

**STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION
CLASS "O" LOTTERY BACKGROUND**

Completed application must be returned to the Iowa Lottery on or before _____ Date

You must be fingerprinted, using the supplied card, by a law enforcement agency, and the completed fingerprint card must be returned with this application.

APPLICANT INFORMATION

(Print or Type)

(If additional space is needed, attach another sheet and identify question number.)

1. Full Name: _____

First
Middle
Maiden
Last
2. Home Address: _____

Street
City
State
Zip Code
3. Occupation: _____ Business: _____
4. Telephone Number: Home: _____ Work: _____
5. DOB: _____ Place of Birth _____ SSN: _____
6. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Sex: _____
7. Give all other names you have used or by which you have been known:

8. Name of Spouse: _____

First
Middle
Maiden
Last
9. Spouse DOB: _____ Spouse SSN: _____
10. Vehicles: 1. _____ 2. _____

Year & Make
Lic/State
Year & Make
Lic/State
11. List addresses (other than current address) where you lived during the last three years:

Dates: from/to	Number & Street or rural route	City	State

FOR OFFICIAL USE ONLY	Date Reviewed: _____ Initials _____ I- _____ Lottery # _____	Vendor Employee _____ Lottery Employee _____ Other: _____ DCI #: _____
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12. Business or employment for the last five years:

Date: From/to	Employer or Business Name and Address	Type of Business	Position Held

13. Are you a U.S. Citizen? Yes No

If not, what is your Alien Registration Card
Number: _____

14. If any answer is yes below, explain in Number 15:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Have you ever used a name other than your current legal name or maiden name? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been convicted, or pled guilty, or no contest to any criminal offense – felony or misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are charges now pending against you on any criminal offense – felony or misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you been convicted, pled guilty, or no contest to any alcohol or drug-related offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you have an addiction to alcohol or a controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you been fined, suspended, or denied a license by a gaming authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you have any history of mental illness or acts of violence? | <input type="checkbox"/> | <input type="checkbox"/> |

15. Provide explanation for each "Yes" answer in Number 14. (Use additional sheets if necessary).

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

I, _____, do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Iowa Division of Criminal Investigation, whether the records are of a public, private, or confidential nature, including criminal history information, with the understanding that the information may be used in conducting a background investigation of myself.

I also 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 Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.

(Place your initials in appropriate response.)

I am the applicant who is submitting this application form. Yes _____ No _____

I personally supplied the information contained in this form. Yes _____ No _____

I swear (or affirm) that the information contained in this form is true to the best of knowledge and belief.

Yes _____ No _____

LEGAL SIGNATURE OF APPLICANT

Date

