in English, it is your responsibility to obtain adequate means of interpretation or translation, as applicable.
- B. All notices regarding your application will be sent to the address that you provide on this application. You must notify the Commission of any change of address in accordance with NAC Title 296 Rule 3.008.04.
- C. The Commission will not issue a Casino Gaming Employee License to a person who:
1. Has a conviction prohibited by NAC Title 296;
  2. Submitted an application that contains knowingly false information;
  3. Violates specific rules adopted by the Commission related to denial of licensure;
  4. Is a member of or employed by a gaming regulatory body of a governmental unit in Nebraska, another state, or the federal government, or is an employee of a governmental unit of Nebraska and in that capacity has significant influence or control, as determined by the Commission, over the ability of gaming-related entities to conduct business in Nebraska;
  5. Is otherwise ineligible for licensure as determined by the Commission.
- D. Certain information submitted, collected, or gathered as part of the application and licensing process for a Casino Gaming Employee License is confidential and not subject to disclosure as a record under Nebraska Public Record Act, Nebraska Revised Statute §§ 84-712 - 84-712.09.
- E. A Casino Gaming Employee License expires **three years** after the date of licensure. Renewal of a Casino Gaming Employee License may be requested by submitting a completed Casino Gaming Employee License Application no less than **thirty days** before expiration of the License and paying the application fee.
- F. Any Casino Gaming Employee License issued by the Commission is a revocable privilege and is not transferable. No licensee has a vested right in or under a Casino Gaming Employee License issued by the Commission.

## Privacy Act Statement

***This privacy act statement is located on the back of the [FD-258 fingerprint card](#).***

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.

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 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.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, 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.

As of 03/30/2018

*See next page for Spanish translation.*

## Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).*

**Autoridad:** La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

**Propósito Principal:** Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

**Usos Rutinarios:** Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

Is this application for a ☐ new license or ☐ renewal?

### **Personal Data**

Full legal name (First Middle Last): \_\_\_\_\_

Other names used/legal name changes: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

DOB (Month/Day/Year): \_\_\_\_\_ Height (feet' inches"): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of birth (City, State or Country if outside USA): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

### **Citizenship**

☐ I am a citizen of the United States OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number as follows: \_\_\_\_\_ and I hereby agree to **attach a copy of my USCIS documentation to this application.**

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**IF APPLICATION IS TO BE MAILED OR ELECTRONICALLY SUBMITTED**

**MANUALLY AFFIX OR ELECTRONICALLY INSERT 2"x 2" PHOTO IN THE BOX BELOW**

(Taken within the past 6 months, neutral background, no filters, hats or glasses, full-face, front view)



### **Residence History**

Beginning with your current residence(s) and working backward, list all residences for the last 5 years:

| <b>From</b> | <b>To</b> | <b>Street Address</b> | <b>City/State/Zip</b> |
|-------------|-----------|-----------------------|-----------------------|
|             |           |                       |                       |
|             |           |                       |                       |
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|             |           |                       |                       |
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|             |           |                       |                       |

### **Military History**

Have you ever served in a military organization of any country, or have you been a member of a reserve force of any country? ☐ **YES** ☐ **NO**

**If YES, attach a copy of your DD-214, NGB-22, or other official documentation evidencing each discharge or separation of service listed above.** \* If unavailable, attach a copy of a letter to the appropriate branch of the military requesting a copy of this documentation.

\*If your military service was in a country other than the United States, you **must** provide a copy of whatever official documentation was provided to you at the time of your discharge or separation of service. If no official documentation is available, provide a detailed explanation of the nature of and reason for your discharge or separation of service as well as an explanation as to why no official documentation can be provided.

Have you ever been arrested or charged by a military organization or been tried by military court martial or another official military tribunal? ☐ **YES** ☐ **NO**

If YES, provide a detailed explanation on a separate sheet, wherein you describe the **(1)** nature of the charge or arrest, **(2)** date and location of the charge or arrest, **(3)** name of the military organization filing the charges, **(4)** disposition (convicted, acquitted, dismissed, pleading, etc.), and **(5)** sentence (if applicable), and attach it to this application.

## **Criminal History**

**The question below asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions that 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. **“Convict”** includes the finding of guilty of any "offense" upon a trial, a plea of guilty, or a plea of no contest.
- D. **“Offense”** includes all felonies, crimes, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, driving under suspension offenses, violation of probation or any other court order, as well as offenses that may have required a person to appear before a law enforcement agency, state or federal grand jury, county court, municipal court, city court, military court, or any other court not included in this list.
  - a. Juvenile offenses that occurred within the most recent ten-year period are also included within the definition of “offense.”
  - b. “Offense” does **not** include traffic offenses that are classified as a minor misdemeanor.

### **INSTRUCTIONS:**

A. Answer “YES” and provide all information to the best of your ability EVEN IF:

- a. You did not commit the offense charged;
- b. The charges were dismissed or subsequently downgraded to a lesser charge;
- c. You completed a diversionary program or the equivalent thereof;
- d. You were not convicted;
- e. You did not serve any time in prison or jail; or
- f. The charges or offenses happened a long time ago.

B. Answer “NO” IF:

- a. You have never been arrested or charged with any crime or offense; or
- b. All records relating to each charge, arrest, or conviction have been expunged or otherwise officially sealed by a court, government agency, or other regulatory authority.

Have you **ever** been arrested for, charged with, or convicted of **any offense in any jurisdiction (including Nebraska)**? ☐ **YES** ☐ **NO**

If **YES**, complete the following:

|                                                                       |  |
|-----------------------------------------------------------------------|--|
| Description of Offense                                                |  |
| Date of Incident                                                      |  |
| Arresting Agency (City and State)                                     |  |
| Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned etc.) |  |

|                                                                       |  |
|-----------------------------------------------------------------------|--|
| Description of Offense                                                |  |
| Date of Incident                                                      |  |
| Arresting Agency (City and State)                                     |  |
| Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned etc.) |  |

|                                                                       |  |
|-----------------------------------------------------------------------|--|
| Description of Offense                                                |  |
| Date of Incident                                                      |  |
| Arresting Agency (City and State)                                     |  |
| Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned etc.) |  |

|                                                                       |  |
|-----------------------------------------------------------------------|--|
| Description of Offense                                                |  |
| Date of Incident                                                      |  |
| Arresting Agency (City and State)                                     |  |
| Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned etc.) |  |

|                                                                       |  |
|-----------------------------------------------------------------------|--|
| Description of Offense                                                |  |
| Date of Incident                                                      |  |
| Arresting Agency (City and State)                                     |  |
| Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned etc.) |  |

|                                                                       |  |
|-----------------------------------------------------------------------|--|
| Description of Offense                                                |  |
| Date of Incident                                                      |  |
| Arresting Agency (City and State)                                     |  |
| Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned etc.) |  |

**If necessary to report any additional criminal offenses use the same format as above on an additional sheet of paper.**

## **Previous Licensure**

Have you ever been issued a gaming license in any jurisdiction (including Nebraska)?

☐ **YES** ☐ **NO**

If **YES**, complete the following:

|                                                 |  |
|-------------------------------------------------|--|
| Name and State of Licensing Agency              |  |
| Type of License                                 |  |
| License Number                                  |  |
| Name of Licensee at time of issuance            |  |
| License Status (Active, Expired, Revoked, etc.) |  |

|                                                 |  |
|-------------------------------------------------|--|
| Name and State of Licensing Agency              |  |
| Type of License                                 |  |
| License Number                                  |  |
| Name of Licensee at time of issuance            |  |
| License Status (Active, Expired, Revoked, etc.) |  |

|                                                 |  |
|-------------------------------------------------|--|
| Name and State of Licensing Agency              |  |
| Type of License                                 |  |
| License Number                                  |  |
| Name of Licensee at time of issuance            |  |
| License Status (Active, Expired, Revoked, etc.) |  |

|                                                 |  |
|-------------------------------------------------|--|
| Name and State of Licensing Agency              |  |
| Type of License                                 |  |
| License Number                                  |  |
| Name of Licensee at time of issuance            |  |
| License Status (Active, Expired, Revoked, etc.) |  |

**If necessary to report any additional licenses use the same format as above on an additional sheet of paper.**

Have you ever had any action taken against you or your license including penalties, suspensions, revocations, or denials? ☐ YES ☐ NO

If **YES**, complete the following:

|                                             |  |
|---------------------------------------------|--|
| Name and State of Licensing Agency          |  |
| Type of License                             |  |
| Type of Action Taken Against You or License |  |
| Date and Duration of Action or Penalties    |  |
| Cause(s) for Penalties                      |  |

|                                             |  |
|---------------------------------------------|--|
| Name and State of Licensing Agency          |  |
| Type of License                             |  |
| Type of Action Taken Against You or License |  |
| Date and Duration of Action or Penalties    |  |
| Cause(s) for Penalties                      |  |

|                                             |  |
|---------------------------------------------|--|
| Name and State of Licensing Agency          |  |
| Type of License                             |  |
| Type of Action Taken Against You or License |  |
| Date and Duration of Action or Penalties    |  |
| Cause(s) for Penalties                      |  |

|                                             |  |
|---------------------------------------------|--|
| Name and State of Licensing Agency          |  |
| Type of License                             |  |
| Type of Action Taken Against You or License |  |
| Date and Duration of Action or Penalties    |  |
| Cause(s) for Penalties                      |  |

**If necessary to report any additional penalties/actions, use the same format as above on an additional sheet of paper.**

### **Civil Action/Financial Responsibility**

Are you a party to any currently pending lawsuit? ☐ **YES** ☐ **NO**

Have you had any financial liens or judgments filed against you (Federal or State liens, delinquent child support, etc.)? ☐ **YES** ☐ **NO**

If **YES**, to either of the above questions complete the following:

|                             |  |
|-----------------------------|--|
| Year Filed                  |  |
| Jurisdiction                |  |
| Other Parties to proceeding |  |
| Nature of Proceeding        |  |
| Disposition                 |  |

|                             |  |
|-----------------------------|--|
| Year Filed                  |  |
| Jurisdiction                |  |
| Other Parties to proceeding |  |
| Nature of Proceeding        |  |
| Disposition                 |  |

|                             |  |
|-----------------------------|--|
| Year Filed                  |  |
| Jurisdiction                |  |
| Other Parties to proceeding |  |
| Nature of Proceeding        |  |
| Disposition                 |  |

|                             |  |
|-----------------------------|--|
| Year Filed                  |  |
| Jurisdiction                |  |
| Other Parties to proceeding |  |
| Nature of Proceeding        |  |
| Disposition                 |  |

|                             |  |
|-----------------------------|--|
| Year Filed                  |  |
| Jurisdiction                |  |
| Other Parties to proceeding |  |
| Nature of Proceeding        |  |
| Disposition                 |  |

**If necessary to report any additional proceedings, use the same format as above on an additional sheet of paper.**

Have you filed bankruptcy, insolvency or been adjudicated bankrupt or insolvent? ☐ YES ☐ NO

Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last 10 years**? ☐ YES ☐ NO

If **YES**, to either of the above questions complete the following:

|                                   |  |
|-----------------------------------|--|
| Date Filed                        |  |
| Docket Number                     |  |
| Name of Court                     |  |
| Nature of Obligation              |  |
| Amount of Obligation              |  |
| Name/Address of Obligation Holder |  |

|                                   |  |
|-----------------------------------|--|
| Date Filed                        |  |
| Docket Number                     |  |
| Name of Court                     |  |
| Nature of Obligation              |  |
| Amount of Obligation              |  |
| Name/Address of Obligation Holder |  |

|                                   |  |
|-----------------------------------|--|
| Date Filed                        |  |
| Docket Number                     |  |
| Name of Court                     |  |
| Nature of Obligation              |  |
| Amount of Obligation              |  |
| Name/Address of Obligation Holder |  |

|                                   |  |
|-----------------------------------|--|
| Date Filed                        |  |
| Docket Number                     |  |
| Name of Court                     |  |
| Nature of Obligation              |  |
| Amount of Obligation              |  |
| Name/Address of Obligation Holder |  |

**If necessary to report any additional proceedings, use the same format as above on an additional sheet of paper.**

**Attestation**

I hereby attest that the responses and information I have provided in this application are true, complete, and accurate to the best of my knowledge and belief. I personally supplied and reviewed all information contained in this application, including all attachments, exhibits, and any other materials requested by or provided to the Commission.

I understand and read the English language, or I have had an interpreter or translator read, explain, or record the answers to each question on this application, including all attachments, exhibits, and other information requested by or provided to the Commission.

Any document accompanying this application that is not an original is a true and accurate copy of the original.

I understand that providing false information in this application, including any attachments, exhibits, or other materials requested by or provided to the Commission, or in any of the foregoing statements, may be grounds for denial or revocation of a license.

I affirm that all information contained in this application, including all attachments, exhibits, and other materials requested by or provided to the Commission, as well as all foregoing statements I have made, is true.

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Signature of Applicant

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Date

# NEBRASKA RACING AND GAMING COMMISSION

## RELEASE AUTHORIZATION

The undersigned authorizes the Nebraska Racing and Gaming Commission and its Executive Director to conduct all investigations required to determine my eligibility for licensure pursuant to Neb. Rev. Stat. §9-1106(9).

I authorize the release of my criminal history record information and understand that fingerprinting is required. Failure to comply may prevent licensure.

I authorize the Commission to obtain any background information needed, including credit, employment, education, financial information, inspections, and law enforcement or court records.

All courts, probation offices, employers, schools, banks, financial institutions, and government agencies (federal, state, local, foreign, or domestic) are authorized to release any information about me to the Commission or its agents upon certification that I have an application pending or am a current or provisional licensee. A photocopy of this authorization is as valid as the original.

I understand the Commission may deny, suspend, or revoke a license as permitted by law and Commission rules. I have read this authorization and agree to its terms.

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### **Notarization Required:**

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_