



**MANDAN POLICE DEPARTMENT
GAMING EMPLOYEE APPLICATION FORM 12/12**

NEW APPLICATION

RENEWAL APPLICATION

Name:			
	Last	First	Middle
Other Names Previously Used:			

Address:				
	Street	City	State	Zip Code
Home Phone:	Work Phone:	Cell Phone:		

Sex:	Date of Birth:	Social Security #:
Driver's Lic. #:		DL State:
List All States Lived in During Last 5 Years:		

List Any Other Gaming Organizations Previously Employed With (if more space is needed, use back side of form):

Employer Name		Address	
Position	Dates Employed From / To	Reason for Leaving	

Employer Name		Address	
Position	Dates Employed From / To	Reason for Leaving	

Have you ever been convicted of a criminal offense? **YES** **NO**

If yes, explain below (if more space is needed, use back side of form):

Date of Offense	County / City	Offense	Disposition / End Result

Name of Gaming Organization / Distributor:
Address of Gaming Site:

CERTIFICATION AND AUTHORIZATION

I declare that the information on this form is true and correct. I authorize the City of Mandan and the Office of the Attorney General to obtain information about my background and to release information on any criminal record found, including a copy of a "Report of Arrest and Prosecution", to the organization or distributor that is referenced above.

Signature

Date

If approved, allow a minimum of three working days for your permit to be processed.

OFFICE USE ONLY	OFFICER:	APPROVED:	DENIED:
REASON DENIED:			
PERMIT NUMBER:		DATE PERMIT ISSUED:	