STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION

CLASS C BACKGROUND

NAME: _____ _____

First **Middle** **Maiden** **Last** **Date of Birth**

Social Security Number: _____ Have you ever been licensed for Iowa Gaming? _____

Company/Casino Name: _____ Position Applied For: _____

Driver's License: _____ State Issued: _____ D.L. Number: _____

FOR OFFICIAL USE ONLY	DCI Case #_____ Upgrade? Yes No _____ Date Reviewed:_____ Previous DCI Case # _____ Initials_____ I-_____ I.R.G.C.#_____ Comments: _____ _____

Initials _____

Read every question carefully prior to responding. Answer every question completely.

This application form is to be completed by the person who is applying for a license to be issued by the Iowa Racing and Gaming Commission. Return completed form to the same Racing and Gaming office where you will be licensed. You must be fingerprinted by the Racing and Gaming office when you return your completed application.

Sign both the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. (See pages 13 and 15 respectively).

All entries on this form must be typed or neatly printed except for initials and signatures. Each page of this form must be signed or initialed by you after completion in the space provided.

If you need additional space to answer any questions, use page 11. Be sure to indicate the number of the question you are answering if you use this additional space.

Initials _____

SECTION 1
APPLICANT INFORMATION

1. Full Name: _____
   First Middle Maiden Last

2. Home Address: _____
   Street City State Zip Code

3. Occupation: _____ Business: _____

4. Home #: _____ Work #: _____ Cell #: _____

   E-mail: _____

5. DOB: _____ Birthplace: _____ SSN: _____

6. Height: _____ Weight: _____ Eye Color: _____ Sex: _____

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

   _____ _____

   _____ _____

8. Name of Spouse: _____
   First Middle Maiden Last

9. DOB: _____ SSN: _____

10. Of what country are you a citizen? _____

    A. List: Place of Birth: _____
       City State Country

    B. If you are not a citizen of the United States list:

       1. Port of Entry to the United States: _____

       2. Name and address of sponsor upon your arrival:

          _____

Initials _____

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

Petition Number	Date Granted	Court	City/State of Court	Certificate Number

12. If you are a legally authorized permanent resident alien, provide the "A" number from your alien registration card (I 151 or I 551). _____

13. If you do not have an alien registration card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization.

_____

14. Have you lived at your current address for less than three (3) years? ☐ Yes ☐ No

If you answered "yes" to this question, complete the chart below indicating all of your residences during the past three (3) years, except your current residence.

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

15. Have you ever before applied to the Iowa Racing and Gaming Commission for any license, permit, approval or registration? ☐ Yes ☐ No

If yes, complete the following:

Type of License, Permit Approval or Registration previously applied for	**Date Application was filed**	**Disposition (Granted, Pending, Denied)**	**If Issued License(s), give License Number(s)**

16. Have you ever applied in any jurisdiction for a license, permit or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)? ☐ Yes ☐ No

If yes, complete the following:

Type of Gambling Operation	**Position Sought or Held**	**Licensing Agency (including State, County or Municipality)**	**Disposition (granted, pending, denied)**	**If issued License(s), give License number(s)**

Initials _____

17. Employment History: List the last jobs you have had in the past five (5) years, beginning with the most recent and work backwards. Note with an asterisk (*) any employment where gaming was conducted on the premises.

Dates		Name and Address of Employer	Positions or Duties	Name of Supervisor	Reason for leaving
From	To				

Initials _____

18. For the purpose of this question, the word “arrest” includes any detaining, holding or taking into custody by any police or other law enforcement authority in order to answer for the alleged performance of any “offense” in this or any other state or foreign country; the word “charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense” in this or any other state or foreign country; and the word “offense” includes all misdemeanors, disorderly persons offenses and juvenile violations.

Have you ever been arrested or charged, even if not convicted, with any felony, misdemeanor, disorderly persons offense, juvenile offense or other offense, in Iowa or anywhere else?
☐ Yes ☐ No

If yes, complete the following:

Type of Charge or Arrest and Date	Name and Address of Government Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending)	Date of Disposition	Sentence Received

19. Are you currently on probation or parole as a result of any charge listed above?
☐ Yes ☐ No

If yes, for which charge? _____

When is your court supervision schedule to be completed? _____

Initials _____

20. List the name, address, occupation and telephone numbers of three references who have known you well during the past five (5) years. (Do not list relatives or business associates).

20-1 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 #: _____ Business #: _____ Cell #: _____

20-2 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 #: _____ Business #: _____ Cell #: _____

20-3 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 #: _____ Business #: _____ Cell #: _____

Initials _____

SECTION 2
MILITARY SERVICE DATA

21. 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: _____

Period(s) of Active Service:

From _____ To_____From _____To _____

From _____ To_____From _____To _____

22. Have you ever served in a military organization of a foreign government? Yes ☐ No ☐. If yes, provide the information listed below:

Country: _____ Branch of Service: _____

Service Serial #: _____ Highest Rank Held: _____

Period(s) of Active Service:

From _____ To_____From _____To _____

From _____ To_____From _____To _____

23. What is the type of your discharge or separation from military service? (Honorable, Dishonorable, Honorable Conditions, Medical, etc.)

_____

24. Were you ever court martialed, tried on charges, or the subject of a summary court, desk court, captain's mast, company punishment, or the subject of any disciplinary action while in military service? Yes ☐ No ☐. If yes, give details of the charges and their disposition.

_____
_____
_____
_____

Initials _____

SECTION 3
MOTOR VEHICLE DATA

25. Complete the following as to all motor vehicles currently registered to you or your spouse.

Year	Make & Model	License Number and State of Registry	Registered Owner	Expiration Date of Registration

26. List all current motor vehicle driver's licenses issued to you by this state or any other jurisdiction.

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

Initials _____

FINANCIAL DATA

PERSONAL

27. Do you have any court-ordered child support obligations? ☐ Yes ☐ No

    If yes, are you current with those payments? ☐ Yes ☐ No

28. Do you have any unpaid criminal citations or fines, including traffic violations?
    ☐ Yes ☐ No

29. Have you been a party to any civil litigation? ☐ Yes ☐ No

30. If you were the defendant in a civil case, do you have any overdue court-ordered obligations as a result of the case? ☐ Yes ☐ No

31. Do you have any outstanding student loans, backed by state or federal governments that are currently in repayment status? (i.e. Direct loans, Perkins loans, etc.) ☐ Yes ☐ No

    If yes, are you current in those payments? ☐ Yes ☐ No

32. **TAX DATA**

STATE

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

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

If no, explain: _____

_____

STATE REVENUE DEPARTMENT ADDRESS: _____

FEDERAL

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

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

If no, explain: _____

_____

IRS OFFICE LOCATION: _____

Initials _____

USE THIS PAGE FOR ADDITIONAL INFORMATION. BE SURE TO INDICATE THE NUMBER OF THE QUESTION YOU ARE ANSWERING.

Initials _____

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STATEMENT OF TRUTH

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

STATE OF :
: SS
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 form. 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_____.

_____ _____
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 authorization 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 it is 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 State

Initials/Date _____

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STATE OF IOWA

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.

I authorize

Global Screening Solutions
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 to receive a copy of the 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.

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.

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, and Minnesota residents only).***

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Iowa Department of Public Safety
Division of Criminal Investigation

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.