



Ph. 662-363-3300

FX 662-510-0116

info@casinocollege.net

Aps must be received by us prior to Monday, noon!

Please return the completed Gaming Badge Application to:

Casino College of Mississippi, Inc.

3444 Casino Way, #5

Tunica Resorts, MS 38664

OR MAIL TO: P.O. BOX 718, TUNICA RESORTS, MS 38664

Procedure: Print all 7 pages. One form must be notarized.

1. Fill out the application in **Blue ink**. Return Gaming Badge Application to Casino College with \$100.00 in the form of a check (payable to Casino College), cash, or money order. This is non-refundable and covers the MGC application fee and processing.

2. Go to the Mississippi Gaming Commission, 3468 Casino Way (just down the street from us) on the following Tuesday _____, between 10:00 and 11:00 for fingerprints and picture for your badge.

As soon as the Badge is issued, we will pick it up and give you a call. You can begin classes as soon as the badge is received.

If you have any questions, please give us a call.


MISSISSIPPI GAMING COMMISSION
APPLICATION FOR
GAMING WORK PERMIT

SECTION 2. EMPLOYMENT HISTORY

List all employment activity, including periods of unemployment for the last five (5) years. Use additional sheets, if necessary.

From	To	Employer	Address, City, State	Job Title

SECTION 3. CRIMINAL HISTORY BACKGROUND

Item		YES	NO
A.	Have you ever been arrested, detained, charged, indicted, convicted, pleaded guilty or nolo contendere (no contest), or forfeited bail concerning any crime or offense, in any federal, state, or local jurisdiction, including any findings or pleas in a suspended imposition of sentence?		
B.	Have you ever participated in a deferred sentencing program, non-adjudication program, or other program wherein you entered a plea of guilty to a criminal charge, but the Court withheld acceptance of the guilty plea subject to your successful completion of certain court-imposed conditions?		
C.	Have you ever been placed in a Pretrial Intervention Program or Pretrial Diversion Program?		
D.	Do you presently have charges pending against you for any crime, either misdemeanor or felony?		
E.	Are you presently out on bail, or released from custody on your own recognizance?		
F.	Are you presently out on parole or probation (either reporting or non-reporting)?		
G.	Have you ever been questioned about your participation in any crime, which is a felony, or your participation in any gambling offense, theft offense, drug offense, or crime of violence, even if only a misdemeanor?		
H.	Have you ever been questioned about any violation of the Gaming Control Act or regulations of the Mississippi Gaming Commission or by any Gaming Enforcement Agency?		
I.	Have you ever been refused or denied any work permit, license, or related approval to be involved in gaming, racing, pari-mutuel wagering or had any such permit, license, or approval revoked or suspended?		
J.	Have you ever been prohibited (86'd) from being present on the premises of any gaming or pari-mutuel wagering establishment?		
K.	Are you now enrolled on the Mississippi Gaming Commission's Voluntary Self Exclusion List?		

If you answered "YES" to Questions A, B, or C, you must complete the following section (Use additional Sheets if necessary).

Date	Charge	Arresting Agency	City	State	Disposition

If you answered "YES" to Questions D, E, F, G, H, I or J, you must complete the following section (Use additional Sheets if necessary).

Date	Incident

***** WARNING *****

I, the undersigned applicant, certify that the foregoing information is true and correct. I further acknowledge that failure to make full and true disclosure of all information on this application is cause for denial or revocation of a gaming work permit and may result in criminal prosecution pursuant to Mississippi Code Annotated § 75-76-139.

Applicant's Signature _____	Date _____	Employer's Signature _____	Date _____
-----------------------------	------------	----------------------------	------------


MISSISSIPPI GAMING COMMISSION
APPLICATION FOR
GAMING WORK PERMIT

SECTION 3. CRIMINAL HISTORY BACKGROUND
(SUPPLEMENTAL)

If you answered "YES" to Questions A, B, or C, you must thoroughly complete the following section (Make additional copies, if necessary).

DATE _____
Charge _____
Arresting Agency _____
City, County, State _____
Disposition _____

DATE _____
Charge _____
Arresting Agency _____
City, County, State _____
Disposition _____

DATE _____
Charge _____
Arresting Agency _____
City, County, State _____
Disposition _____

If you answered "YES" to Questions D, E, F, G, H, I, or J, you must thoroughly complete the following section (Make additional copies if necessary).

Date/ Location: _____
Incident: _____

Date/ Location: _____
Incident _____

Date/ Location: _____
Incident: _____

MISSISSIPPI GAMING COMMISSION
APPLICANT'S REQUEST TO RELEASE INFORMATION



TO: _____
(Agency Holding Requested Information)

FROM: _____
(Applicant's Printed Name)

1. I hereby authorize and request all persons who have information or documents relating to or concerning the information in my application to the Mississippi Gaming Commission for a work permit to furnish such information, and allow inspection and copying of any such documents, upon request of an authorized agent of the Mississippi Gaming Commission, waiving any privilege which would otherwise protect said information or documents.
2. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
3. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.
4. This release is good for as long as I am employed, or seeking employment, in a position regulated under the Mississippi Gaming Control Act.

In witness whereof, I have executed this request at _____
City

_____ on the _____ day of _____
State Month Year

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____
Month Year

Notary Public Signature

Notary Public in and for the County of _____

Notary
Seal

State of _____

For Mississippi Gaming Commission Use Only	
The above applicant has applied for a Mississippi Gaming Work Permit. Please provide any information you have on file.	
Applicant DOB _____	Applicant Social Security Number _____
Request Date _____	Signature of Requesting MGC Agent _____
MGC District O.R.I Number: _____	

Jerry St. Pe`
Chairman

Nolen Canon
Commissioner

John Hairston
Commissioner



Larry Gregory
Executive Director

MISSISSIPPI GAMING COMMISSION

Post Office Box 23577
Jackson, Mississippi 39225-3577
(601) 576-3800

ACKNOWLEDGEMENT OF CRIMINAL HISTORY INSTRUCTIONS

As an applicant for a Mississippi Gaming Work Permit I hereby acknowledge that I have completed the Mississippi Gaming Commission "Gaming Work Permit Application" and have provided all information requested in the application truthfully. In completing the questions contained in the "Criminal History Background" section of the application I hereby agree that I fully understand each and every question or statement contained in this section and have answered each question honestly.

I acknowledge that I must disclose each and every criminal conviction and arrest that I have ever had no matter how old that event might be. Furthermore, I acknowledge that failure, on my part, to disclose any information in the application, for whatever reason, will be grounds for denial of my application for a Mississippi Gaming Work Permit. I also understand that I may be subject to criminal prosecution for failure to disclose such information in accordance with 75-76-139 of the Mississippi Gaming Control Act { *An applicant for licensing, registration, finding of suitability, work permit or any approval or consent required by this chapter shall make full and true disclosure of all information to the commission, the executive director and any other relevant governmental authority as necessary or appropriate in the public interest or as required in order to carry out the policies of this state relating to licensing and control of the gaming industry.*}

I understand that the "burden of proof" that I am suitable to hold a Mississippi Gaming Work Permit is my responsibility and, therefore, I agree that I will provide any and all documentation necessary to determine my suitability, and if requested I agree to produce any and all documentation within 15 business days or my application to obtain a Gaming Work Permit will be terminated in addition to all fees paid.

I hereby agree that I have had the opportunity to consult with a representative of the casino property which I am applying with concerning this application process, and, that they have also provided me with the telephone number for the appropriate Mississippi Gaming Commission field office for any clarification.

Applicants Signature and Date

Employer's Signature and Date


Mississippi Gaming Commission
Work Permit Applicant Disqualification Notice

The following, in accordance with the Mississippi Gaming Control Act and the Mississippi Gaming Commission Regulations, shall be grounds for denial or revocation of a work permit issued by the Mississippi Gaming Commission:

1. If the applicant has committed, conspired or attempted to commit a crime, which is a felony in Mississippi, or an offense in another state or jurisdiction, which would be a felony if committed in Mississippi.
2. If the applicant has committed, attempted, or conspired to commit any crime of moral turpitude, embezzlement or larceny, or any violation of any law pertaining to gaming or any crime, which is adverse to the declared policy of the State of Mississippi concerning gaming. This includes, **BUT IS NOT LIMITED TO**, any crime or violation resulting in a
 - a. **Misdemeanor theft conviction** during a three year period immediately prior to the date the work permit application is submitted, except a first time misdemeanor conviction for a bad check.
 - b. **Misdemeanor drug conviction** during a three-year period immediately prior to the date the work permit application is submitted.
 - c. **Misdemeanor gaming or gambling conviction** during a three-year period immediately prior to the date the work permit application is submitted.
 - d. **Misdemeanor conviction for crime of violence, including Simple Assault or Domestic Violence**, during a three-year period immediately prior to the date the work permit application is submitted.

NOTE: AN APPLICANT FOR A GAMING WORK PERMIT MUST DISCLOSE ON THE APPLICATION ALL CONVICTIONS AND PENDING CHARGES HE/SHE HAS EVER HAD, BOTH MISDEMEANOR AND FELONY, WHETHER OR NOT THEY ARE INCLUDED IN THE LIST ABOVE, AND REGARDLESS OF WHEN THEY OCCURRED.

3. If the applicant failed to disclose, misstated, or otherwise attempted to mislead the Commission with respect to any material fact contained in the application for a work permit. This includes failing to disclose any and all convictions or pending charges.
4. If the applicant has knowingly failed to comply with the provisions of the Gaming Control Act and/or Mississippi Gaming Commission regulations.
5. If the applicant has been identified in published reports of any federal or state legislative or executive body as being a member or an associate of organized crime, or as being of notorious and unsavory reputation.
6. If the applicant has been placed in, and remains in, the constructive custody of any federal, state or municipal law enforcement authority for a crime which, if convicted, would constitute grounds for denial or revocation of a work permit. This includes being released on bail or released from custody on one's own recognizance, being on parole and/or probation, whether reporting or non-reporting.
7. If the applicant has had a work permit revoked, or committed any act that would have been grounds for revocation if the applicant had been holding a work permit at that time.
8. Any other reasonable cause.

NOTICE TO APPLICANT

The application fee submitted with your application is **NON – REFUNDABLE.**

As a work permit holder **you must** report any arrest or conviction to the Mississippi Gaming Commission **within ten (10) days** after an arrest or conviction. (Under MGC Regulation II. J. Section 1).

IF YOU HAVE ANY QUESTIONS CONCERNING THE ABOVE REGULATIONS CONTACT THE M.G.C. DISTRICT OFFICE IN YOUR AREA.

I have read the above notice and agree to the terms as stated.

Applicant's Signature _____

Date _____