

STATE OF NEW JERSEY
Division of Gaming Enforcement



LABOR ORGANIZATION INDIVIDUAL DISCLOSURE FORM

Labor Organization Individual Disclosure Form

I. WHO MUST FILE:

- A. Generally, pursuant to *N.J.S.A. 5:12-93*, a labor organization, union or affiliate must register with the Division of Gaming Enforcement (Division), if it is seeking to be the certified bargaining representative of employees who are employed in a casino hotel, casino, or a casino simulcasting facility by a casino licensee, or if it is seeking to be involved actively, directly or substantially, in the control or direction of the representation of any such employees. If the labor organization is required to register and it is **NOT** a national or international labor organization, **every OFFICER, AGENT and PRINCIPAL EMPLOYEE** of the organization, as defined in *N.J.A.C. 13:69A-12.1*, must file this form:
1. An “**Officer**” is any constitutional officer, any person authorized to perform the functions of president, vice president, secretary/treasurer, or other executive functions of a labor organization, or any member of its executive board or similar governing body.
 2. An “**Agent**” is any person, whether compensated or not, who is authorized or allowed to represent a labor organization in any employment matter relating to employees employed in a casino hotel, casino or casino simulcasting facility, by a casino licensee, or who undertake, on behalf of the labor organization, to promote, facilitate or otherwise influence the relations between the labor organization and the casino licensee.
 3. A “**Principal Employee**” is any employee of a labor organization who, by reason of remuneration or of a management, supervisory or policy-making position, exercises any authority, discretion or influence with regard to any matter relating to employees who are employed in a casino hotel, casino or casino simulcasting facility, by a casino licensee. For the present purposes, any employee, other than one performing exclusively clerical or custodial services, whose functions relate to employees employed in a casino hotel, casino or casino simulcasting facility, by a casino licensee, shall be included unless the contrary clearly appears from information supplied to the Division.
- B. If the labor organization is required to register and it is a national or international labor organization, **every AGENT and PRINCIPAL EMPLOYEE** must file this form. However, the **only OFFICERS** required to file this form are those who exercise any authority, discretion or influence over the operation of the labor organization with regard to any employment matter relating to employees employed in a casino hotel, casino or casino simulcasting facility, by a casino licensee. Additionally, the Division may direct any other officer of a national or international labor organization to file this form. If you are not sure whether you are an officer, agent or principal employee, or whether you must file this form, you may inquire by writing to the Division at the address on page 4 of this form.

II. APPLICATION INSTRUCTIONS:

- A. **Initial Filing.** Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply, 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. Failure to provide a response to every question could result in the rejection of your form. All entries on this form, except initials and signatures, must be typed or printed in block lettering using only dark ink. If the form is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form, will result in the rejection of your form. Initial each page of this form after completion in the space provided. If you need additional space to answer any question(s), use the blank page provided on page 11 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) that you are answering. To complete this form, sign the Statement of Truth and Release Authorization on pages 12 and 13 in the presence of a Notary Public and have both your signatures notarized.
- B. **Biennial Renewal Filing.** If you have previously filed a Labor Organization Individual Disclosure Form, you must file an updated form as part of your union's biennial renewal registration statement. The updated Labor Organization Individual Disclosure Form must be completed in the same manner as your previous form and must include a properly-completed Statement of Truth and Release Authorization.
- C. **Federal Reports.** If any question on this form requests information that is contained in a report that was filed with the United States Secretary of Labor under the Labor Management Reporting and Disclosure Act (LMRDA), you may attach the relevant portion of that report to this form and indicate that you have done so in response to the question. For example, "See Item 5, Form LM-30, attached hereto." Please note that any federal report attached to this form becomes a part of the form. Attachments should be labeled with an exhibit number and attached to the back of the form. If the federal report does not contain all the information requested by the question, or if the federal report is no longer completely accurate, you must supply the additional or corrective information. The use of a federal report does not excuse you from the obligation to provide complete and accurate answers.

III. DUTY TO DISCLOSE:

- A. In addition to filing your Labor Organization Individual Disclosure Form, the law requires you to immediately advise the Division, in writing, of any significant change in the information contained in your form on file with the Division. Failure to properly complete and return this form when required, may result in refusal of the Division to consider your qualifications. *N.J.A.C. 13:69A-7.11.*

IV. FINGERPRINT INFORMATION:

- A. *N.J.A.C. 13:69A-7.7* requires qualifiers of **labor organizations** to submit fingerprint cards with their Labor Organization Individual Disclosure Form at the time of their initial or

biennial renewal filing. Qualifiers may choose one of the two following methods for providing the required fingerprint cards:

1. Make an appointment with the Division's Identification Unit located in the Arcade Building, Tennessee Avenue and the Boardwalk in Atlantic City, to be fingerprinted. Call for an appointment at (609) 441-3050. Please be advised that the Division now has the capability to record and reproduce fingerprints electronically. *This means that if you schedule an appointment with the Division at any time prior to the due date of the Labor Organization Registration Statement and you are fingerprinted by the Division, you may not be required to be fingerprinted in connection with any subsequent Labor Organization Registration Statement.* Once you are fingerprinted by the Division, you will be provided with documentation that must be submitted with this form. There is no charge for fingerprinting.

Note: Upon arrival for your appointment, please advise Division personnel that you are there to be fingerprinted in connection with a Labor Organization Registration Statement.

2. If you do not live or work in New Jersey, fingerprint cards are enclosed so that you can be fingerprinted at your local police department. All qualifiers must provide the required set(s) of fingerprints on the enclosed card(s). This must be done at the time of the initial application and with each renewal Labor Organization Registration Statement. Further instructions are attached to the enclosed fingerprint card(s).
- B. If you choose to be fingerprinted in Atlantic City, you must present the original document(s) listed below in 1. and 2. to establish your identity:
1. A current and valid U.S. passport OR Certificate of United States Citizenship OR Certificate of Naturalization OR a current identification card issued by the U.S. Department of Homeland Security, Citizenship and Immigration Services (USCIS), containing a photograph or fingerprint and identifying information such as name, date of birth, sex, height, color of eyes, and address.
 2. If the items in 1. 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:
 - a) A current and valid state-issued driver's license that has a photograph and/or identifying information;
 - b) 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;

- c) A current and valid school identification card containing a photograph, an expiration date, the seal or logo of the issuing institution and the signature of the card holder;
 - d) A current and valid identification card issued by a federal, state or local government agency that has a photograph and/or identifying information;
 - e) A valid casino employee or casino key employee license, an expired casino employee or casino key employee license issued within the last five years, or a valid casino service employee registration; or
 - f) A current and valid foreign passport with a proper USCIS authorization.
3. If the name on any of the provided identification is different from the name on your Labor Organization Individual Disclosure Form, you must also provide a court-ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

V. IMPORTANT NOTICES:

- A. You must immediately notify the Division of any change of address. All notices regarding this form will be sent to the address that you have provided. Changes of address should be forwarded to:
- New Jersey Division of Gaming Enforcement
Service Industry Licensing Bureau (SILB), Intake Unit
1300 Atlantic Avenue, 3rd Floor
Atlantic City, NJ 08401
Attn.: Labor Organization
- B. Any person who applies for and obtains qualification from the Division is required to submit to warrantless searches when present in a licensed casino hotel facility, pursuant to Sections 79a(6) and 80c of the Casino Control Act (Act).
- C. Information supplied to the Casino Control Commission and Division, or otherwise obtained by either of them, is confidential and shall not be revealed, except in the course of the necessary administration of the Act, or upon the lawful order of a court of competent jurisdiction, or with the approval of the Attorney General, to a duly-authorized law enforcement agency, pursuant to Section 74.1 of the Act. Nevertheless, an applicant, licensee or registrant, waives any liability of the State of New Jersey and its instrumentalities and agents, for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, pursuant to Section 80b of the Act.

- D. Pursuant to Section 93c of the Act, officers and agents of a labor organization, union or affiliate, not otherwise individually licensed or registered under the Act and employed by a casino licensee, may not hold any financial interest whatsoever, in the casino hotel, casino or casino simulcasting facility, or casino licensee whose employees they represent.
- E. 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.

**PASTE A PHOTOGRAPH HERE THAT
WAS TAKEN WITHIN THE PAST YEAR**

**PRINT YOUR NAME ALONG THE
BOTTOM BORDER OF THE
FRONT OF THE PHOTOGRAPH
BEFORE ATTACHING IT.**

1. FULL NAME:

2. ALIAS OR NICKNAME / MAIDEN NAME:

3. CURRENT TELEPHONE NUMBERS:

Home Telephone Number with Area Code Daytime OR Work Telephone Number with Extension and Area Code

Cell Number with Area Code E-Mail Address Fax Number (if available)

4. PERSONAL DATA:

DATE AND PLACE OF BIRTH Height Weight SOCIAL SECURITY NUMBER (Mandatory¹)

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

6. STATE FULL NAME OF LABOR ORGANIZATION YOU ARE REPRESENTING:

7. STATE YOUR TITLE OR POSITION WITHIN THE LABOR ORGANIZATION:

8. RESIDENCES - Beginning with your current residence and working backwards, provide the following information with respect to each residence you have held for the past year.

DATES		ADDRESS (Number, Street, Apartment Number, City, State, Zip Code)
FROM	TO	

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is mandatory. See Section V, E, under Important Notices on page 5 of this application.

8. **LABOR ORGANIZATION POSITIONS** - Provide the following information with respect to your present position with a labor organization and the previous positions, if any, which you have held with that organization or any other organization for the past five years:

DATES		TITLE OF POSITION	DUTIES AND RESPONSIBILITIES	NAME AND ADDRESS OF LABOR ORGANIZATION	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM	TO					

9. **EMPLOYMENT HISTORY** – List the last three jobs you have had, beginning with the present and working backwards. Note with an asterisk (*), any employment where gaming was conducted on the premises. If all the information requested has already been provided in Question 8, write only “See Question 8.” If only part of the information requested here has been provided in Question 8, provide all information requested here, including that which is already in Question 8, so that no misleading gaps appear in your employment history:

DATES		NAME AND ADDRESS OF EMPLOYER	POSITION AND DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM	TO				

10. **PRIOR LICENSING** – Have you ever made an application to a licensing agency for any permit, license, certificate or qualification, in connection with any gaming venture?

Yes No

If Yes, complete the following table:

DATE OF APPLICATION	NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE	DISPOSITION OF APPLICATION	LICENSE NUMBER

11. **CRIMINAL HISTORY** – Have you ever been convicted of a crime or disorderly persons offense in New Jersey or in any other jurisdiction?

Yes No

If Yes, complete the following table:

NATURE OF CONVICTION	NAME AND ADDRESS OF GOVERNMENT AGENCY AND COURT INVOLVED	DATE

12. Have you ever been adjudged guilty of contempt for refusal to testify or cooperate with any legislative, investigatory body or other official investigatory body of New Jersey, or of the United States, where the investigatory body was investigating crimes relating to gaming, official corruption or organized crime activity?

Yes No

If Yes, complete the following table:

NAME AND ADDRESS OF INVESTIGATORY BODY	NATURE OF INVESTIGATION	DATE OF CONTEMPT

13. Are you an “**officer**” or “**agent**,” as defined in this form, of a labor organization which represents employees employed in a casino hotel, casino or casino simulcasting facility, by a casino licensee?

Yes No

If Yes, do you hold any financial interest (e.g., stocks, bonds, etc.) whatsoever, in any casino hotel, casino or casino simulcasting facility, operated by a casino licensee whose employees your organization represents?

Yes No

If Yes, are any of those financial interests related to a casino hotel or casino licensee, where you are NOT employed?

Yes No

If Yes, complete the following table:

NATURE OF INTEREST (STOCKS, BONDS, ETC.)	AMOUNT AND TERMS (VALUE, SHARES, PRINCIPAL, INTEREST, ETC.)	CASINO HOTEL OR LICENSEE OF INTEREST

14. 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.

15. List the names and addresses of three references:

NAME	ADDRESS (STREET, APARTMENT NUMBER, CITY, STATE, ZIP CODE)	OCCUPATION	TELEPHONE NUMBER

16. **ADDITIONAL INFORMATION** – If you use this page for any additional information required by the above questions, be sure to number the additional information with the number of the corresponding question.

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

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

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. 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)

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 Gaming
(Print Name)

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)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me
this ____ day of _____, 20__.

(Notary Public)

(State)