

**FOR FACILITY USE ONLY:**

Applicant Name (Last, First, Middle): \_\_\_\_\_

Applicant is applying for a position at the following video gaming facility (circle one):

Batavia 002

Monticello 005

Vernon 023

Buffalo/Fairgrounds 003

Saratoga 006

Yonkers 008

Finger Lakes 004

Tioga 019

Brian Boru 026

Other (specify): \_\_\_\_\_

The position the applicant is applying for: \_\_\_\_\_

**NEW YORK LOTTERY  
VIDEO LOTTERY GAMING SERVICE EMPLOYEE LICENSE APPLICATION**

**PERSONS REQUIRED TO OBTAIN A VIDEO LOTTERY GAMING SERVICE EMPLOYEE LICENSE:**

- a. Any person who will be employed in the Food & Beverage, Housekeeping, Valet or Facility Maintenance operations of a video lottery gaming facility or any other person employed in the operation of a video lottery gaming facility whose employment duties do not involve the maintenance or operation of gaming activity or equipment and assets associated therewith; or whose employment duties do not regularly require work in restricted areas or primary assignment to the gaming floor; or whose employment duties are not primarily related to gaming functions or activities.
- b. All other persons employed by the video lottery gaming agent to perform services.

**I. COMPLETING THIS FORM:**

- a. 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.**
- 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 or you have nothing to disclose, indicate “**Does Not Apply**” in response to that question. Failure to provide a response to every question could result in the denial of your application.
- c. If the space available is insufficient to respond to a question, supply the required information on an attachment page and clearly identify which question you are answering.
- d. If you make any modification to the pre-printed questions or information contained in this form, your application may be denied. Once your application is submitted, it becomes the property of the New York Division of the Lottery and will not be returned.

**II. BE SURE:**

- a. You sign the **Statement and Authorization** at the end of this form in the presence of a notary public or other person authorized to authenticate your signature.
- b. You retain a completed copy of your application for your own records.

Please print or type the answers to the following questions in the spaces provided.

1. NAME: LAST (include Jr., Sr., etc. if applicable)		FIRST	MIDDLE	2. SOCIAL SECURITY #	
3. MAILING ADDRESS/POSTAL ADDRESS:					
NUMBER AND STREET		APT #/FLAT #	CITY/TOWN	STATE/PROVINCE ZIP/POSTAL CODE	
4. HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)					
NUMBER AND STREET		APT #/FLAT #	CITY/TOWN	STATE/PROVINCE ZIP/POSTAL CODE	
5. HOME TELEPHONE NUMBER (AREA CODE) (NUMBER)		6. DATE OF BIRTH		7. MALE/FEMALE	
8. COLOR OF EYES		9. COLOR OF HAIR		10. HEIGHT	
				11. WEIGHT	
		FT		IN	
				LBS	
12. HAVE YOU BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES___ NO___ IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OTHER NAME CHANGES, LEGAL OR OTHERWISE.)					
NAME				DATE	
13. PLACE OF BIRTH:					
CITY/TOWN			STATE/ PROVINCE		COUNTRY

14. Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If no, please indicate the following:

1. Country of Citizenship: \_\_\_\_\_

2. Name and address of sponsor upon your arrival: \_\_\_\_\_

b. If you are a naturalized citizen, provide the following information:

PETITION NUMBER	DATE GRANTED	COURT	CITY/STATE OF COURT	CERTIFICATE NUMBER
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c. If you are a legally authorized Permanent Resident Alien, provide the card number from your Alien Registration card.

Card #: \_\_\_\_\_

d. If you do not have an Alien Registration Card but are an alien authorized to be employed in the United States, please provide the number from that authorization.

Authorization #: \_\_\_\_\_

15. Have you ever been issued a passport? Yes \_\_\_\_\_ No \_\_\_\_\_

PASSPORT NUMBER	COUNTRY OF ISSUE	PLACE ISSUED	DATE ISSUED	EXPIRATION DATE

## RESIDENCE

16. Beginning with your current residence(s) and working backwards, complete the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past three (3) years or since the age of 18, whichever is less.  
*(If additional space is required, attach a separate sheet)*

DATES		ADDRESS (NO., STREET, APT#/FLAT#, CITY/TOWN, STATE/PROVINCE, COUNTRY & ZIP/POSTAL CODE)	OWN OR RENT	NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR MORTGAGE/BOND HOLDER, IF KNOWN
FROM: (MO/YR)	TO: (MO/YR)			

## EDUCATION

17. Beginning with your highest level of education and working backwards complete the information listed below with respect to each school, college, graduate or postgraduate school you have attended  
*(If additional space is required, attach a separate sheet).*

DATES		NAME AND ADDRESS OF SCHOOL, TRAINING PROGRAM, ETC.	DESCRIPTION OF EDUCATION PROGRAM	LIST ANY DEGREE OR CERTIFICATION ATTAINED	GRADUATED YES OR NO
FROM: (MO/YR)	TO: (MO/YR)				

## EMPLOYMENT

18. Beginning with your present job and working backwards, list below all periods of employment for the past three (3) years or from age 18, whichever is less. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. **For any casino, horse racing or gaming/gambling related employment, please list your license number under "Title."**  
*(If additional space is required, attach a separate sheet).*

DATES		NAME, MAILING ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING/ COMPENSATION AT DEPARTURE
FROM: (MO/YR)	TO: (MO/YR)				

## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

### IMPORTANT

**The New York State Division of the Lottery or its designee will make inquiries to establish whether you have had any involvement with law enforcement agencies.**

**Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.**

19. Have you ever been convicted of any crime, offense or violation of law?

Yes\_\_\_\_ No\_\_\_\_

If yes, complete the following chart:

NATURE OF CONVICTION/ LOCATION WHERE INCIDENT OCCURRED	DATE OF CONVICTION	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION	SENTENCE

20. Have you ever been arrested or charged for any crime, offense or violation in which action is still pending?

Yes\_\_\_\_ No\_\_\_\_

If yes, complete the following chart:

NATURE OF PENDING CHARGE	LOCATION WHERE INCIDENT OCCURRED	DATE OF INCIDENT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED

**STATEMENT AND AUTHORIZATION**

Statement

I am the applicant and I personally supplied the information contained in this application. 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 form. Any document accompanying this application that is not an original document is a true copy of the original document. I swear that the foregoing statements are true.

Notification and Release Authorization

The New York State Division of the Lottery is hereby authorized to provide information relative to my identity, including my name, social security number, date of birth, and video lottery gaming license to any other State agency for the purposes of obtaining a license.

To any person and all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state and local, including unemployment insurance agencies, without exception, both foreign and domestic: I have authorized the New York Lottery and the New York Division of Criminal Justice Services to conduct a full investigation into my background and activities.

I hereby authorize the New York Lottery to obtain a credit report on me through a credit agency of its choice and I further authorize the New York Lottery to check my credit record, as needed, on a continuing basis as it relates to my employment or my suitability for employment. If an adverse employment decision is made totally or partially due to the information on the Credit Report, the New York Lottery will provide me a copy of the Credit Report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact the credit agency, if I wish.

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 New York Lottery, provided that he or she certifies to you that I have an application pending before the New York Lottery or that I am presently a licensee, registrant or other person required to be qualified under New York Tax Law Section 1617-a.

This authorization shall supersede any prior request or authorization to the contrary.

A copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Social Security #)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

DATED: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

Subscribed and sworn to  
before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC