

# Virginia Lottery

600 East Main Street, Richmond VA 23219

# **Gaming Employee Service Permit**

## VIRGINIA LOTTERY GAMING EMPLOYEE SERVICE PERMIT

# I. INDIVIDUALS REQUIRED TO OBTAIN A GAMING EMPLOYEE SERVICE PERMIT:

This application must be completed by an individual who is or is seeking to be employed by an applicant for or holder of an operation license, and whose duties relate or will relate to the operation of a facility, and who performs or supervises or will perform or supervise the performance of:

- 1. Operating, servicing, or maintaining a casino gaming machine, table game or associated equipment;
- 2. Accounting, maintaining, or auditing a facility's financial records;
- 3. Counting or processing casino gaming machine or table game revenue;
- 4. Conducting security or surveillance in or around a facility; or
- 5. Operating or maintaining a facility's information systems;
- 6. Is employed by a permit holder and, whose duties directly relate to the repair, service or d distribution of a casino gaming machine, table game or associated equipment, or is otherwise required to be present on the gaming floor or in a restricted area of the facility;
- 7. Is employed by a permit holder as a junket representative.
- 8. Is otherwise required by the Lottery to be licensed as a gaming employee.

#### II. COMPLETING THIS FORM:

## **Sponsoring Licensee's Responsibilities**

- **a.** This form is to be used <u>only</u> when a holder of an Operator's License, Supplier Permit or a Service Permit (sponsored licensee) makes application for an employee applicant who has been offered a position within the sponsored licensee business.
- **b.** The form is to be filled out by the applicant employee, **not** the sponsored licensee.
- **c.** The sponsored licensee is responsible for ensuring that the following documents are uploaded into the Applicant's online application prior to submitting it to the Lottery:
  - 1. Authorization For Release of Information form (Notarized)
  - 2. Affidavit of Individual Applicant form (Notarized)
  - 3. Due Diligence Background Investigation
  - 4. If the applicant is not a citizen of the United States or a Naturalized United States citizen, provide a color copy of the applicant's naturalization or authorization to be employed documents, front and back, and any other documentation of authorization to be employed in the United States.
  - 5. Copy of birth certificate.
  - 6. Copy of passport (If Applicable).
  - 7. Copy of driver's license or State ID card, front and back.
  - 8. Official copy of driving record(s) from every State in which the applicant was licensed.
  - 9. Copy of Social Security or Social Insurance Card.
  - 10. If applicant attended college, have the applicant request transcripts to be emailed directly to <a href="mailto:gaminglicensing@valottery.com">gaminglicensing@valottery.com</a>. If the applicant has not attended college, email an official high school transcript, copy of your high school diploma, or a copy of a G.E.D. certificate directly to gaminglicensing@valottery.com. Only provide transcripts for the highest education achieved.
  - 11. Request for Military Records, Form 180, completed & signed (If Applicable).
  - 12. Copy of any gaming licenses held (past or present) and documents relative to any past sanctions, fines, revocations, and/or suspensions.
  - 13. One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status if pending.
  - 14. Personal Reference Form-Entire form MUST be completed.

Once these aforementioned documents have been uploaded into the applicant's Checklist within the online application portal, the Sponsored Licensee will then submit the online application.

d. The form must be submitted to the Lottery by the Sponsored Licensee, not the applicant employee.

## **Applicant Employee's Responsibilities**

- **a.** You are to complete this form and submit it electronically to the sponsored licensee for submission to the Lottery.
- b. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- **c.** Read each question carefully prior to answering. Answer every question completely. If a question does not apply to you or you have nothing to disclose, chose N/A. Failure to provide a response to every question could result in the denial of your application.
- **d.** Once your application is submitted, it becomes the property of the Virginia Lottery and will not be returned.
- **e.** The applicant is responsible for submitting those items listed in the Required Documents Notice to the sponsored licensee that is handling your application process so that a copy can be uploaded with your online application.
- f. Once your application has been submitted to the Lottery, you must fully cooperate with the Investigators completing your background investigation. If your action or inaction hinders the Licensing Investigator from completing your background investigation, your application may be denied. A denial of your application means that you <u>immediately</u> lose your ability to work where a Virginia gaming license or permit is required.

#### III. BE SURE:

- **a.** You sign the Authorization for Release of Information and the Affidavit of Individual Applicant at the end of this form in the presence of a notary.
- **b.** You should retain a copy of your completed application for your records.

#### IV. PHOTOGRAPH AND FINGERPRINTS

You are required to provide a passport style photograph and submit your fingerprints for the completion of a criminal background check.

**a.** Applicants must upload a passport style jpeg photograph, to the Applicant Information section of your online application.

Applicants are strongly encouraged to have their fingerprints electronically taken at one of the designated Fieldprint locations. If the applicant is not able to be fingerprinted at a Fieldprint location, applicants must provide two completed FBI fingerprint cards, to the Virginia Lottery's Gaming Licensing and Investigations Division. The completed fingerprint cards cannot be older than 45 days or the cards will be rejected.

#### V. NOTICES

The burden of proof shall be on the applicant to show by clear and convincing evidence that:

- **a.** The applicant complies with the laws of the Commonwealth of Virginia and the regulations regarding eligibility and qualifications for the permit and,
- **b.** The applicant is not otherwise disqualified from holding a service permit.

Any false statements made in your application, or omission of required information, will reflect negatively on your character and may result in the denial of your application. If you receive a Gaming Employee service permit based on a false statements or misinformation, the Lottery may revoke or suspend your service permit.

Your ability to obtain or maintain a gaming license in another jurisdiction may be negatively impacted if:

- (1) the Lottery denies your license application; or
- (2) if approved for a Gaming Employee Service permit in Virginia, you receive punitive action from the Lottery as a result of being determined to have violated Virginia's casino gaming laws or regulations.

# APPLICATION AND LICENSURE FEES

| 1. | Application fee            | \$ 500.00 |
|----|----------------------------|-----------|
| 3. | Fingerprint processing fee | \$ 35.72  |

Total fee required at application \$535.72

**NOTE:** Application & fingerprint processing fees are due at the time the application is submitted. These fees are non-refundable. Payment should be remitted as follows:

# Wire Payment To:

Virginia Lottery Account Number: 435029087446

Name of the Account: Gaming License Fees

Transit Routing Number: 026009593

#### Or ACH Instructions:

Virginia Lottery Account Number: 435029087446

Name of the Account: Gaming License Fees

Transit Routing Number: 051000017

Investigations will not begin until the required fees are remitted.

| SERVICE PERMIT TERMS              |
|-----------------------------------|
| 1. Gaming Employee Service Permit |
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#### ACKNOWLEGEMENT AND DISCLOSURE

I understand and acknowledge the following:

I am applying for a Virginia Gaming Employee Service Permit. I cannot be employed in a job that requires a service permit unless the Virginia Lottery finds that I meet the legal requirements for licensure. The Lottery, through its employees, agents and vendors, is required by law to conduct a background investigation of each applicant for a gaming license or permit.

During the investigation, the Lottery is required to collect and evaluate various kinds of information or reports to determine if applicants are suitable for licensure. I understand that the Lottery and/or its employees, agents or vendors will conduct an investigation of my personal information (the "Background Investigation"). The Background Investigation may include, but will not belimited to, information or reports about my: character; general reputation; personal characteristics, including my honesty and integrity; credit stability; criminal history (from state, federal and other agencies) or record of involvement with other litigation.

I understand that all applicants are required to be fingerprinted. These fingerprints will be submitted to the Virginia State Police and the Federal Bureau of Investigation (FBI) where criminal background checks will be conducted. The use of criminal history information will be used to assist in the determination of suitability for the issuance of a Virginia Gaming Service Permit.

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation and a copy of a summary of my rights under federal credit reporting law.

I understand that I have the right to complete or challenge the accuracy of, the information contained in either the Virginia State Police or the FBI identification record. Further, I have the right to be advised of the procedures for obtaining a change, correction, or update to a Virginia State Police or FBI identification record.

I am requesting that the Lottery, through its employees, agents or vendors, obtain this information about me to evaluate my eligibility for a Gaming Employee Service Permit. I acknowledge that this disclosure and authorization remain in effect during the time my application is pending and during the time of any Employee Gaming Permit that I may be granted.

| Name of Employer Gan<br>(You <u>must</u> have an offer<br>Licensee | to work from a          |                 |                    |   |                                   |  |
|--|-------------------------|-----------------|--------------------|---|-----------------------------------|--|
| Type of Ser<br>Permit  | vice                    |                 |                    |   | Manufactur<br>r MajorV            | erContractor<br>endor Minor                        |
| Position Applicant is  | Applying for:           |                 |                    |   |                                   |  |
|  | NA.                     | ME ANI          | DADDRE             | SS.   |                                   |  |
| I. LastName  | FirstName               |                 | Mie                | ddle N  | ame                               | Suffix(Jr., Sr., etc.)                             |
| 2. Maiden Name   |                         |                 |                    |   | 13.                               | Date of Birth                                      |
| 4. Address Line I  |                         |                 | Address Line 2     |   |                                   |  |
| P. O. Box  | City                    |                 | County             |   |                                   | State/Province                                     |
| Zip Code Country   | 5. Em                   | nail Address    |                    | 6. 1  | Home Phone                        | 7. Cell Phone                                      |
|  | AAILING AI              | ADREGG (        | Af differen        | <del>1 -                                   </del> | <del>om above)</del>              |  |
| 8. Address Line I  | MILING III              | DRESS           | Address Line 2     | ι 11  | om above)                         |  |
| P. 0. Box  | City                    |                 | County             |   |                                   | State/Province                                     |
| Zip Code Country   | Ema                     | ail Address     |                    | Hon   | ne Phone                          | Cell   |
|  | DESCR                   | HPTIVE          | INFORM             | <b>4.T</b>  | ION                               |  |
| 9. Height 10   |                         | Social Security |                    |   | 12 Driver's Lic                   | ense   |
| FT IN  | lbs                     |                 | <u></u>            | =   | State Issued:                     |  |
| 13. Do you have any tattoos, scars of                              | r distinguishing marks  | ? If yes,       | 14 MARITAL STATUS: |   |                                   |  |
| describe in detail:  |                         |                 | │<br>│             |   | □ма                               | ARRIED   |
| 15. PLACE OF BIRTH:  |                         |                 |                    | <b>TE</b>   | D 🗆 D                             | IVORCED  |
| Citvffown State/Provin   | nce Count               | rv              | <br>    WIDOW      | /ED   |                                   | MESTIC PARTNER                                     |
| 16. Name of Spouse   | 17. Spouse's Maider AKA | *               | 18. Spouse DOB     | 19.   | Spouse's Social Se                | curity Number                                      |
| 20. HAIR COLOR   | 21. EYE COLOR           |                 | 22. SEX            | 23.   | RACE*                             |  |
| D (BK)Black [ (BR) Brown   | 0 (BK) Black O (B       | BR) Brown       |                    |   | -                                 | atino origin? D Yes D No<br>Black/African American |
| O (BD) Blonde O (RD) Red   | 0 (HZ) Hazel O          | (BL) Blue       | (M) Male           |   |                                   | Pacific Islander D Asian                           |
| 0 (GY) Gray 0 (WH)White  | 0 (GY) Gray O (         | GR) Green       | (F) Female         | D   |                                   | Alaska Native D Other:                             |
| 0 (BA) Bald  |                         |                 |                    |   | ultiracial respondents<br>gories. | s may select all applicable racial                 |

| LIST ANY OTHER NAME OR NAMES YOU HAVE BEEN KNOWN BY (INCLUDE ALIASES, NICKNAMES, MARRIED NAMES) |   |  |                        |                        |                   |
|---|---|--|------------------------|------------------------|-------------------|
|   | litional names  | other name or names? YES   |                        | aiden name, aliases.   | , nicknames or    |
| Last Name   | First Name  | Middle Name  | Suffix                 | From<br>Date           | To<br>Date        |
|   |   |  |                        |                        |                   |
|   |   |  |                        |                        |                   |
|   |   |  |                        |                        |                   |
| 25. Are you a United  | d States citizen?   | YES NO   | If NO, com             | plete the following:   |                   |
| a. Country of Citi  | zenship   |  |                        |                        |                   |
| Name and Address upon your arrival:   | of sponsor  |  |                        |                        |                   |
| b. If a naturalized citizen complete  | <ol> <li>Date G</li> <li>Court:</li> <li>City/St</li> </ol> | Registration Number: ranted: ate of Court: ate Numb er:              |                        | <u> </u>               |                   |
| C. If you are a leg   | ally authorized   | Permanent Resident Alien, prov                                       | ide the "A" number fro | om your Permanent F    | Resident Card:    |
| Card Number:  |   | (Attach a  | color copy front and b | ack)                   |                   |
|   |   | ent Resident Card but are autho<br>d provide the Visa number:        | rized to work in the U | nited States, please d | escribe the U. S. |
| De  | escription of Au  | thorization:   |                        |                        |                   |
| V   | ISA#:   |  |                        |                        |                   |
|   |   | ation that establish both identity<br>and a color copy uploaded into |                        |                        | be accepted. All  |

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| Document  | Document Number | Issuance<br>Date | Expiration<br>Date |
|---|-----------------|------------------|--------------------|
| Permanent Resident Card, Fonn 1-551             |                 |                  |                    |
| Permanent Resident Stamp, 1-551                 |                 |                  |                    |
| Employment Authorization Document,<br>Form1-766 |                 |                  |                    |
| Arrival Departure Record, Form 1-94             |                 |                  |                    |
| Arrival Departure Record, Form 1-94A            |                 |                  |                    |
| Admission Stamp                                 |                 |                  |                    |
| 1-94 in Unexpired Foreign Passport              |                 |                  |                    |
| Form 1-797A, Notice of Action with 1-94         |                 |                  |                    |
| Global Entry 1-94                               |                 |                  |                    |
| Form 1-571, Refugee Travel Document             |                 |                  |                    |
| Form I-327, Re-entry Permit                     |                 |                  |                    |
| DS-2019   |                 |                  |                    |
| Form I-20, Certificate of Eligibility           |                 |                  |                    |
| Machine Readable Immigrant Visa                 |                 |                  |                    |
| Certificate of Naturalization                   |                 |                  |                    |

If you have received any of the above documents provide the number assigned to the document, the issuance date and expiration date. You must upload into online application portal a color copy of the document, front and back, and any other documentation of authorization to be employed in the United States.

In the event you are not in possession of any of the above documentation, provide one document from column # 1 and one document from column # 2 below.

| Column# 1   | Column# 2   |  |  |  |  |
|---|---|--|--|--|--|
| <b>Documents that Establish Identity</b>  | Documents that Establish Employment Authorization   |  |  |  |  |
| Driver's license or ID card issued by a state or<br>outlying possession of the United States, provided<br>it contains a photograph or information such as<br>name, date of birth, gender, height, eye color, and<br>address | A Social Security Account Number card unless the card includes one of the following restrictions:  (I) NOT VAUD FOR EMPLOYMENT  (2) VAUD FOR WORK ONLY WITH INS  AUTHORIZATION  (3) VAUD FOR WORK ONLY WITH DHS  AUTHORIZATION  NOTE: A copy (such as a metal or plastic reproduction) is not acceptable. |  |  |  |  |
| ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address                            | Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)  |  |  |  |  |
| School ID card with a photograph  | Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)  |  |  |  |  |
| Voter's registration card   | Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal  |  |  |  |  |
| U.S. military card or draft record  | Native American tribal document   |  |  |  |  |
| Military dependent's ID card  | Identification Card for Use of Resident Citizen in the United States (Form I-179)   |  |  |  |  |
| U.S. Coast Guard Merchant Mariner Card  | Employment authorization document issued by DHS   |  |  |  |  |
| Native American tribal document   |   |  |  |  |  |
| Driver's license issued by a Canadian government authority  |   |  |  |  |  |

legible color copy of the document, front and back, including document number, issuance and expiration dates.

# 26. Have you ever been issued a passport?

 $0\ \ \mathrm{YES}\ \ 0\ \ \mathrm{No}\ \ \mathrm{If,\,yes\,please\,complete\,\,the\,\,following:}$ 

|   | Passport Number | Country of Issue | Place Issued | Date Issued | Expiration Date |
|---|-----------------|------------------|--------------|-------------|-----------------|
|   |                 |                  |              |             |                 |
| - |                 |                  |              |             |                 |

| F | D | E. | M | מ | 4 4 | JТ | P |
|---|---|----|---|---|-----|----|---|
|   |   |    |   |   |     |    |   |

27. In the chart below, list the names of all your children, stepchildren and adopted children and the amount of support, if dependent. Also, list all other persons who you are supporting or contributing to the support of, and provide the amount of support.

| Name of Children / Dependent | Date of Birth | Amount of<br>Support | Present Address of Children /<br>Dependents |
|------------------------------|---------------|----------------------|---|
|                              |               |                      |   |
|                              |               |                      |   |
|                              |               |                      |   |
|                              |               |                      |   |
|                              |               |                      |   |

# RESIDENCE

**28.** Beginning with your current residence(s) and working backwards complete the following information for each place where you have lived (including residence s while attending college or while in the military service) during the past three (3) years or since the age of 18, whichever is less.

|                 | ates          | Address<br>(Number, Street, Apt.#, City/town, | Own<br>Or | Name, Address & Telephone Number of<br>Landlord or Mortgage Company, if any. |
|-----------------|---------------|---|-----------|--|
| From:<br>(MoYr) | To:<br>(MoYr) | State/Province, Zip Code                      | Rent      |  |
|                 |               |   |           |  |
|                 |               |   |           |  |
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|                 |               |   |           |  |
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|                 |               |   |           |  |

|                        |                         | EDU  | UCATION   |                               |             |  |
|------------------------|-------------------------|--|---|-------------------------------|-------------|--|
|                        |                         | your highest level of education and worschool, college, graduate or postgradua   |   | information liste             | ed below    |  |
| Da<br>From:<br>(Mo/Yr) | tes To: (Mo/Yr)         | Name and Address of School,<br>Training Program, etc.  | Description of<br>Educational Program                                 | List Any Deg<br>Certification |             | Graduated<br>Yes/ No                           |
|                        |                         |  |   |                               |             |  |
|                        |                         |  |   |                               |             |  |
|                        |                         | EMD  | LOYMENT   |                               |             |  |
| from age<br>full-time  | 18, whiche<br>employmer | your present job and working backward<br>ver is less. Give dates of any unemploy<br>at and any military service. For any ca-<br>under "Title." | ds, list below <u>all</u> periods of emyment between jobs in proper s | sequence. Include             | e all part- | time and                                       |
| Have you               | been in th              | e Military? D Yes □No  | If Yes, list regardless of tim  | ie.                           |             |  |
| Da<br>From:<br>(Mo/Yr) | tes To: (Mo/Yr          | Name, Address and Telephone<br>Number of Employer(s)   | Title/Position Held and<br>Description of Duties<br>(License Number)  | Supervisors<br>Name           | Le<br>Comp  | ason for<br>eaving/<br>ensation at<br>eparture |
|                        |                         |  |   |                               |             |  |
|                        |                         |  |   |                               |             |  |
|                        |                         |  |   |                               |             |  |
|                        |                         |  |   |                               |             |  |
|                        |                         |  |   |                               |             |  |

| Have you ever been discharged or as |                                     |                    |
|-------------------------------------|-------------------------------------|--------------------|
| Employers Name & Address            | Date of Discharge or<br>Resignation | Reason for Leaving |
|                                     |                                     |                    |
|                                     |                                     |                    |
|                                     |                                     |                    |
|                                     |                                     |                    |
|                                     |                                     |                    |

# CIVIL, CRIMINAL & INVESTIGATORY PROCEEDINGS

**<u>Prior</u>** to answering this question, carefully review the definitions and instructions which follow.

**DEFINITIONS:** For purposes of this question:

- A. "Arrest" includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. "Arrest" also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a "crime or offense" as defined in subsection C.
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, misdemeanors, and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. "Offense" also includes all driving-related charges or offense which carry any period of incarceration.

## **INSTRUCTIONS:**

- 1. 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 downgraded to a lesser charge;
  - C. You completed a pretrial intervention or other rehabilitation or diversionary program;
  - D. You were not convicted;
  - E. You did not serve any time in a correctional facility;
  - F. The charges or offenses happened a long time ago; or
  - G. You were not arrested for the charge.

| 2. Answer "NO" if:  |   |   |  |                       |  |  |  |  |  |
|---|---|---|--|-----------------------|--|--|--|--|--|
| a) You  | a) You have never been charged with or arrested for any crime or offense;   |   |  |                       |  |  |  |  |  |
|   | b) You were arrested or charged when you were under eighteen (18) years of age <u>and</u> your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court; |   |  |                       |  |  |  |  |  |
| c) The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction. |   |   |  |                       |  |  |  |  |  |
| ☐ I have read and u   | nderstand the definitio   | ns and instructions   |  |                       |  |  |  |  |  |
|   |   | IMPORTANT   |  |                       |  |  |  |  |  |
| Virginia will make inquiri enforcement agencies.  | es to establish whether t   |   |  | ent with law          |  |  |  |  |  |
| Failure to disclose any s integrity.  | uch involvement will be   | taken into account in ass   | essing the Applicant's cl  | haracter, honesty and |  |  |  |  |  |
| Do you understand?: 0   | yes 0 no  |   |  |                       |  |  |  |  |  |
| 32. Have you ever been a lf yes, complete the follow  | _   | h any offense in any juri   | isdiction?   | 0 yes 0 no            |  |  |  |  |  |
| Nature of Charge or<br>Offense/Location of<br>Where Incident<br>Occurred  | Date of Charge or<br>Offense  | Name and Address<br>of Law Enforcement<br>Agency or Court<br>Involved | Disposition (Convicted, Acquitted, Dismissed, Pending, Pardoned, etc.) | Sentence<br>(if any)  |  |  |  |  |  |
|   |   |   |  |                       |  |  |  |  |  |
|   |   |   |  |                       |  |  |  |  |  |
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|   |   |   |  |                       |  |  |  |  |  |
|   |   |   |  |                       |  |  |  |  |  |

| 33. To the best of your kno against you, or named you a jurisdiction?                   |                              |                        |  |  | al procee   |                                       |  |
|---|------------------------------|------------------------|--|--|-------------|---------------------------------------|--|
| If yes, complete the following  | ng chart:                    |                        |  |  |             | TES LINO                              |  |
| Name and Address of Governmental<br>Agency/Organization Involved                        |                              | Nature of Pr           | Nature of Proceeding                                       |  | position    | Date                                  |  |
|   |                              |                        |  |  |             |                                       |  |
|   |                              |                        |  |  |             |                                       |  |
|   |                              |                        |  |  |             |                                       |  |
| 34. To the best of your know agency/organization, court, federal, national, etc.) other | commiss                      | sion, committee, grand | d jury or invest   |  | ocal, state | e, county, provincial                 |  |
| If yes, complete the following  | ng chart:                    |                        |  |  |             | YES NO                                |  |
| Name and Address of Cou<br>Other Agency   | Name and Address of Court or |                        | Nature of Proceeding or Investigation Was Testimony Given? |  |             | ximate Time Period<br>f Investigation |  |
|   |                              |                        |  |  |             | _                                     |  |
|   |                              |                        |  |  |             |                                       |  |
|   |                              |                        |  |  |             |                                       |  |
| 35. Have you ever received criminal investigation or pro-                               |                              |                        |  |  | d, suspen   | ded or deferred any                   |  |
|   |                              |                        |  |  |             | ☐ YES ☐ NO                            |  |
| If yes, complete the following Date of Pardon,  | ng chart:                    |                        |  | Name and Add   | lress of G  | Sovernment Agency/                    |  |
| Dismissal,<br>Suspension or Deferral  | Type of Action Taken         |                        |  | Organization Granting Pardon, Dismissal,<br>Suspension or Deferral |             |                                       |  |
|   |                              |                        |  |  |             |                                       |  |
|   |                              |                        |  |  |             |                                       |  |
|   |                              |                        |  |  |             |                                       |  |
|   |                              |                        |  |  |             |                                       |  |

| 36. Have you or any busi petitioned into bankrupto                            |   |                                  |                           |   |             |                           | ıny juri |  |
|---|---|----------------------------------|---------------------------|---|-------------|---------------------------|----------|--|
| If yes, complete the follow   | wing chart:   |                                  |                           |   |             |                           | _        | IYES 🗆 NO  |
| Date Filed  | Docket N  | umber                            | Name and Address of Court |   | Court       | Date Judgement<br>Entered |          |  |
|   |   |                                  |                           |   |             |                           |          |  |
|   |   |                                  |                           |   |             |                           |          |  |
|   |   |                                  |                           |   |             |                           |          |  |
| regulation or code of any   | 37. In the past ten (10) years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any local, state, county, municipal, provincial, federal or national government other than a criminal, summary or motor vehicle offense? |                                  |                           |   |             |                           |          |  |
| If yes, complete the follow   | wing chart:   |                                  |                           |   |             |                           |          | ] yes □ no   |
| Governmental Age<br>Organization  |   |                                  | Nature of Charge Date     |   |             | Disposition               |          |  |
|   |   |                                  |                           |   |             |                           |          |  |
|   |   |                                  |                           |   |             |                           |          |  |
| PERMI   | ITS, LIC  | ENSES,                           | CERTIF                    | ICATES  | & RE        | GISTR                     | RATI     | ONS  |
| 38. Have you, or any busicertificate or registration  If yes, complete below. |   |                                  |                           |   | ed, ever ap | oplied for                |          | rmit, license,<br>YES <b>0</b> NO                      |
| Name & Address of Applicant   | Name &  | Name & Address of Licensing Body |                           | Type of Perm<br>License, Cert<br>Registration |             | Date of<br>Application    | on 1     | Disposition: Granted,<br>Denied, Pending,<br>Withdrawn |
|   |   |                                  |                           |   |             |                           |          |  |
|   |   |                                  |                           |   |             |                           |          |  |

|  | GARNISHMI                                 | ENT PROCEEDINGS                  | <b>,</b>               |                |
|--|---|----------------------------------|------------------------|----------------|
| 39. Have your wages, earning orders in any jurisdiction? | ngs or other income ever be               | en subject to garnishment, atta  | achment or other si    | milar          |
|  | no chout                                  |                                  | ☐ YE                   | es 🗆 no        |
| If yes, complete the following                           | ng cnart:                                 |                                  |                        |                |
| Nature & Amount of Obligation                            | Name & Address of<br>Holder of Obligation | Name & Address of<br>Court       | Court Docket<br>Number | Current Status |
|  |   |                                  |                        |                |
|  |   |                                  |                        |                |
|  |   |                                  |                        |                |
|  |   |                                  |                        |                |
| 10. Have you had a lien or t                             | financial judgment filed aga              | inst you in the past ten (10) ye | ears? (This includes   | s child        |
| support orders, or judgment                              | ts and federal state and loca             | I tax IIens)                     | □yes                   | □NO            |
| f yes, complete the following                            | ng chart:                                 |                                  |                        |                |
| ,  |   |                                  |                        |                |
| Nature & Amount of Obligation                            | Name & Address of<br>Holder of Obligation | Name & Address of<br>Court       | Court Docket<br>Number | Current Status |
| Nature & Amount of                                       |   |                                  |                        | Current Status |
| Nature & Amount of                                       |   |                                  |                        | Current Status |
| Nature & Amount of                                       |   |                                  |                        | Current Status |
| Nature & Amount of                                       |   |                                  |                        | Current Status |
| Nature & Amount of                                       |   |                                  |                        | Current Status |

| 41. Are you currently delinquent in the payments, including child support, taxes, student loans, mortgage, credit cards and any other financial obligations?  |  |                            |                        |                |  |  |
|---|--|----------------------------|------------------------|----------------|--|--|
| If yes, complete the following  | ng chart:  |                            | ☐ YE                   | s 🗆 no         |  |  |
| Nature & Amount of<br>Obligation  | Name & Address of<br>Holder of Obligation  | Name & Address of<br>Court | Court Docket<br>Number | Current Status |  |  |
|   |  |                            |                        |                |  |  |
|   |  |                            |                        |                |  |  |
|   |  |                            |                        |                |  |  |
|   |  |                            |                        |                |  |  |
| Use of  | Illegal Use of Controlled Dangerous Substances; Use of Alcohol in the Workplace; Problem Gambling (Answer all questions and provide information to any question you answer "yes.") |                            |                        |                |  |  |
| 42. Do you currently engage in the illegal use of drugs, or have ever been arrested for such use?   |  |                            |                        |                |  |  |
| 0 YES □ NO  If yes, please explain below.   |  |                            |                        |                |  |  |
| 43. The use of alcohol by licensees may be prohibited in a casino, and any use of alcohol that adversely affects job performance or conduct maybe the basis for discipline of Gaming employee and revocation or suspension of a Gaming permit. Does this present a problem for you? |  |                            |                        |                |  |  |
|   | $0$ yes $\square$ no   |                            |                        |                |  |  |
| If yes, please explain below.   |  |                            |                        |                |  |  |
| 44. Are you a compulsive g facility?  | 44. Are you a compulsive gambler, or have you ever been voluntarily or involuntarily excluded from any gaming facility?  |                            |                        |                |  |  |
|   |  |                            | ☐ YES                  | 0 NO           |  |  |
| If yes, please explain below.   |  |                            |                        |                |  |  |
|   |  |                            |                        |                |  |  |

| Item# | Litigation for the past 15 years  Detail Explanation (Dates, jurisdictions, etc., as applicable for full explanation) |  |
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| AUTHORIZATION FOR RELEA   | ASE OF INFORMATION   |
|---|--|
| TO:   |  |
| (To be filled-in by   | Lottery)   |
| FROM:   |  |
| (Applicant's Printer  | d Name)  |
| I, (printed name) Permit in the Commonwealth of Virginia.   | ), am an applicant for a Gaming Employee Service   |
| The Virginia Lottery, and its employees, agents, and vendors (collect conduct an investigation of an applicant Gaming Employee Set Lottery to collect and evaluate information about me. By executand authorize any: local, State or federal government unit; commonsumer reporting agency; non-profit entity; individual or any Lottery any and all information about me that the Lottery reque in written, verbal, electronic, or any other form. | rvice Permit. That investigation requires the ting this Authorization, I irrevocably give consent mercial or business enterprise, including a other public or private entity to release to the |
| With respect to any claims or liability arising from the rele<br>expressly waive, release, discharge and forever hold harmless a<br>that releases information to the Lottery under the authority of the   | and agree to indemnify, the unit, entity, or individual  |
| A photo, facsimile, or electronic copy of this signed and date original.  | ed Authorization shall be equally effective as an  |
| Signature of Applicant  | Date   |
| Print Name of Applicant   |  |
| NOTARY  | Y  |
| The undersigned, a Notary Public in and for the County of, certifies that the above named individual known to me or satisfactorily proven to be the individual whose signed the Authorization and Notification.   | appeared in person, and before me, either  |
| This day of   | , and to which witness my hand and seal.   |
|   | Notary Public  |
| Stamp or Seal   |  |
| My commission expires 20  | Printed Name   |

| AFFIDAVIT OF INDIVI  | DUAL APPLICANT  |
|--|---|
| I,   | he information that I have provided on, or attached ding. I understand that any misrepresentation or ation for a Gaming Employee Service Permit, and erstand that, if I am issued a license, I remain under |
| By a separate Authorization for Release of Information information about me to release that information to the vendors (collectively, "the Lottery"), for purposes of the video lottery employee license.  | e Virginia Lottery, and its employees, agents, and  |
| I expressly waive, release, discharge, and forever hold<br>Commonwealth of Virginia, and their employees, agent<br>claims or legal action arising from any actions that the I<br>related to the collection of information from any indiv<br>connection with investigating my application for a Gam   | s, and representatives, from liability for any and all<br>Lottery or the Commonwealth of Virginia may take<br>idual or person and the use of that information in  |
| Signature of Applicant   | Date  |
| Print Name of Applicant  |   |
| NOTA   | RY  |
| The undersigned, a Notary Public in and for the Councillation of the Cou | amed individual appeared in person, and before me, individual whose name subscribed to the within   |
| This day of,   | 20, and to which witness my hand and seal.  |
|  |   |
|  | Notary Public   |
| Stamp or Seal  |   |
|  | Printed Name  |
| My commission expires , 20   |   |

# **Required Documents Notice**

Notification to all Gaming Employee Service Permit applicants:

Your application for a Gaming Service Permit requires the Lottery to initiate a comprehensive background investigation on you to determine your suitability for the issuance of a Gaming Service Permit in the Commonwealth of Virginia..

To ensure that this investigation will be completed in a timely manner, please provide all the applicable required documentation listed below to your Account Representative staff member that is handling your application process so that the document copies can be uploaded with your online application. Failure to provide the below listed documents will delay the completion of your background investigation and subsequent approval of your license application.

Once your application has been submitted to the Lottery, you must fully cooperate with the Virginia Lottery's Licensing Investigator. If your action or inaction hinders the Licensing Investigator from completing your background investigation, your Gaming Employee Service Permit may be denied.

# **Required Documents**

All documentation / information provided is confidential and will become the property of the Virginia Lottery. No document will be returned, so please make sure you retain the original document unless otherwise specified in the instructions.

- 1. Copy of your birth certificate.
- 2. Copy of your Naturalization Certificate. (If Applicable).
- 3. Copy of your Passport (If Applicable).
- 4. Copy of your driver's license or government issued ID card, front and back.
- 5. Official copy of your driving record(s) from any State in which you were licensed.
- 6. Copy of your Social Security or Social Insurance Card.
- 7. Copy of your Permanent Resident Card, Work Visa (HIB, H2B, TNl etc.) front and back (If Applicable).
- 8. If you attended college, provide a certified copy of college transcript(s). College transcripts should be emailed directly to Gaminglicensing@valottery.com.
  - If you have not attended college, provide an official high school transcript, copy of your high school diploma, or a copy of your G.E.D. certificate. Only provide a transcript for the highest education level achieved.
- 9. Request for Military Records, Form 180, completed & signed (If Applicable)
- 10. Copy of any gaming licenses you hold now or have held in the past and documents relative to any

|     | sanctions, fines or suspension.   |
|-----|---|
| 11. | One or two paragraph summary of all litigation during the past fifteen years, which should include, docket number, court information regarding the cause of action, named litigants, copy of complaint, disposition or current status if pending. |
| 12. | Personal Reference Form - Entire form MUST be completed.  |
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| you for at least one year and ca<br>member of your family. For p | in attest to your goo<br>urpose of this ques<br>aunt, nephew , niec | od character and repu<br>stion "family" means<br>ce, father-in-law, mothe | references over the age of 18 who have known itation. No individual can be a reference who is a spouse, domestic partner, parent, grandparent, er-in-law, son-in-law, daughter-in-law, brother-inge, or adoption. |
|--|---|---|---|
|  |   | ference #1 Information  |   |
|  |   |   |   |
| Reference Email Address (prefere                                 | red contact method)   | :   |   |
| Reference Home Address   |   |   |   |
|  |   |   |   |
| Reference Business Address                                       |   |   |   |
| City   | 9   | State   | Postal Code   |
| •  |   |   |   |
| Occupation   | F   | Home Telephone  | Business Telephone  |
| Years Known Explain  | the relationship (ex  | : friend, neighbor, co-w  | vorker, etc.)   |
|  | Ref   | ference #2 Information  | on  |
|  |   |   |   |
| Reference Email Address (prefer                                  | red contact method)   | :   |   |
| Reference Home Address   |   |   |   |
|  |   |   |   |
| _  |   |   |   |
| Reference Business Address                                       |   |   |   |
|  |   |   |   |
| Occupation   | I-  | Home Telephone  | Business Telephone  |
| Years Known Explain the  | relationship (ex: frie  | nd , neighbor, co-worke   | er, etc.)   |
|  | Ref   | ference #3 Information  | nn  |
|  | IXCI  | Terence #3 Information  | , n   |
| Reference Email Address (prefer                                  | red contact method):  | :   |   |
|  |   |   |   |
| Reference Home Address   |   |   |   |
| City   | State   |   | Postal Code   |
| Reference Business Address                                       |   |   |   |
|  |   |   |   |
| Occupation   | H   | Home Telephone  | Business Telephone  |
|  |   |   |   |
| Years Known Explain the  | relationship (ex: frie  | end, neighbor, co-work  | er, etc.)   |

# MILITARY RECORDS FORM (In the event the applicant served in the Armed Forces)

Instructions for completing SF 180, Request Pertaining to Military Records 1. If you served in the U.S. Military, complete, sign and date the SF 180, Request Pertaining to Military Records. The form can be found at https://www.archives.gov/files/research/order/standard-form-180.pdf

Include the following information in the appropriate space:

- Section I Information Needed to Locate Records
  - Complete all blanks and answer all questions.

Section II – Information and/or Documents Requested

- Item 1 Check the box DD Form 214 or equivalent. Do not check the box requesting a DELETED Report of Separation for the years you indicated in Dates of Service of Section I, Item 5.
  - Check the "Other" box and insert the phrase "Info related to military court martial or other charges."
- Item 2 Purpose- Check the "Other" box Insert the phrase "This information is necessary in order for the Virginia Lottery to complete my background investigation."

Section III – Return Address and Signature

- Item 1 State your name.
- Item 2- Check the box that you are the Service Member or Veteran identified in 1 above.
- Item 3 -Send Information and documents to:

Nathan Warfield

Director of Licensing and Investigations

Virginia Lottery 600 East Main Street Richmond, VA 23219

- Item 4 Complete and sign with your information
- 2. Submit the form to the appropriate Processing Center and submit a copy of the form to your Account Representative for uploading into the gaming system.