

Personal History Record and Background Disclosure Form for Charitable Gaming Licensees and Nebraska (State) Lottery Vendors

Company Name	Address	City	State
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This form must be completed by each sole proprietor, partner, officer, director, board member, limited liability company member, and shareholder holding ten percent or more of the debt or equity of the applicant, contractor, or licensee.

Type, or print legibly, an answer to every question. If a question does not apply to you, indicate N/A. If you need more space, use a separate sheet of paper labeled with the appropriate title of the section. Do not misstate or omit any material fact(s) because each statement made is subject to verification. You are advised that this personal history record is an official document, and misrepresentation or failure to reveal information requested may be sufficient cause to deny a license application or suspend, cancel, or revoke an existing license or contract.

1 PERSONAL INFORMATION

Last Name	First Name	Middle Name	Maiden Name
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Alias(es), Nickname(s), Other Name Changes, Legal or Otherwise

Current Home Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Telephone Number	Work Telephone Number
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City	State	Zip Code	County	Social Security Number
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Birth Date	Birth Place (City, State, Country)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Driver's License Number (Attach a photocopy of driver's license.) State
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Personal E-Mail Address

Business E-Mail Address

Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	If alien, registration number	If naturalized, certificate number	Date	Place
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• List all previous addresses for the past ten years, starting with the most current address (use month and year for date information).

Address	City	County	State	From	To

2 MARITAL INFORMATION

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	Current Marriage (Date, City, County, and State)
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Spouse's Full Name (Maiden)	Social Security Number	Date of Birth	Place of Birth (City, County, State)
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Spouse's Address if Different (Street, City, State, and Zip Code)

PREVIOUS MARRIAGES (If you were ever legally separated, divorced, or annulled, indicate below.)

Current Name of Previous Spouse	City, County, and State of Order or Decree	Date

3 POST-HIGH SCHOOL EDUCATIONAL HISTORY

Name and Location of Educational Institution	From (Year)	To (Year)	GRADUATION	
			Year	Degree Awarded
Name				
Location				
Name				
Location				

Nebraska Department of Revenue, Lottery and Charitable Gaming
P.O. Box 94855, Lincoln, NE 68509-4855
(402) 471-5937 or toll free (877) 564-1315
revenue.nebraska.gov or revenue.nebraska.gov/gaming

4 MILITARY SERVICE

Branch

Honorable Discharge

 YES NO

Attach a copy of your DD Form 214

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial?

 YES NO

If Yes, furnish details on a separate sheet.

5 EMPLOYMENT HISTORY

• List all employment for the past ten years, starting with your most current position. Attach additional page(s) if necessary.

Current Position	Employer (Name, City, State)
General Responsibilities	
Employment Dates (Month, Year)	Other Positions Held
Annual Salary (including bonuses)	Reason for Leaving
Previous Position	Employer (Name, City, State)
General Responsibilities	
Employment Dates (Month, Year)	Other Positions Held
Annual Salary (including bonuses)	Reason for Leaving
Previous Position	Employer (Name, City, State)
General Responsibilities	
Employment Dates (Month, Year)	Other Positions Held
Annual Salary (including bonuses)	Reason for Leaving
Previous Position	Employer (Name, City, State)
General Responsibilities	
Employment Dates (Month, Year)	Other Positions Held
Annual Salary (including bonuses)	Reason for Leaving
Previous Position	Employer (Name, City, State)
General Responsibilities	
Employment Dates (Month, Year)	Other Positions Held
Annual Salary (including bonuses)	Reason for Leaving
Previous Position	Employer (Name, City, State)
General Responsibilities	
Employment Dates (Month, Year)	Other Positions Held
Annual Salary (including bonuses)	Reason for Leaving

Have you ever been dismissed or asked to resign from employment? YES NO

If Yes, explain (include company name and immediate supervisor):

6 COURT RECORDS

- List all incidents when you have been involved in court action, criminal or civil, including bankruptcy and divorce.
- List all cases, even if not formally charged, found "not guilty", the case was dismissed, or your appearance was not required in court due to a waiver or plea agreement.
- Include any instances in which you were ordered to appear in court and/or pay a fine, and you failed to do so.

Date	Place	Charge
Describe Nature of Incident		

Final Disposition

Date	Place	Charge
Describe Nature of Incident		

Final Disposition

7 MISCELLANEOUS INFORMATION

- A** Have you sustained either a personal or corporate loss where a significant insurance payment was received?
 YES NO If Yes, explain: _____
- B** Have you owned or invested in businesses/companies which are or were the subject of a federal or state investigation?
 YES NO If Yes, explain: _____
- C** Have you applied for, received, and/or been denied a liquor license in Nebraska or any other state?
 YES NO If Yes, explain: _____
- D** Are there any problems or areas you would like to discuss before we initiate a background investigation?
 YES NO If Yes, explain: _____
- E** Have you ever applied for and/or been investigated for any type of license, permit, or authorization in Nebraska or another state?
 YES NO If Yes, where? _____
- F** Do you have any ownership interest or financial investment in any business entity making application or seeking a contract/license with the Lottery and/or the Charitable Gaming Divisions of the Nebraska Department of Revenue?
 YES NO If Yes, state the name of the business entity, the nature and amount of your interest investment, and the percent of ownership in the business entity which your interest or investment represents.
- G** Do you hold, or have you ever held, a financial or ownership interest in any gambling or gaming venture?
 YES NO If Yes, describe each interest: _____
- H** Have you filed your state of residence income tax returns for the previous 3 years?
 YES NO If Yes, list the state, province, or foreign country where you filed: _____
- I** Have you filed your federal income tax returns for the previous 3 years?
 YES NO
- J** If you answered No to either/both question(s) H or I, please explain:

8 NOTARIZED AUTHORIZATION

I understand that my signature on this form authorizes the following for use in determining my suitability to be licensed by or party to a contract with the Nebraska Department of Revenue -

- 1 A review, full disclosure, and release of any and all records concerning myself to any duly authorized officer, agent, or employee of the Nebraska Department of Revenue, or any law enforcement agency assisting them, whether the records are public, private, or confidential in nature with the following understandings:
 - The information reviewed, disclosed, and/or released may be used by the State of Nebraska for any lawful purpose;
 - 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 Nebraska, its officers, agents, and employees from any liability which may be incurred as a result of the collection and use of the information;
 - 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 Nebraska Department of Revenue in its review of my application or bid proposal;
 - I understand that I may revoke this authorization in writing at any time, and that the Nebraska Department of Revenue may take this revocation of authorization into consideration in its review of any application or contract; and
 - A photocopy of this authorization will have the same force and effect as the original;
- 2 The full and complete disclosure of:
 - The records of educational institutions, financial or credit institutions, commercial or retail establishments, retail credit agencies, public utility companies, employment and pre-employment records, including background investigation reports;
 - The results of polygraph examinations, efficiency ratings, complaints or grievances filed against me, records of complaints of a civil nature made by or against me, including but not limited to, the records and recollections of attorneys at law, or other counsel representing or having represented me; and
 - Records of any type which concern any criminal charges involving me.
- 3 The **Federal Bureau of Investigation** may release any records they have in their files concerning myself.
- 4 I have read A Summary of Your Rights Under the Fair Credit Reporting Act included with this form.

Under penalties of law, I am voluntarily submitting this Personal History Record and Background Disclosure Form. I declare that I have examined this form and to the best of my knowledge and belief, it is correct and complete. I agree to comply with all applicable provisions of Nebraska law and any rules or regulations.

sign here

Signature _____

Print Individual's Name _____

(SEAL)

Subscribed and sworn to before me, the undersigned authority,
on this the _____ day of _____, A.D. 20_____.

State of _____)
) SS.
County of _____)

Signature of Notary Public _____

Please make a copy for your records.