

2.6 List all addresses at which you have been permanently resident over the last five (5) years beginning with your current address and working backwards. Show the period at each residence.

Month/Year	Street and No.		
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3. Arrests, Detentions and Litigation

3.1 Have you ever been charged, arrested or summoned for an offence, regardless of the disposition, in any jurisdiction?

Y ☐ N ☐

3.1.1 If yes, give details in the space provided below. List all cases without exception.

Nature of Offence	City/Province/State/Country	Date of Offence	Result of Hearing or other disposition
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3.2 Have you ever been a party in a civil lawsuit in which an amount exceeding €3,000 was claimed, or are you aware of any such action that may be on pending? (if Yes please provide details an attachment sheet).

Y ☐ N ☐

3.3 Have you ever had a judgement entered against you? (Exclude juvenile offences and traffic offences) (if Yes please provide details on an attachment sheet) Y ☐ N ☐

3.4 Has your salary, wage, earnings or other income been subject to garnishee order, attachment or other judicial proceeding? (if Yes please provide details on an attachment sheet) Y ☐ N ☐

4. Employment

4.1 Beginning with your current employment, list your work history in the last five years.

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

Employer Name, Address and Phone Number

Job Title & Description of duties

Name & Surname of person you reported to

Duration of Employment

Reasons for Leaving

4.2 Have you ever been dismissed, discharged or asked to resign from any employment?

Y ☐ N ☐

4.2.1 If Yes, complete the following

Employer Name and Address

Supervisor's Name

Date

Reasons for Dismissal Discharge or Resignation

Employer Name and Address

Supervisor's Name

Date

Reasons for Dismissal Discharge or Resignation

5. Employment Details

5.1 Name of Casino Licence Holder

5.2 Function/s for which a Casino Employee licence is being sought

6. Casino Licensee's Recommendation and Certification

6.1 I _____ (Name & Surname of Casino Licensee Representative) as the _____ (insert Function) on behalf of _____ (Name of Casino Licensee) who has engaged on secondment or employed _____ (Name & Surname of Licensed Casino Employee) of Identification No _____ ,

Declare that I have made such enquiries deemed appropriate and have interviewed him/her.

To the best of my knowledge the above candidate is still suitable to hold a casino employee licence issued by the Lotteries and Gaming Authority and is competent to take up the proposed function being applied for. In the event of a change of function being granted to the applicant above mentioned, it is my intention to engage him / her in the

function/s of: _____

I confirm that he/she has the required knowledge of the Gaming Act 1998 and its regulations to undertake the duties of that position.

Signature _____

Date:

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Name in Block Letters _____

Position held _____

Name of Casino _____

(To be signed by the holder of the gaming licence for the casino in which the applicant is to be employed, or a person authorised to sign on his behalf.)

7. Attachment Sheet

Answers to Section

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[illegible]

8. Declaration

I, _____ (Name & Surname)

applying for a Casino employee Licence declare that:

I am the person identified in this Application Form to which this Affirmation is attached and. I have personally completed the Application Form to which this Declaration is appended.

Further I declare that the entire Application Form, statements and attachments are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Casino Employee licence by the Lotteries and Gaming Authority.

Further I am aware that later discovery or omission or misrepresentation made in the above statements may be grounds for the denial or cancellation of a Casino Employee licence granted by the Lotteries and Gaming Authority.

Signature _____

Identity Card Number

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Date

DD	MM	YY			

Name (in Block Letters) _____

Attach Photo

Data Protection Clause

The Lotteries and Gaming Authority (the 'Authority') is a data controller under the terms of the Data Protection Act Chapter 440 of the Laws of Malta. The information provided on this legal form will be processed for the purposes necessary for the Authority to carry out its functions and meet its legal obligations.

The data may be shared with third parties who fulfill a service on behalf of and under the express instructions of the Authority and other bodies where it is necessary to do so in order to carry out the Authority's functions and where the Authority is legally required or permitted to do so.

The Authority will not discriminate unfairly against any subject of a disclosure on the basis of conviction or other information revealed. However, the existence of a conviction for an offence deemed relevant by the Authority is a ground to refuse a licence.

Any material or information which you send to us and which we record will be treated as confidential and will only be disclosed to others where it is necessary to do so in order to carry out the Authority's functions or where the Authority is required by law to disclose the information.

Enclosures

Please mark the boxes if any of the following enclosures have been attached and indicate Number of Copies

- Certified True Copy of Birth Certificate
- Certified True Copy of Passport
- Passport Size Photo
- Police Conduct Certificate (issued during the last 6 months from date of application)
- Certified True Copy of Identity Card (if Maltese)
- Updated Curriculum Vitae

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Note – Your application will not be considered unless all relevant questions have been completed and the required documents submitted in full. Failure to provide the above information or to provide further information when requested by the Authority may result in your application being determined based on the information available to the Authority at the time which may affect the outcome of your application.

Warning - Any misrepresentation in completing this form may render the attached Declaration Form void.

Under Section 42 of the Gaming Act 1998 a false statement may render the applicant liable to a fine (multa) of not less than €6,988.12 and not more than €232,937.34 or imprisonment of not more than two years or to both such fine and imprisonment provided that when the Attorney General certifies in terms of Section 48 of the Act that the offence will be adequately punished with a fine (multa) of not less than €232.94 and not more than €6,988.12 the applicable penalty shall be a fine (multa) of not less than €6,988.12 the applicable penalty shall be a fine (multa) of not less than €232.94 and not more than €6,988.12.

9. Authorisation to Release Information

I, _____ (Name & Surname), as the person identified in this

Application Form submitted by _____ hereby authorise the Lotteries and Gaming Authority (the 'Authority') to conduct a complete investigation using whatever legal means they deem appropriate.

The Authority is empowered to investigate all relevant data and facts to their satisfaction. I understand that the Authority is also empowered to conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. I hereby release, waive, discharge and agree not to hold liable the Authority for the receipt and use of such data, other than for unlawful processing of such information, acquired during the investigations and inquiries. I hereby authorise that the lawful use of disclosure of this data.

I understand that by signing this authorisation, I am giving my explicit consent to the authority to collect and process personal data, including sensitive personal data, which relates to me, to enable the Authority to carry out this functions and meet its legal obligations.

Signature _____

Identity Card Number

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Date

DD	MM	YY			

Designation _____