



# ADW Employee Renewal Application

## MGCB - 9500

### Maine Gambling Control Board

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Department of Public Safety  
Gambling Control Unit  
Central Maine Commerce Center  
87 State House Station  
45 Commerce Drive, Suite 5  
Augusta, Maine 04333-0087  
(207) 626-3900 - Office  
(207) 287-4356 - Fax

**NOTE: The MGCB-9500, along with all attachments, are submitted in an electronic format; i.e., thumb drive with each document being clearly labeled. For investigative efficiency, document dumps will not be accepted. For any required document not submitted with the application, provide an explanation and time frame for compliance.**

**INFORMATION THAT IS CONFIDENTIAL PURSUANT TO 8 MRSA §1006(1)(A)-(G), IS NOT SUBJECT TO RELEASE UNLESS IT IS PUBLICLY AVAILABLE. HOWEVER, INFORMATION AFFORDED CONFIDENTIALITY PURSUANT TO 8 MRSA §1006(1)(H) IS NOT SUBJECT TO RELEASE BY THE GAMBLING CONTROL BOARD, OR STAFF, EVEN IF PUBLICLY AVAILABLE THROUGH OTHER SOURCES.**

**OTHER AREAS MAY BE CONFIDENTIAL IF PROTECTED BY APPLICABLE STATE OR FEDERAL LAW, THE INDIVIDUAL COMPLETING THIS PERSONAL HISTORY DISCLOSURE RENEWAL FORM SHALL DISCLOSE THIS INFORMATION WITH THIS FORM IF KNOWN. THIS APPLICATION MUST BE COMPLETED AND RECEIVED NO LESS THAN 60 DAYS PRIOR TO THE EXPIRATION OF YOUR CURRENT LICENSE, OR YOU MAY BE SUBJECT TO DISCIPLINARY ACTION BY THE BOARD**

### **EMPLOYEE RENEWAL APPLICATION INSTRUCTIONS**

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. PLACE A CHECKMARK IN THE APPROPRIATE BOX FOR ALL YES OR NO ANSWERS.**

#### **I. COMPLETING THIS FORM:**

**The Maine Gambling Control Board requests that you complete this Personal History Disclosure Renewal Form MGCB - 9500.**

A. The application, as well as other documents submitted to the Gambling Control Unit by or on behalf of the applicant for purposes of determining the qualifications of the applicant, shall be sworn to, or affirmed before a notary public in accordance with 8 M.R.S.A. §1017. If any form or document is signed by an attorney for the applicant, the signature shall certify that the attorney has read the forms or documents and that, to the best of his or her knowledge, information, and belief, based on diligent inquiry, the contents of the form or documents so supplied are true.

B. The applicant shall initial and date at the bottom of each page, that to the best of their knowledge all information provided is true as of that date and to the extent, if any, that the information in the application or the supplemental information provided by the applicant becomes, outdated, inaccurate or incomplete, the applicant shall notify the Unit in writing as soon as it is aware that the information is outdated, inaccurate or incomplete, and shall at that time supply the information necessary to make the application or supplementary information current, accurate and complete.

C. The applicant shall cooperate fully with the Unit in any background investigation of the applicant.

D. A waiver may be granted in lieu of an employee license pursuant to 8 M.R.S.A. §1015. Should the status of a waived employee change to that of an individual subject to licensing, the Unit shall be notified, and the individual shall submit a license application per 8 M.R.S.A. ch. 31.

E. 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.

F. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" or "Not Applicable" in response to that question.

Failure to provide a response to every question could result in the delay or rejection of your application.

G. All entries on this form, except signatures, must be typed or printed in block lettering. If your application is not legible, it will not be accepted.

H. If the space available is insufficient to respond to a question, you are to supply the required information on the last page or an additional page and clearly identify which question you are answering.

I. If you make any modification to the pre-printed questions or information contained in this form without consent of the Maine Gambling Control Board or staff, your application will be rejected. Once your application is accepted, it becomes the property of the Gambling Control Unit and will not be returned.

## **II. BE SURE TO:**

- A. Initial and date the bottom of each page.
- B. Sign the Applicant's Request to Release Information form on page 4 in the presence of a notary public or other person legally authorized to notarize your signature.
- C. Sign the Affirmation and Consent on pages 5 in the presence of a notary public or other person legally authorized to notarize your signature.
- D. Include a copy of the completed Personal History Disclosure Renewal Form in approved electronic format.

## **III. BEFORE YOU SUBMIT THIS FORM TO THE MAINE GAMBLING CONTROL UNIT, BE SURE THAT:**

- A. You have reviewed the filing instructions and legal requirements for the type of license, approval, or qualification that you are seeking.
- B. You have included all required attachments listed in this form.
- C. The Applicant's Request to Release Information & Affirmation and Consent forms are notarized.
- D. Every question has been answered truthfully and in its entirety.
- E. You retain a completed copy of your ADW Employee Renewal Application package for your own records.
- F. You have included the ADW Employee Renewal Application fee of \$25.00 for one year or \$50.00 for three years.

# MAINE GAMBLING CONTROL BOARD

## Request to Release Information

Printed name: \_\_\_\_\_

**NOTE: IF YOU ARE MARRIED, YOUR SPOUSE'S SIGNATURE IS REQUIRED BELOW.**

To all courts, probation departments, employers, education institutions, banks, financial and other such institutions, and all government agencies – federal, state, and local; foreign and domestic; civilian and military.

I have authorized the Maine Gambling Control Board, the Gambling Control Unit, 3rd party contractor and its designees to conduct a full investigation into my background and activities.

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 Maine Gambling Control Board, the Gambling Control Unit or 3rd party contractor, provided that he or she certifies to you that I have a Personal History Disclosure Form, or Personal History Disclosure Renewal Form pending before the Maine Gambling Control Board or that I am presently an applicant, licensee, or other person required to be qualified under the provisions of 8 MRSA Chapter 31.

I hereby release any and all entities from responsibility regarding the information they release to the Gambling Control Board, the Gambling Control Unit, 3rd party contractor, and its designees I hereby authorize the Gambling Control Board, the Gambling Control Unit, 3rd party contractor and its designees to transmit any information contained in the Personal History Disclosure Form and or Renewal Form, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgment of the Board, has legitimate interest in such information.

If I am an applicant or licensee, I waive liability as to the State, its instrumentalities and agents for any damages resulting from any disclosure or publication in any manner other than a willful disclosure or publication of any material or information acquired during inquires, investigations or hearings.

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

A photocopy of this authorization will be considered as effective and valid as the original.

PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)
SIGNATURE
SPOUSE'S PRINTED FULL LEGAL NAME (FIRST, MIDDLE, LAST)
SIGNATURE

State of: \_\_\_\_\_ ) County of: \_\_\_\_\_ )

Subscribed and sworn to before me by: \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Notary Public)*

**MAINE GAMBLING CONTROL BOARD**

**Affirmation & Consent Form**

I, \_\_\_\_\_, state the following:  
*(Name)*

- A. That the statements made in the Personal History Disclosure Renewal Form and any documents made a part of the Personal History Disclosure Renewal Form are true and correct;
- B. That I understand that the information provided on this Personal History Disclosure Renewal Form required by the Board is used by the Board, along with other information, in judging the applicant's suitability and that this information may be cause for refusal to renew a license; and
- C. That I understand that knowingly making a false statement in the form or in a document made a part of the form, might provide grounds for refusal to renew a Maine Gambling Control Board license or other disciplinary action, up to and including full revocation or suspension of a Board license.

**I understand that I may be subject to criminal prosecution for making false statements on my Personal History Disclosure Renewal Form, based on the following:**

- A. Making a false statement under oath or affirmation constitutes false swearing in violation of 17-A MRS § 452 (Class D) provided that I do not believe the statement to be true and that I make the statement with the intent to mislead a public servant performing his/her official duties.
- B. Making a false written statement that I do not believe to be true on my Personal History Disclosure Renewal Form constitutes unsworn falsification in violation of 17-A MRS § 453 (Class D).
- C. Making a false written statement that I do not believe to be true with the intent to deceive a public servant in the performance of his/her official duties constitutes unsworn falsification in violation of 17-A MRS § 453 (Class D).

**I understand that the information provided in this form along with other information will be used by the Board to judge my suitability and that this information may be cause for the refusal to renew a Maine Gambling Control Board license.**

**I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.**

**In witness whereof, I have executed this release at \_\_\_\_\_**  
*City/Town*

\_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*State*

\_\_\_\_\_  
*Applicant's Signature*

State of: \_\_\_\_\_ ) County of: \_\_\_\_\_ )

Subscribed and sworn to before me by: \_\_\_\_\_ This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Notary Public)*

**PLEASE PRINT OR TYPE THE ANSWERS TO THE  
FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

**PERSONAL DATA**

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**NAME: LAST** (INCLUDE SR., JR., ETC., IF APPLICABLE) **FIRST** **MIDDLE**

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**SEX** **EYE COLOR** **HAIR COLOR** **HEIGHT (FEET/INCHES)** **WEIGHT (LBS)**

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**MAILING ADDRESS/POSTAL ADDRESS:**  
**NUMBER AND STREET** **APT #** **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

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**HOME ADDRESS: (IF DIFFERENT THAN MAILING ADDRESS/POSTAL ADDRESS)**  
**NUMBER AND STREET** **APT #** **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

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**TELEPHONE NUMBER: (     ) \_\_\_\_\_**  
(AREA CODE & NUMBER)

**EMAIL ADDRESS:** \_\_\_\_\_

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**PRESENT BUSINESS ADDRESS:**  
**NUMBER AND STREET** **APT #** **CITY/TOWN** **STATE/PROVINCE** **ZIP/POSTAL CODE**

**BUSINESS TELEPHONE NUMBER: (     ) \_\_\_\_\_ EXT. \_\_\_\_\_**  
(AREA CODE & NUMBER)

**FAX NUMBER: (     ) \_\_\_\_\_**  
(AREA CODE & NUMBER)

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**DATE OF BIRTH: (MM/DD/YYYY)** **PLACE OF BIRTH (CITY/STATE/COUNTRY)**

**Social Security Number:** \_\_\_\_\_

\*The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your Social Security number is mandatory. Solicitation of your Social Security number is solely for tax administration purposes pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405 (c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 U.S.C. §666 (a)(13)(A) and 19-A M.R.S.A. §2104, 2201. Your Social Security number may be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and / or to the Department of Health and Human Services, Division of Support Enforcement and Recovery for use in child support enforcement procedures. **No further use will be made of your Social Security number without your consent.** It shall be treated as confidential tax information pursuant to 36 M.R.S.A. § 191 and confidential support enforcement information pursuant to 19-A M.R.S.A. §2152.

# CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

**The next question asks about any arrests, charges, or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions, which follow.**

**DEFINITIONS:** For purposes of this personal history disclosure application:

- A. "Arrest" signifies the apprehension or detention of a person in order that he may be forthcoming to answer for an alleged crime.
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" for the purpose of this application, includes all crimes, felonies, misdemeanors, driving while intoxicated/impaired motor vehicle offenses and violations of probation, civil contempt, or any other court order.
- D. "Convictions" include a finding of guilt (1) after trial by a jury or judge, (2) following a plea of guilty, or (3) following a plea of nolo contendere.

**INSTRUCTIONS:** Answer "YES" and provide all information to the best of your ability. If additional space is needed to answer a particular question, please attach a separate sheet and label what question to which it pertains. EVEN IF:

- A. You did not commit the offense charged;
- B. The charges were dismissed or subsequently downgraded to a lesser charge;
- C. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
- D. You were not convicted;
- E. You did not serve any time in prison or jail; or
- F. The charges or offenses happened a long time ago.

Answer "NO" IF any records relating to a charge, arrest or conviction have been expunged or otherwise officially sealed by a court or government agency, or if you have been granted a full and free pardon.

## **IMPORTANT**

**The Maine State Police and Gambling Control Unit will make inquiries to establish whether the applicant has had involvement with any law enforcement agency. Failure to disclose any such involvement will be taken into account in assessing your character, honesty, and integrity.**

**D.** Have you ever received a reduction of charges, reduced sentence, or pardon for testimony provided before a federal, national, state, county grand jury, or other criminal investigatory body, to include any civil or administrative proceeding or hearing?

Yes                      No

If yes, complete the following chart:

DATE OF ACTION	NAME AND ADDRESS OF GOVERNMENTAL AGENCY / ORGANIZATION GRANTING PARDON, DISMISSAL OR DEFERRAL	NATURE OF PROCEEDING

**E.** Have you been adjudicated of committing a civil violation or convicted of a criminal violation involving dishonesty, deception, misappropriation, or fraud?

Yes                      No

If yes, please explain:

**F.** Have you been engaged in conduct in the State of Maine or in any other jurisdiction that would constitute a violation of Title 8, Chapter 31 [Gambling Control Unit]; Title 8, Chapter 11 [Harness Racing] involving gambling; Title 17, Chapter 13-A [Beano or Bingo]; Title 17, Chapter 14 [Games of Chance]; Title 17-A, chapter 39 [Unlawful Gambling]; or substantially similar offenses in other jurisdictions?

Yes                      No

If yes, please explain:

- A.** Have you ever been arrested, summonsed, charged, or indicted for any criminal offense? You must answer “Yes” to this question if a criminal charge was initiated against you, even if the charge was subsequently reduced, amended, or dismissed.

If yes, complete the following chart:

Yes

No

DATE OF CHARGE OR OFFENSE	NATURE OF CHARGE OR OFFENSE AND LOCATION OF WHERE INCIDENT OCCURRED	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT	DISPOSITION AND SENTENCE

- B.** Have you ever been convicted of a criminal offense? You must answer “Yes” to this question if you plead guilty, plead nolo contendere, or were found guilty after trial held before a judge or jury.

If yes, complete the following chart:

Yes

No

DATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	NATURE OF PROCEEDING

- C.** To the best of your knowledge, have you ever been the subject of a criminal, civil or administrative investigation? Such an investigation may have been conducted by a law enforcement agency (local, county, provincial, state, federal, etc. a governmental agency/organization, a court, a commission, a committee, or a grand jury.

If yes, complete the following chart:

Yes

No

INVESTIGATION PERIOD	NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDING OR INVESTIGATION	DATES OF TESTIMONY IF GIVEN

**G.** Are you a fugitive from justice?

**"Fugitive from justice" means: (15 M.R.S.A. § 201 (4))**

**A. Any person accused of a crime in the demanding state that is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release. This definition shall include both a person who was present in the demanding state at the time of the commission of the alleged crime and thereafter left the demanding state and a person who committed an act in this State or in a 3rd state or elsewhere resulting in or constituting a crime in the**

**demanding state; or [1977, c. 671, § 3 (new).]**

**B. Any person convicted of a crime in the demanding state that is not in that state, unless he is lawfully absent pursuant to the terms of his bail or other release, who has not served or completed a sentence imposed pursuant to the conviction. This definition shall include, but not be limited to, a person who has been released pending appeal or other review of the conviction, the review having been completed; a person who has been serving a sentence in this State; a person who has escaped from confinement in the demanding state; or a person who has broken the terms of his bail, probation, or parole. [1981, c. 317, § 1 (amd).]**

If yes, please explain:

Yes

No

**H.** Are you a drug abuser, addict, or drug dependent person ( 5 M.R.S.A. § 20003 (10), (11), (12))?

If yes, please explain:

Yes

No

**I.** Are you an illegal alien?

If yes, please explain:

Yes

No

**J.** Are you current in filing all applicable State, Federal and Foreign tax returns, if applicable?  
**Include copies of payments and/or payment arrangements**

If yes, please explain:

Yes

No

**K.** Are you current in all payments of taxes, penalties and interest owed to this State, any other state or Federal or Foreign, if applicable? **Include copies of payments and/or payment arrangements.**

If yes, please explain:

Yes

No

**L.** Have you intentionally, knowingly or recklessly caused bodily injury or offensive physical contact to a spouse, former spouse, an individual presently or formally living as a spouse or sexual partner, natural parents of the same child, adult household member related by consanguinity or affinity or minor child of any household member?

If yes, please explain:

Yes

No

**M.** Have you ever been served with a protection from abuse order (PFA) or a protection from harassment order (PFH)?

If yes, please explain:

Yes

No

**N.** Has any action been taken against your license in this or any other jurisdiction?

If yes, please explain:

Yes

No

**ATTACH EXTRA SHEETS, IF NEEDED, BY NUMBER OR LETTER ACCORDINGLY.**