



1350 Norris Road  
Bakersfield, California 93308-2231

### CARDROOM EMPLOYEE APPLICATION

- NEW EMPLOYEE  New Employees complete 2 page application and live scan  
RENEWAL  Complete page 1 of application

POSITION TITLE: \_\_\_\_\_

CASINO OR CARDROOM NAME: \_\_\_\_\_

FOR THIRD PARTY PLAYER CONTRACT EMPLOYER: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Other names used or also known as: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Sex: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair: \_\_\_\_\_

Eyes: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I, the undersigned have read all the above and declare under penalty of perjury that each and every statement is true and correct. Knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license. Furthermore, I understand that if my application for license or renewal is denied for any reason, the Sheriff shall refund only that portion of the fee allocated to pay for post-issuance or renewal enforcement per Kern County Ordinance 5.04.160

X

Applicant Signature

Date

FORMER EMPLOYMENT  
(Beginning with the most current for the past ten years)

FROM – TO                                      EMPLOYER                                      ADDRESS

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LIST THREE REFERENCES

NAME                                      ADDRESS                                      TELEPHONE

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I have read all the above and declare under penalty of perjury that each and every statement is true and correct: knowingly falsifying the information on this form may constitute grounds for denial or revocation of the license. **“This license is conditioned upon receipt by the Sheriff of a satisfactory report from the Department of Justice”**. Furthermore, I understand that if my application for license or renewal is denied for any reason, the sheriff shall refund only that portion of the fee allocated to pay for post-issuance or renewal enforcement. (Kern County Ordinance 5.04.160)

SIGNATURE: \_\_\_\_\_

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

KERN COUNTY SHERIFF'S DEPARTMENT USE ONLY

New Card room Employee License Fee \$100.00 (1 year expiration) Renewal Fee \$75.00

DW \_\_\_ CJIS \_\_\_ LAR# \_\_\_ DOJ \_\_\_ Fingerprinted/Photo Taken on \_\_\_\_\_ # \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Initial issue Date: \_\_\_\_\_

Denied By: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_