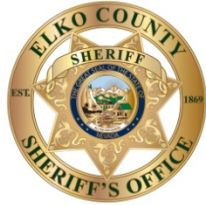


Name of Business :
Business Address:
Business Phone:
Applicant Position:



WORK CARD APPLICATION-NON GAMING

DO NOT WRITE IN THIS SPACE

Type: _____ Background Complete:

Date: _____ Approved:

AL/SP # _____ Denied:

Employee: _____ Approved By: _____

Social Security #	Name (First)	(Middle)	(Last)
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Alias and/or Maiden Name:

Race:	Sex:	Height:	Weight:	Hair:	Eyes:	Age:	Date of Birth:	Place of Birth:
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Scars, Marks & Tattoos:	DL#	State:
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Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport #	Naturalization #	Immigration #
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Home Address:	Apt # or Space	City	State	Zip	Phone #
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Emergency Contact Name:	Relationship:	Address:	Phone #
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LIST ALL EMPLOYERS FOR THE PAST THREE YEARS STARTING WITH THE MOST RECENT

Employer	Location	Position	From-To	Reason for Leaving

HAVE YOU AT ANY TIME, ANYWHERE BEEN ARRESTED FOR ANY OFFENSE? Yes No IF YES, LIST ALL ARRESTS.

YEAR	CITY&STATE	OFFENSE CHARGED WITH	LENGTH OF SENTENCE/FINE

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FALSE INFORMATION WILL CAUSE REVOCATION OR DENIAL OF THIS APPLICATION

X

DATE:

APPLICANT'S SIGNATURE

PRINTED NAME OF EMPLOYER SIGNING

X

SIGNATURE OF EMPLOYER

CIVIL APPLICANT WAIVER

In consideration for processing my application, I, the undersigned, whose name and signature voluntarily appears below, do hereby and irrevocably agree to the following:

1. I hereby authorize the Elko County Sheriff's Department to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information, and information concerning the status of parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state, or federal criminal justice agencies, and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.

2. In giving above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated.

(Please initial) _____

3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.

4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will. A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all intents and purposes be valid as the original.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

CHILD SUPPORT INFORMATION

PLEASE MARK THE APPROPRIATE RESPONSE

FAILURE TO MARK ONE OF THE THREE MAY RESULT IN THE DENIAL OF THE APPLICATION.

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of the Applicant X _____