STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION

CLASS A BACKGROUND APPLICATION

NON-PROFIT BOARD MEMBERS

A COPY OF LAST 3 YEARS FEDERAL INCOME TAXES MUST BE ATTACHED.

NAME: _____ _____ _____ _____
First **Middle** **Maiden** **Last**

Date of Birth: _____ **Social Security Number**: _____

Have you ever been licensed for Iowa Gaming? _____

Company/Casino Name: _____ **Position:** _____

Driver's License: ☐ **Yes** ☐ **No** **State Issued:**_____ **D.L. Number:** _____

The Iowa Division of Criminal Investigation will make every effort to handle each application in the most expeditious manner possible. However, the Iowa Division of Criminal Investigation will take whatever time necessary to conduct a thorough background investigation. Background investigations may take several months, depending on the level of license required and the complexity of the investigation.

Investigation Fee:

All non-profit background applicants will be asked to submit $100 with the application unless there are sufficient funds on deposit. If the cost of the investigation exceeds the total amount of fees filed by the applicant in this subsection, the Iowa Division of Criminal Investigation shall assess additional fees as it deems appropriate. A check or money order payable to the Iowa Division of Criminal Investigation must be submitted by the applicant or the applicant's employer with the application's submission. The applicant or the applicant's employer shall be responsible for the total cost of the investigation. If the applicant is denied a license, the applicant shall not be entitled to a refund of the actual cost of the investigation.

Instructions:
Read every question carefully prior to responding and answer every question completely. Failure to answer any question or giving incomplete answers will cause your application to be returned.

If a question does not apply to you, indicate "Not Applicable" by placing N/A in response to that question. If there is nothing to disclose as to a particular question, state "None" in response to that question.

All entries on this form must be typed or neatly printed except for initials and signatures. All entries and attachments must be completed in English. Each page of this form must be initialed by you after completion in the space indicated at the bottom of each page. All entries on this form, except initials and signatures, must be typed or printed. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form or incomplete submissions will result in the rejection of your application.

You may be asked to provide additional information, which may include bank records, credit card statements, and/or other financial documents, by the Special Agent conducting your background investigation. Failure to provide the requested information will result in an incomplete background investigation and will be reported to the Iowa Racing and Gaming Commission.

Return the completed background application and all supporting documentation in one submission to the IRGC Licensing office nearest to you. If you have questions or need information, please call the Des Moines IRGC office at 515-281-7352.

All persons completing this application form must be fingerprinted by a law enforcement agency or the Iowa Racing and Gaming Commission. Fingerprint cards will be provided by the Iowa Racing and Gaming Commission office where you are licensed.

Initials _____

Sign both the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. Complete the Credit History Disclosure Authorization and I.R.S. forms attached.

If you need additional space to answer any questions, be sure to indicate the number of the question you are answering if you use this additional space.

NOTE: If the name on any of the provided identification is different than the name on your application, you must also provide a court-ordered name change, marriage certificate or divorce decree to establish the reason for the different name.

DEFINITIONS

GAMBLING: Shall mean all types of racing and gaming activities, including but not limited to: dog track, horse track, greyhound racing, horse racing, lottery, casino and pari-mutuel operations.

BUSINESS ENTITIES: Sole proprietorships, partnerships (limited and general), joint ventures, trusts, corporations publicly traded, closely held corporations, holding corporations, professional corporations, limited liability, syndications, or other type of business entity.

Initials _____

SECTION 1

APPLICANT INFORMATION

1. FULL NAME: _____
   First Middle Maiden Last

2. HOME ADDRESS: _____
   Street City State Zip Code

3. TELEPHONE NUMBER: Home: _____ Work: _____

4. DOB: _____ Birthplace: _____ SSN: _____

5. Height: _____ Weight: _____ Eye color: _____ Sex: _____

6. Give any other names you have used or by which you have been known.

   _____ _____

   _____ _____

7. Present Employer: _____ Supervisor: _____

   Employer Address: _____
   Street City State Zip Code

   Your present job title and description of duties: _____

   _____

   Brief description of company's product or service: _____

   _____

8. Is there anything that you would like to discuss with an agent before the background investigation is initiated? Yes ☐ No ☐.

Initials _____

CITIZENSHIP DATA

(Check appropriate space)

9. I am:

A native born citizen of the United States? ☐

A naturalized citizen of the United States? ☐

An alien on visa, work paper or passport? ☐

Other ☐

If you are an alien;

List alien number: _____ Document number is on: _____

Port or Place of Entry into United States: _____

Date

If you are not present in the United States on a visa, work papers or passport, explain basis for your presence in this country.

_____

_____

_____

Initials _____

RESIDENCE DATA

10. Beginning with your current residence(s) and working backwards, provide the following information with respect to each residence you have held in the last ten (10) years:

Dates From		To		Address		Name, Address & Telephone
Mo.	Yr.	Mo.	Yr.	(No., Street, Apt., City, State & Country)	Own/Rent	No. of Landlord or Mortgage holder, if any

If additional space is needed, use page 30.

Initials _____

FAMILY DATA

11. All applicants must give complete family information. Even though a relative is deceased, give all the information requested, and indicate last residence and year of death. Include stepchildren, half-brothers and half-sisters. If you or your spouse have stepparents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included and clearly show that such relationship is a future one.

    All incomplete forms (i.e. partial date of birth) will be rejected and sent back for completion.

APPLICANT'S FAMILY DATA

FATHER

First Middle Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

MOTHER

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

SPOUSE

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

FORMER SPOUSE

(Information concerning former spouse will be covered later in this application - refer to page 10).

Initials _____

CHILD/STEPCHILD

First Middle Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

CHILD/STEPCHILD

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

CHILD/STEPCHILD

First Middle Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

BROTHER

First Middle Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

BROTHER

First Middle Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

BROTHER

First Middle Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

Initials _____

SISTER

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

SISTER

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

SISTER

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

Initials _____

SPOUSE FAMILY DATA

FATHER-IN-LAW

First Middle Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

MOTHER-IN-LAW

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

FORMER SPOUSE

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

Date Married: _____ to _____

FORMER SPOUSE

First Middle Maiden Last

Street Address: _____

City: _____ State: _____

Birthdate: _____

Birthplace: _____

Occupation: _____

Business Name: _____

Business Address: _____

Date Married: _____ to _____

Initials _____

EDUCATIONAL DATA

12. Provide the information listed below with respect to each high school, trade school training course, college or university you have attended. Begin with the most recent and work backwards.

Dates From		To		Name and Address of School Attended	Last Grade or Term Attended	Degree or Certificate Received
Mo.	Yr.	Mo.	Yr.			

Initials _____

MILITARY SERVICE DATA

13. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States? Yes ☐ No ☐. If yes, provide the information listed below.

Branch of Service: _____ Service Serial #: _____ Highest Rank Held: _____

14. What is the type of your discharge or separation from military service? (Honorable, dishonorable, honorable conditions, medical, etc.)

_____

_____

15. Where is your DD214 recorded? _____

16. Were you ever charged with any violation of the Uniform Code of Military Justice (UCMJ)? Yes ☐ No ☐. If yes, give details of the charges and their dispositions.

_____

_____

_____

_____

_____

DONATIONS

17. Political contributions: (List all in Iowa or any other jurisdictions for the last two (2) years).

Candidate	Position	Amount	Date
		$	
		$	
		$	
		$	

Initials _____

MOTOR VEHICLE DATA

18. Complete the following tables as to all personal vehicles currently registered to you, your spouse and those persons living with you. Include motor vehicles (automobiles, trucks, motorcycles, recreational vehicles), planes, boats, etc.

Year	Make & Model	License Number	Registered Owner

DRIVER'S LICENSE DATA

19. List all operators/chauffeurs licenses issued by this state or any other jurisdiction which you have held during the past ten (10) year period.

Date Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

Initials _____

SECTION 2

REFERENCES

20. Give three (3) references (not relatives, former or present employers, school teachers or college professors) who are responsible adults of reputable standing in their communities, such as professional businesswomen or men, property owners or public officials who have known you well during the past five (5) years. If retired, give former occupation.

1. Complete Name: _____
First Middle Last

Approximate age: _____ Occupation: _____ # Years Acquainted: _____

Home Address: _____
Street City State Zip Code

Business Address: _____
Street City State Zip Code

Home Telephone: _____ Business Telephone: _____

2. Complete Name: _____
First Middle Last

Approximate age: _____ Occupation: _____ # Years Acquainted: _____

Home Address: _____
Street City State Zip Code

Business Address: _____
Street City State Zip Code

Home Telephone: _____ Business Telephone: _____

3. Complete Name: _____
First Middle Last

Approximate age: _____ Occupation: _____ # Years Acquainted: _____

Home Address: _____
Street City State Zip Code

Business Address: _____
Street City State Zip Code

Home Telephone: _____ Business Telephone: _____

Initials _____

SECTION 3

ATTORNEYS

21. Identify current and past attorneys utilized in the last ten (10) years.

Name of Attorney	Firm Name	Address	Phone

SECTION 4

CPA/ACCOUNTANTS

22. Identify current and past CPAs, accountants or individuals who assisted you in preparation of financial matters in the last ten (10) years.

Name of CPA/ Accountant	Company Name	Address	Phone

Initials _____

SECTION 5

PAST EMPLOYMENT DATA

23. Excluding your present employer, provide the information listed below as to each place in which you have been employed. Begin with the most recent and work backwards. Give dates of idleness between employment in proper sequence. Include all part-time and full-time employment for the last ten (10) years.

ORGANIZATION:				**From** _____ Month _____ Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**To** _____ Month _____ Year
YOUR TITLE:	**NAME OF SUPERVISOR:**			
DUTIES:				
REASON FOR LEAVING:				

ORGANIZATION:				**From** _____ Month _____ Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**To** _____ Month _____ Year
YOUR TITLE:	**NAME OF SUPERVISOR:**			
DUTIES:				
REASON FOR LEAVING:				

Initials _____

ORGANIZATION:				From _____ Month _____ Year
ADDRESS (Street/Box Number):	City	State	Zip	To _____ Month _____ Year
YOUR TITLE:	NAME OF SUPERVISOR:			
DUTIES:				
REASON FOR LEAVING:				

ORGANIZATION:				From _____ Month _____ Year
ADDRESS (Street/Box Number):	City	State	Zip	To _____ Month _____ Year
YOUR TITLE:	NAME OF SUPERVISOR:			
DUTIES:				
REASON FOR LEAVING:				

ORGANIZATION:				From _____ Month _____ Year
ADDRESS (Street/Box Number):	City	State	Zip	To _____ Month _____ Year
YOUR TITLE:	NAME OF SUPERVISOR:			
DUTIES:				
REASON FOR LEAVING:				

24. Were you ever the subject of any disciplinary action in connection with employment during the last ten (10) year period? Yes ☐ No ☐. If yes, explain in detail each such action and its disposition.

Initials _____

SECTION 6

CIVIL PROCEEDINGS

25. Have you or your spouse ever been a party to a personal lawsuit? Yes ☐ No ☐. If yes, complete the following: (Utilize tables below).

NAME OF COURT:				**Date** _____ Month Day Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**Docket Number**
Other Parties to Suit:		**Nature of Suit:**		
Disposition:				

NAME OF COURT:				**Date** _____ Month Day Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**Docket Number**
Other Parties to Suit:		**Nature of Suit:**		
Disposition:				

NAME OF COURT:				**Date** _____ Month Day Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**Docket Number**
Other Parties to Suit:		**Nature of Suit:**		
Disposition:				

Initials _____

26. Has any business entity in which you hold or have held an ownership interest or served as an officer or director ever been a party to a lawsuit? Yes ☐ No ☐. If yes, complete the following: (Utilize table below).

NAME OF COURT:				**Date** _____ Month Day Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**Docket Number**
Other Parties to Suit:		**Nature of Suit:**		
Disposition:				

NAME OF COURT:				**Date** _____ Month Day Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**Docket Number**
Other Parties to Suit:		**Nature of Suit:**		
Disposition:				

NAME OF COURT:				**Date** _____ Month Day Year
ADDRESS (Street/Box Number):	**City**	**State**	**Zip**	**Docket Number**
Other Parties to Suit:		**Nature of Suit:**		
Disposition:				

Initials _____

27. Do you or your spouse or any business entity in which you hold or have held an ownership interest or served as an officer or director anticipate being a party in a lawsuit? Yes ☐ No ☐. If yes, explain in detail.

28. Have you or your spouse or any business entity in which you hold or have held an ownership interest ever been summoned, subpoenaed, requested or otherwise required to testify before any municipal, state, county, provincial, federal or national court, agency, committee, grand jury, or investigatory or regulatory body, other than in response to a traffic summons? Yes ☐ No ☐. If yes, state the name and address of the court, or other agency involved, the nature of the proceedings, whether testimony was given and if so, the date(s) on which the testimony was given.

29. To the best of your knowledge, have you or your spouse or any business entity in which you hold or have held an ownership interest ever been the subject of an investigation conducted by a governmental investigatory agency for any reason? Yes ☐ No ☐. If yes, state the name and address of the investigatory agency, the nature of the investigation and the approximate time period during which the investigation was in progress.

Date	Governmental Agency	Nature of Charge	Disposition

30. Have you ever been involved in a business relationship with anyone that you regretted later? Yes ☐ No ☐. If yes, explain:

Initials _____

SECTION 7

CRIMINAL PROCEEDINGS

31. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever been arrested, indicted, charged with or convicted of a criminal offense in this state or in any other jurisdiction? Yes ☐ No ☐. If yes, complete the following table:

Date	Name of Family Member	Nature of Charge or Conviction	Name & Address of Governmental Agency/Court involved	Disposition

32. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever been named as an unindicted party or co-conspirator in any criminal proceeding in this state or in any other jurisdiction? Yes ☐ No ☐. If yes, complete the following table:

Date	Name	Name & Address of Governmental Agency/Court involved	Nature of Proceeding

Initials _____

33. Have you, or has any member of your immediate family (as shown in Section 1 of this application), ever received a pardon for any criminal offense in this state or in any other jurisdiction? Yes ☐ No ☐. If yes, complete the following table:

Date of Pardon	Name	Offense for Which Pardon Received	Name & Address of Pardoning Authority	Reason for Pardon

34. Have you sustained either a personal or business entity loss where an insurance payment over $5,000 was received? Yes ☐ No ☐. If yes, explain:

_____

_____

35. Have you owned property or a business entity which was destroyed by fire or an explosion? Yes ☐ No ☐. If yes, explain:

_____

_____

Initials _____

SECTION 8

GAMBLING INTERESTS AND LICENSING DATA

See "GAMBLING" as defined on page 1, prior to completing this section of the application.

36. Have you ever been investigated by, made application to, or licensed by any gaming commission? Yes ☐ No ☐. If yes, complete the following table:

Date of Application or Investigation	Name & Address of Gaming Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	

37. Have you ever received or made application to a licensing agency for any permit, license, certificate or qualification for the sale or distribution of alcoholic beverages in this state or any other jurisdiction? Yes ☐ No ☐. If yes, complete the following table:

Date of Application	Name & Address of Licensing Agency	Type of License	Disposition of Application			License Number
			Approved	Rejected	Withdrew	

Initials _____

38. Are you related, linked, acquainted, or a participant with anyone who you know or have reason to believe is involved in some type of organized criminal activity? If yes, explain:

39. Do you have any ownership interest or financial investment in any business entity making application to or licensed by the Iowa Racing and Gaming Commission? Yes ☐ No ☐. If yes, state the name of the business entity, the nature and amount of your interest investment and the percentage of ownership in the business entity which your interest or investment represents.

40. Complete the table below as to each person or business entity that has advanced, or which you anticipate will advance you money or anything else of value to assist you or your business entity in financing the investment or interest identified in the above question.

Name & Address of Person or Entity	Relationship to Applicant	Nature of Advance	Amount of Advance

41. Do you anticipate active participation in the management or operation of the entity to be licensed? Yes ☐ No ☐. If yes, describe the extent of the involvement you anticipate.

42. Do you now hold or have you ever held a financial or ownership interest in any gambling venture? Yes ☐ No ☐. If yes, describe each such interest.

Initials _____

SECTION 9

FINANCIAL DATA

PERSONAL

43. **TAX DATA**

STATE (Complete only if you are required to file a state income tax return)

Have you filed your state income tax returns for the previous three (3) years?
Yes ☐ No ☐. If no, explain:

Are you delinquent in paying any financial obligations to the State of Iowa or any other state, county or municipal government? Yes ☐ No ☐. If yes, explain amount, to what department and reason:

FEDERAL

Have you filed your Federal income tax returns for the previous three (3) years? Yes ☐ No ☐.

If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.

If no, have you filed for an extension? Yes ☐ No ☐.

If yes, attach a copy of the extension application form to this application.

If no, explain: _____

Are you delinquent in paying any financial obligation to the federal government? If yes, explain:

IRS OFFICE LOCATION: _____

Initials _____

44. Have your wages, earnings, or other income been garnished, attached or any similar action taken in the last ten (10) years? Yes ☐ No ☐. If yes, complete the following table:

Date Filed	Docket Number	Name & Address of Court	Nature & Amount of Obligation	Name & Address of Hold of Obligation

45. Have you ever been deemed legally bankrupt or filed a petition for any type of bankruptcy or insolvency, under any bankruptcy or insolvency law? Yes ☐ No ☐. If yes, complete the following table:

Date Filed	Docket Number	Name & Address of Court	Name & Address of Filing Party	Name & Address of Trustee

Initials _____

PERSONAL FINANCIAL STATEMENT OF APPLICANT
AS OF DATE OF THIS APPLICATION

(Use this form)

ASSETS APPLICANT & SPOUSE		LIABILITIES APPLICANT & SPOUSE	
Cash in Financial Institutions (Sch. A.)		Notes and Accounts Payable (Sch. D)	
Accounts and Notes receivable			
U.S. Government Securities		Taxes Owed	
		Other Obligations (Sch. D)	
		ITEMIZED	
Bonds (See Sch. B) - CORP/MUNI.			
Stocks (See Sch. B) – LISTED			
CLOSELY HELD			
REAL ESTATE (See Sch. C)			
OTHER ASSETS		MORTGAGES PAYABLE (Sch. C)	
Vehicles			
Boats			
Aircraft			
Other itemize			
		Total Liabilities	$
		Net Worth (Total Assets less	$
		Total liabilities)	$
Total Assets	$	Total Liabilities & Net Worth	$

SCHEDULE E

Source of Income	Applicant	Spouse	Estimate of Annual Expense	Applicant	Spouse
SALARY	$	$	Income Taxes	$	$
Bonus & Commissions	$	$	Other Taxes	$	$
Dividends	$	$	Insurance Premiums	$	$
Real Estate Income	$	$	Mortgage Payments	$	$
Other Income-Itemize	$	$	Rent on Business Property	$	$
			Other Expenses	$	$
TOTAL	$	$	TOTAL	$	$

SCHEDULE F

Contingent Liabilities	Applicant	Spouse	GENERAL INFORMATION
As endorser or co-maker			Did you prepare this statement?
On leases or contracts	$	$	If not, give name and address of preparer:
Legal claims	$	$	
Other contingent			
Liabilities - describe			

Initials _____

SCHEDULE A

DEPOSIT ACCOUNTS (Where)	Account Number	Type of Account	Account Balance

SCHEDULE B

SECURITIES - (BONDS - STOCKS - MORTGAGES)

No. of Shares or Face Value of Bonds	Company and Type	Original Cost	Present Market Value	Public	Closely Held

SCHEDULE C

REAL ESTATE
Mortgages

Location & Description (Street Address)	Cost	Current Value	Mortgage Amount	Mortgage Holder	Date Acquired	Title in Name of

Taxes paid to what date? _____

Are you a Lessee or Lessor of any property? Yes ☐ No ☐. Terms of Lease: _____

SCHEDULE D

NOTES OR ACCOUNT OWED BY ME

To Whom Given	Amount	Date	When Due	Interest Rate	Monthly Payment	Description of Assets Pledged

(If you have more obligations than can be listed here, list them on another sheet of paper and attach it to this sheet).

Initials _____

46. Beginning with the most recent and working backwards, list the names and addresses of all business entities in which you currently hold an ownership interest. List the name and address of each partner or shareholder who holds a 5% interest or more in that business entity. List percent of ownership in each business entity. (Include trade names. Do this for past ten (10) years).

(See definition of "BUSINESS ENTITY" on page 1).

Business Name/Address	**Partners-Shareholders Address/Percentage**

47. Identify any dormant companies which you have or have had a direct or indirect ownership interest in.

_____

_____

_____

48. Identify any failed or abandoned business projects where you were a significant investor or planner:

_____ _____

_____ _____

_____ _____

_____ _____

Initials _____

Use this page for additional information. Be sure to identify the number of the question you are responding to.

Initials _____

STATEMENT OF TRUTH

STATE OF : _____
COUNTY OF : _____

_____ , being duly sworn according to law deposes and says
(NAME OF APPLICANT)

(Place your initials in appropriate response.)

1. I am the applicant who is submitting this application. Yes ☐ No ☐

2. I personally supplied the information contained in this form. Yes ☐ No ☐

3. I swear (or affirm) that the information contained in this form is true to the best of my knowledge and belief. Yes ☐ No ☐

_____ _____
(LEGAL SIGNATURE OF APPLICANT) **DATE**

Subscribed and sworn to before me on this _____ **day of** _____ .
(month/year)

_____ _____
Notary Public **State**

Initials _____

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STATE OF IOWA

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)

I,_____, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Iowa Division of Criminal Investigation and/or the Iowa Racing and Gaming Commission whether the records are of a public, private or confidential nature, including criminal history, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to conduct a thorough background investigation regarding me or my business entity and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this Authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this Authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorizations or release, and that any failure to do so may be taken into consideration by the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation in their review of this application.
4. I understand that I may revoke this Authorization in writing at any time and the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation may take any such revocation of this Authorization into consideration in completing this background investigation.
5. This Authorization will automatically expire one year from the date signed.
6. A photocopy of this Authorization will have the same force and effect as the original.

DATE: _____ SIGNATURE: _____

APPLICANT'S NAME: _____
(Typed or Printed)

_____
Notary Public

Initials _____

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CREDIT HISTORY DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and **Global Screening Solutions,** have made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Iowa Division of Criminal Investigation** may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **Global Screening Solutions** at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, customerservice@global-screeningsolutions.com, www.Global-ScreeningSolutions.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Iowa Division of Criminal Investigation. Contact Global Screening Solutions, if you want to receive a copy of our Information Security Policy.**

I have read and understand this disclosure, and I authorize the credit history verification.
I authorize persons and other organizations and Agencies to provide **Global Screening Solutions** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name _____ First Name _____ Middle Name _____

List Other Names Used _____ Date of Birth (For Identification only) _____ Social Security Number _____

Current Address _____ City/State/Zip _____ Dates _____

Previous Address _____ City/State/Zip _____ Dates _____

Previous Address _____ City/State/Zip _____ Dates _____

_____ _____ ← **RELEASE MUST BE SIGNED**

Applicant's Signature ***Today's Date***

- ❑ ***I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly. (California, Oklahoma, Minnesota residents only).***

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Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice Purposes
as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize ***(QE Name)*** _____
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/services/cjis/identity-history-summary-checks

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Waiver Agreement and Privacy Act Statement (Cont.)

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one): ☐ Licensee ☐ Employee ☐ Volunteer ☐ Contractor/Vendor

Please complete the following information as it appears on a valid identification document:

Printed Name _____ Date of Birth _____

Residential Address _____ City _____ State _____ Zip Code _____

Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

_____ I understand that my fingerprints will be used to check the criminal history records of the FBI.

_____ I have been provided a copy of the Privacy Act Statement.

_____ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

_____ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

_____ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

_____ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

☐ I ***have*** been convicted of a crime ☐ I ***have not*** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) below. Use additional paper as needed:

_____

_____

_____

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

_____

Signature Date

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: _____ OCA: _____

Address: _____ Phone: _____

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, prior to fingerprints being submitted to the DCI to be forwarded to the FBI, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and am making a copy of this executed agreement available to the applicant should they so request it.

QE Signature: _____ Date: _____

The QE **must provide a copy of this document to the applicant if requested** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested. If fingerprints are submitted via Fieldprint, completion of this document is not required, although recommended.