



**MANDAN POLICE DEPARTMENT**  
**GAMING EMPLOYEE APPLICATION FORM** 12/12

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NEW APPLICATION

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RENEWAL APPLICATION

Name:			
	Last	First	Middle
Other Names Previously Used:			

Address:				
	Street	City	State	Zip Code
Home Phone:	Work Phone:		Cell Phone:	

Sex:	Date of Birth:	Social Security #:	
Driver's Lic. #:		DL State:	
List All States Lived in During Last 5 Years:			

List Any Other Gaming Organizations Previously Employed With (if more space is needed, use back side of form):

Employer Name		Address	
Position	Dates Employed From / To	Reason for Leaving	

Employer Name		Address	
Position	Dates Employed From / To	Reason for Leaving	

Have you ever been convicted of a criminal offense?

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YES

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NO

If yes, explain below (if more space is needed, use back side of form):

Date of Offense	County / City	Offense	Disposition / End Result

Name of Gaming Organization / Distributor:
Address of Gaming Site:

**CERTIFICATION AND AUTHORIZATION**

I declare that the information on this form is true and correct. I authorize the City of Mandan and the Office of the Attorney General to obtain information about my background and to release information on any criminal record found, including a copy of a "Report of Arrest and Prosecution", to the organization or distributor that is referenced above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If approved, allow a minimum of three working days for your permit to be processed.

<b>OFFICE USE ONLY</b>	OFFICER:	APPROVED:	DENIED:
REASON DENIED:			
PERMIT NUMBER:		DATE PERMIT ISSUED:	