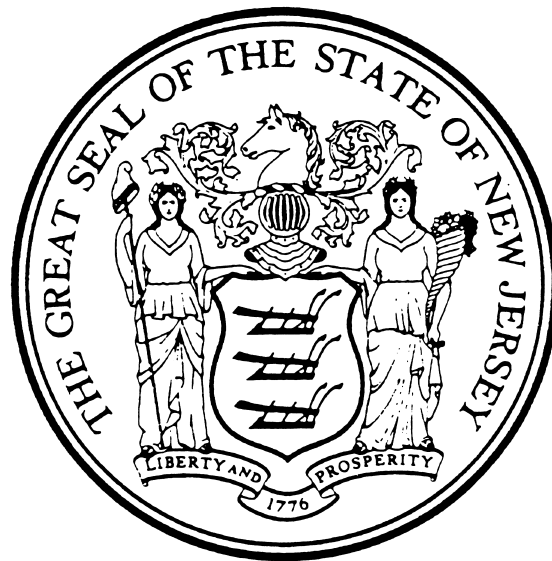


STATE OF NEW JERSEY
Division of Gaming Enforcement



**REQUEST TO DETERMINE EMPLOYMENT
OR REAPPLICATION ELIGIBILITY**

Request to Determine Employment or Reapplication Eligibility

GENERAL INFORMATION

Early Reapplication/Permission to Work in a Casino Hotel

Pursuant to *N.J.A.C. 13:69A-8.9*, if you have been denied an application or qualification, or if your employee license or registration has been revoked, you have been prohibited by order of the Casino Control Commission (Commission) and/or the Division of Gaming Enforcement (Division) in most circumstances from:

1. Reapplying for a casino employee license or a casino employee registration for five years; and
2. Working in any capacity and in any area of a casino hotel facility, including the hotel portion, for five years.

If you wish to work in a casino hotel facility before your period of ineligibility passed, you must file a petition for permission to reapply for any license or registration or for permission to work in positions that do not require a license or registration.

You must wait one year after the date your application was denied, or your license or registration was revoked, before you can file a petition. It will take approximately 45 days for your petition to be considered by the Division.

Completing pages 4 through 10 will satisfy the requirements for filing a petition for permission to reapply early for permission to work in a casino hotel. The Division's decision to grant or deny your petition will be based on what you tell them about the positive things you have done since your application was denied or your employee license or registration was revoked. Any letters and other documents you submit in support of your petition will assist the Division's decision. You are encouraged to provide as many letters and documents as possible to support your petition. Question number 5 on page 6 lists suggested sources of supporting documents.

Permission to Work as a Casino Hotel Alcoholic Beverage Employee

If you do not possess a valid casino employee license or casino service employee registration, you are not eligible to work as a Casino Hotel Alcoholic Beverage (CHAB) employee, in either the hotel or casino, if you have ever been convicted of certain crimes, unless you first obtain approval from the Division. (This includes crimes such as drug distribution, manslaughter, aggravated assault, kidnapping, serious sexual offenses, robbery, illegal gambling, arson, theft, burglary, forgery, and bribery). You must file a petition seeking permission to work as a CHAB employee.

You must wait one year after the date of conviction or the release from incarceration, whichever is later, before you can file a petition.

Completing pages 4 through 12 will satisfy the requirements for filing a petition seeking permission to work as a CHAB employee. However, page 13 must be completed by your prospective employer. The Division's decision to grant or deny your petition will be based on what you tell them about the positive things you have done since your conviction. Any letters or documents you submit in support of your petition will assist the Division's decision. You are encouraged to provide as many letters and documents as possible in support of your petition. Question number 5 on page 6 lists suggested sources of supporting documents.

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. This form is to be completed if you are asking the Division for:
 - 1. Permission to obtain a registration as a casino employee to work in a casino hotel after revocation of an employee license or registration or denial of an employee license application or qualification; or
 - 2. Permission to work in a casino hotel in a position that does not require an employee license or registration after revocation of an employee license or registration or denial of an employee license application or qualification; or
 - 3. Permission to work in a casino hotel alcoholic beverage position, despite a previous conviction for committing certain crimes.
- 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, write "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.
- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only dark ink. If the completed form is not legible, it will not be accepted.
- D. If you have any questions, call the Employee Licensing Bureau – Legal, of the Division of Gaming Enforcement, at (609) 633-7158.

II. BE SURE TO:

- A. Sign the Release Authorization on page 8 and Statement of Truth on page 9 or page 10 in the presence of a Notary Public and have your signature notarized.
- B. Initial each page of this form in the space provided after you have checked your answers and you are sure they are complete and correct.

- C. The original and one copy of this petition should be sent to:

New Jersey Division of Gaming Enforcement
Intake Unit
Arcade Building
Tennessee Avenue and the Boardwalk
Atlantic City, New Jersey 08401
Attention: ELS Legal – 8th Floor Trenton

- D. We recommend that you keep a copy of your completed petition for your records.

III. IMPORTANT NOTICES/NOTICIA IMPORTANTE:

- 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 you provide on this form. You must immediately notify the Division if you change your address.

- C. Pursuant to Section 86b of the Casino Control Act, failure to answer any question completely and truthfully will result in denial of this petition.

- D. Pursuant to 42 U.S.C. § 405(c)(2)(C)(i), N.J.S.A. 54:50-25, 42 U.S.C. § 666(a)(13), and N.J.S.A. 2A:17-56.60, the Division of Gaming Enforcement is required to obtain your Social Security number. Pursuant to these authorities, the Division of Gaming Enforcement is also obligated to provide your Social Security number to:

1. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
2. The Probation Division or any other agency responsible for child-support enforcement, upon request.

Request to Determine Employment or Reapplication Eligibility Form

OFFICIAL USE ONLY

1. License # _____ **2. License #** _____ **3. FP #** _____

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

NAME (Last, First, Middle Initial and Jr./Sr., if any)

DATE OF BIRTH (Month, Day, Year)

Height Weight

SOCIAL SECURITY NUMBER (Mandatory¹)

IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE EXPLAIN WHY:

Home Telephone Number with Area Code

Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code

E-Mail Address

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code)

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code)

Have you been known by any other name(s)? Yes No

If YES, list the additional name(s) below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other names).

EMPLOYMENT INFORMATION:

Name of Employer

Address

Telephone Number with Area Code

Position Held

Date Employment Started (Month, Day, Year)

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is mandatory. See Section III, D., under Important Notices on Page 3 of this application.

1. Following is the reason for submitting this petition. Check the one that applies to you:

- I am seeking permission to obtain a casino employee registration.
- I am seeking to obtain employment early in a non-credentialed hotel position that does not require any access to the casino floor.
- I am applying for a position in a casino hotel that is involved in the handling, service, delivery, purchase, control or storage of alcoholic beverages.

2. Place a checkmark next to the statement that best applies to you. Fill in the blanks in the section you check:

- My previous license or registration was revoked or my application for an employee license was denied less than five years from the date of this petition.

Reason for denial or revocation: _____

- I was found disqualified by the Commission as part of an application for a Casino Service Industry (CSI) license, or as part of an application for a casino licensee less than five years from the date of this petition.

Name of CSI or casino licensee: _____

Reason for disqualification: _____

- I have been convicted of a crime that prevents me from being employed in a position involving alcoholic beverages without special Division approval.

Nature of crime: _____

Date of conviction: _____

3. Have you been arrested, charged or convicted of any crime or offense (other than a traffic violation), since the date your qualification, employee license or registration was revoked, or your application for a license was denied, or since your conviction for the crime that prevents you from working as a CHAB employee?

Yes No

If YES, complete the following (and use additional pages if necessary):

NATURE OF CHARGE OR ARREST	DATE OF CHARGE OR ARREST	LOCATION OF CHARGE OR ARREST	IS THE CHARGE OR ARREST STILL PENDING?	IF NOT PENDING, WHAT WAS THE DISPOSITION OF THE CHARGE OR ARREST?

4. Are you presently on probation, parole, participating in a Pre-Trial Intervention (PTI) program or enrolled in an Intensive Supervision Program (ISP)?

Yes No

If YES, you must provide a letter from your probation officer, parole officer, PTI supervisor or ISP supervisor. The letter MUST include:

- a. Date of entry into the program;
- b. Anticipated completion date;
- c. A description of any special conditions (such as drug testing); and
- d. A description of your performance in the program.

5. Please certify, under penalty of perjury, the following:

- a. Do you currently have a child support obligation? Yes No
- (1) If "Yes," are you in arrears in payment of said obligation? Yes No
- (2) If "Yes," does the arrearage relate to a period longer than six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

An answer of "Yes" to any of the questions a through d above shall, in accordance with N.J.S.A. 5:12-86i, require you to provide proof to the director's satisfaction of payment or arrangement to pay any such debts prior to licensure.

In accordance with N.J.S.A. 2A:17-56.44(d), any false certification of the above may subject you to contempt of court and a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

By initialing here _____, I acknowledge the terms of the above provisions.

6. The following list suggests who you could contact for documents to support your petition. You are encouraged to provide as many letters and documents as possible.

I am attaching letters or other documentation to support this petition from the following sources (check all that apply):

- Family and friends commenting on my rehabilitation;
- My employer and/or coworkers commenting on my job performance;
- Professional counselors or therapists confirming my rehabilitation or describing my progress towards rehabilitation;
- Probation or parole officer or Pre-Trial Intervention (PTI) or Intensive Supervision Program (ISP) supervisors detailing my compliance with probation, parole, PTI, or ISP supervision;
- Vocational schools, colleges, or other educational institutions attended since disqualification occurred or conviction of the disqualifying crime (attach copies of any certificates, diplomas, awards, citations, degrees, etc., that you have received); and
- Civic, charity or community organizations, including religious institutions, describing my participation, attendance or involvement.
- Other: _____

7. I believe the Division should grant this petition for the following reasons:

RELEASE AUTHORIZATION

TO: All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Credit Agencies, Financial and Other Such Institutions and All Governmental Agencies – Federal, State and Local, without exception, both foreign and domestic.

I, _____, have authorized the New Jersey Division of
(Print Name)

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, provided that he or she certifies to you that I have an application pending before the Division of Gaming Enforcement or 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 photocopy of this authorization will be considered as effective and valid as the original.

NOTICE
The Division, in connection with its investigation of this submission, will conduct checks with law enforcement / fingerprint agencies and credit agencies.

(Date)

(Signature of Applicant) (Legal Signature)

Subscribed and sworn to before me

this _____ day of _____, 20_____.

(Notary Public)

(State)

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, being duly sworn according to law, on my oath, deposes and says:
(Print Name)

- 1. I am the Petitioner 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.

(Date)

_____ (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 _____:

SS:

CONDADO DE _____:

I, _____, 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.

(Date)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me

this _____ day of _____, 20__.

(Notary Public)

(State)

ADDENDUM FOR CHAB EMPLOYEES

If you are filing this petition because you have been convicted of a crime and you have a promise of employment as a CHAB employee, you must:

1. Be fingerprinted by the Division, pursuant to *N.J.S.A. 5:12-80f*; and
2. Have an authorized representative of the CHAB licensee offering you employment complete the Employment Certification on page 13.

For fingerprinting, call the Division at (609) 441-3050 to make an appointment. Fingerprinting is done at the Division's offices located in the Arcade Building, Tennessee Avenue and the Boardwalk, in Atlantic City. There is no charge for fingerprinting.

For your fingerprint appointment, you must bring this form. You must also bring the original document(s) listed below to establish your identity.

To establish your identity and employment authorization, in accordance with *N.J.A.C. 13:69A-7.2a*, you must present the original document(s) listed below in A, B or C.

- A. A current and valid U.S. passport OR a Certificate of U.S. Citizenship OR a Certificate of Naturalization OR a current and valid identification card issued by the USCIS 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, a certified copy of a U.S. birth certificate issued by a state, county or municipal authority, with an official seal, must be presented, along with any one of the following authentic documents:
 1. A current and valid state-issued driver's license that has a photograph and/or identifying information;
 2. A current and valid identification card issued by the Department of Defense to persons who serve in the U.S. military, or their dependents, that has a photograph and/or identifying information;
 3. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
 4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
 5. A current and valid casino employee or casino key employee license, a casino employee or casino key employee license that expired within the last five years, or a valid casino service employee registration issued after February 2003.

C. If the applicant is not a United States citizen, a current and valid foreign passport with an employment authorization issued by the USCIS must be presented, along with any one of the following authentic documents:

1. A current and valid state-issued driver's license that has a photograph and/or identifying information;
2. A current and valid identification card issued by the Department of Defense to persons who serve in the United States military, or their dependents, that has a photograph and/or identifying information;
3. A current and valid student identification card containing a photograph, an expiration date, the seal or logo of the issuing institution, and the signature of the card holder;
4. A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information; or
5. A current and valid casino employee or casino key employee license, a casino employee or casino key employee license that expired within the last five years, or a valid casino service employee registration issued after February 2003.

Note: Any person whose current legal name is different from the name on his or her certified birth certificate (e.g., maiden name), must show legal proof of the name change. Legal proof accepted is a certified marriage or civil union certificate, divorce decree or court order linking the new name with the previous name. A divorce decree may be used as authority to resume using a previous name, only if it contains the new name and permits a return to use of the previous name.

Call (609) 441-3050 if you have any questions about identification documents.

EMPLOYMENT CERTIFICATION

This certifies that _____ which is located
(Name of CHAB Licensee)

in _____ has offered _____
(Name of Casino Licensee) (Name of Applicant)

a position as _____.
(Job Title)

This position involves the handling, service, delivery, purchase, control and/or storage of alcoholic beverages. I am aware that the above-named applicant is required to receive permission from the Division of Gaming Enforcement before commencing employment.

I know that if this statement is willfully false, I am subject to punishment.

Print Name: _____

Signature: _____

Job Title: _____

CHAB 12-digit ID Number: _____

Phone Number: _____

Fax Number: _____

Date: _____