

## Office of the Sheriff Contra Costa County

## Application for CARDROOM EMPLOYEE WORK PERMIT

NEW	_	RE	NEWAL	
Date:				
Name (Last, First Middle)				
Local Address:				
Mailing Address:				
Phone Number:		_ Citize	enship:	
Driver's License #	So	cial Sec	curity #	
Date of Birth: Pl	ace of Birt	th (City,	, State):	
Sex: M / F Height:	Weight:		Hair:	Eyes:
Employer:	Employ	er's Ph	one#	
Employer's Address:				
Is this application for a manager's position?	YES	NO		
Have you ever been convicted of a crime?	YES	NO		
Do you have a case pending in court now?	YES	NO		
"I understand that false statements made by	me on this	applica	ation will subjec	et me to prosecution for
perjury. I certify under penalty of perjury the	hat statem	ents ma	de on this appli	cation are true."
Applicant's Signature:			_ Sheriff's Cle	rk:
<del></del>	IM. HIST. RCD		_	
Application Fee Paid: New/Renewal Fee Paid:  Date Permit Granted: Date Permit Denied or Rev			—— Date of Renewal:	

## Application for CARDROOM EMPLOYEE WORK PERMIT History Information

Name:	Date:						
	esided at your present		ast two (2) years, list previous addresses:				
		Dates:					
			Dates:				
11dd1055			Butcs				
			ctions have you had? Also indicate all				
criminal charge	s pending in court n	ow.					
Date	Crime(s)	Location	Arrest/Conviction				
1:							
	ised another name of	ther than what is listed					
I certify under p	penalty of perjury th	at statements made or	this application are true.				
Signature of Ap	plicant:		Date:				