

**For Department Use Only**

ID#: \_\_\_\_\_

Employer: \_\_\_\_\_

Date: \_\_\_\_\_

( \_\_\_\_\_ ) New Hire ( \_\_\_\_\_ ) Renewal

# **GARDENA POLICE DEPARTMENT**

## **GAMING AND CASINO WORK PERMIT APPLICATION**

GARDENA POLICE DEPARTMENT

**WORK PERMIT VERIFICATION FORM**  
**CASINO**

The following is to be completed only by Police Personnel:

<b>COMPLETED/RECEIVED</b>	<b>CHECK OFF</b>	<b>EMPLOYEE ACCEPTING</b> <i>(Employee Initials &amp; ID)</i>
Work Permit Application	_____	_____
Finger Printing & Photos	_____	_____
Copies of: California I.D. & Social Security Card	_____	_____
Copies of Documents that: Establish Identity <b>AND</b> Employment Authorization	_____	_____
Copy of Third Party Player (TPP) Card IF working for a Bankers Group	_____	_____
Copy of Firearm Permit IF employed as Armed Security-	_____	_____
Application Fee	_____	_____

**PERSONNEL WILL NOT ACCEPT APPLICATIONS THAT  
ARE NOT COMPLETE AND DO NOT HAVE THE  
REQUIRED DOCUMENTS**



**GARDENA POLICE DEPARTMENT**  
**1718 West 162<sup>nd</sup> Street, Gardena, California 90247**  
**Phone: 310-217-9600**  
**Fax: 310-217-9638**



**Edward Medrano**  
Chief of Police

Applicant,

You will need to make an appointment to be processed for a work permit by calling the Gardena Police Department Records Bureau at (310) 217-9600. When you come in for your scheduled appointment, you will need to bring your completed application form, which you can obtain from your employer, the Gardena Police Department or the City of Gardena website at [www.gardenapd.org](http://www.gardenapd.org).

Upon the acceptance of your application you will receive a temporary work permit valid for 90 days.

Your application will be submitted to the Licensing Detail at which time an extensive background will be conducted and your fingerprints will be submitted to the Department of Justice to determine any criminal background. If you satisfy our requirements, you will be issued a permanent work permit for the establishment/location for which you have applied.

If there are problems in your background you will be notified either by mail or by the Licensing Detail. If the Police Department denies the permit, you have the right to file for an appeal with the City Clerks Office.

You should know that a work permit is a privilege, not a right, and you must be thoroughly honest on your application. The application for the employee work permit asks: ***“Have you ever been convicted of a felony?”*** and ***“Have you been convicted of a misdemeanor within the past 10 years?”*** If you answered ***“Yes”*** to either question, you must provide the details concerning the arrest.

If you have been convicted of any crime you must list these on the application, regardless of the disposition. People who failed to disclose arrests have used the following statements:

- My attorney told me I didn't have to disclose.
- I didn't think I was arrested, because I only got a ticket.
- I didn't think that was still on my record.

You will not necessarily be denied a permit if you have been convicted, but you will be denied if you fail to disclose any convictions.

**YOU ARE NOT ALLOWED TO WORK UNTIL YOU HAVE OBTAINED A TEMPORARY OR PERMANENT WORK PERMIT. DOING SO IS AGAINST THE LAW AND COULD AFFECT ANY FUTURE APPLICATION YOU SUBMIT TO THIS CITY.**

# **INSTRUCTIONS FOR ALL APPLICANTS**

The instructions below **MUST** be followed in order to ensure that your application is processed without delay. Personnel will not accept applications that are not complete and do not have the required documents. Be prepared to spend at least 1 hour for the processing of your application.

What to Bring with you on the day of your appointment:

**YOUR COMPLETED APPLICATION:** DO **NOT** leave any questions unanswered. If you have questions regarding the application contact Records (310) 217-9600 or Licensing Technician (310) 217-9672 prior to the submission of the application.

**ORIGINAL** documents that establish your Identity and Employment Authorization.

As listed under 8 U.S.C. §1324a (b) (1) and 8 C.F.R. §274a.2 (b) (1). Documentation to satisfy this requirement may include, but is not limited to, a California driver license, California identification card, Social Security card, resident alien (“green”) card, United States passport (unexpired or expired), unexpired foreign passport that contains a temporary I-551 stamp, or an unexpired Employment Authorization Document issued by the United States Government in compliance with 8 C.F.R. §274a.2 (b) (1) (v) (A);

☀ **Attention: For a detailed list of what is acceptable see your employer, the cities website or obtain a copy from records.**

**PAYMENT:** a non-refundable application fee must be paid at the time you submit your application. This may be paid by cash, Visa or MasterCard. **NO DEBIT CARDS.**

☀ **Attention:** If you are applying for a work permit for one of the classifications listed below, you must **ADDITIONALLY** provide the following documents:

## **Taxi Driver:**

Certification as to the results of the mandatory controlled substance and alcohol-testing program. Required per California Government Code 53075.5 and Title 49, Section 40.1 of the Code of Federal Regulations.

Instructions are continued on the Next Page

## **Casino, employed by a Third Party Banker Group:**

Your Third Party Player (TPP) card.

## **Armed Security:**

Your unexpired Guard Card.

## **Massage Technician:**

An original or certified copy of your diploma or certificate **AND** certified transcript of graduation from a recognized school of massage: a course description and outline of material covered at such recognized school **AND** a letter addressed to the Gardena Police Department from the school administrator verifying completion.

Proof that the applicant passed the National Certification Examination for Therapeutic Massage and Bodywork, given by the National Certification Board for Therapeutic Massage **AND** that the certification is valid and current or a passing score for the Los Angeles County Massage Technician exam, taken within one year from date of application.

A certificate from a medical doctor, licensed to practice in the State of California, stating that the applicant has, within thirty **(30)** days immediately preceding the date of application been examined and found to be free from any communicable or contagious disease.

An original, valid State CPR certificate.

**RECORDS PERSONNEL WILL NOT ACCEPT APPLICATIONS  
THAT ARE NOT COMPLETE AND DO NOT HAVE  
THE REQUIRED DOCUMENTS**

GARDENA POLICE DEPARTMENT  
RECORDS BUREAU  
1718 W. 162<sup>ND</sup> STREET  
GARDENA, CA 90247  
(310) 217-9600

# WORK PERMIT APPLICATION

(Type or print clearly in ink)

Name of Applicant: \_\_\_\_\_  
(Last) (First) M.

Job Title: \_\_\_\_\_

Name of Business Establishment: \_\_\_\_\_

Business Establishment Address: \_\_\_\_\_

Business Telephone Number: \_ (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Owner or Hiring Agent's Signature**

\_\_\_\_\_  
**Date**

# NOTICE

AN APPLICATION MAY NOT BE WITHDRAWN WITHOUT THE PERMISSION OF THE  
CHIEF OF POLICE

## WORK PERMIT QUESTIONNAIRE

**FOR DEPARTMENT USE ONLY**

GPD ID# \_\_\_\_\_  
 Date Recv'd \_\_\_\_\_  
 Fee Recv'd \_\_\_\_\_  
 Reviewed By \_\_\_\_\_

Type or print clearly in ink an answer to every question. If the space available is insufficient, use a separate sheet and precede each answer with the appropriate question number. If a question does not apply to you, so state with "N/A". Do not misstate or omit any material facts as each statement made herein is subject to verification.

You are advised that this personal history record is an official document. Any misrepresentation or failure to reveal requested information may be deemed to be sufficient cause for the denial of your application, or revocation of your permit.

**NAME OF BUSINESS ESTABLISHMENT:** \_\_\_\_\_

**1. PERSONAL INFORMATION**

Last Name	First Name	Middle Name			
Alias (es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise:					
Current Address and Apt Number	City, State, Zip			Home Phone Number (Include Area Code)	
Occupation:					
Social Security Number	Driver License No. or ID No. – State Issued			Expiration Date	
Date of Birth	Place of Birth (City & State) (City & County-if not born in United States)				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color	Hair Color	Weight	Height	Race/Ethnicity
Marks, Scars, Tattoos: (Location and Type)					
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alien Registration No.			If Naturalized, Certificate No.		
Place of Naturalization:				Date:	

**2. RESIDENCE:** Excluding your current residence, list all residences you have had for the last 3 years.

Month/Year From: To:	Street Address	City	State/Zip Code

**3. EMPLOYMENT:** Beginning with your current employer, list all places of employment where you have worked during the **last 3 (Three) years.**

Name of Employer	Location	Job Title	Month/Year From – To	Reason for Leaving

**4. CRIMINAL HISTORY (Convictions Only):**

- A. Have you ever been convicted of a felony? ( ) Yes ( ) No If answer is “Yes” providing additional documentation of expunged record of charge(s).
- B. Have you been convicted of a misdemeanor within the past 10 years? (Convictions dismissed pursuant to Penal Code section 1203.4 must be disclosed) ( ) Yes ( ) No
- C. Are you currently on probation? ( ) Yes ( ) No

If your answer to question 4A. Or 4B. above was “yes” provide details here:

Date of Arrest	Arresting Agency Location-City & State	Original Charge	Final Charge (If amended or reduced)	Disposition (Dismissed, not guilty, convicted or expunged)

**5. LICENSING HISTORY**

- A. Have you ever applied to any local, state or federal governmental agency for a Work employee permit, badge, or licensing in any state? ( ) Yes ( ) No
- B. Have you ever been denied a work permit or license by **any** law enforcement agency, or had any such permit or license revoked or suspended? ( ) Yes ( ) No

If your answer to question 5A. Or 5B. above was “yes,” provide details here or If you have been denied, revoked or withdrawn an application, provide details here:

Local Government Agency	Type of Application	Approved or Denied	Dates Held	Reasons for Denial, Revocation or Suspension



**5. LICENSING HISTORY (Continued)**

C. Have you ever been questioned about your participation in any gambling offense, in or outside of California, or by any law enforcement agency? (\_\_\_\_) Yes (\_\_\_\_) No

D. Have you ever been prohibited from being present on the premises of any gaming or pari-mutual wagering establishment by any government officer, agency or gambling establishment? (\_\_\_\_) Yes (\_\_\_\_) No

If your answer to question 5 C. or 5 D. above was "yes" provide details here:

**THIS FORM TO BE COMPLETED AT TIME OF**  
**APPOINTMENT/SUBMISSION**  
**OF APPLICATION - NO EXCEPTIONS**

***DECLARATION***

**STATE OF CALIFORNIA**

**COUNTY OF LOS ANGELES**

I, \_\_\_\_\_, attest that I have read the foregoing  
Printed Name of Applicant

Work Permit Questionnaire and know the content thereof; that the statements contained herein are true and correct and contain a complete and accurate account of the information requested. I further understand in regards to questions 4A, 4B, and 4C, that all convictions must be disclosed, even convictions which were expunged, vacated, dismissed, "off my record," or where relief has been granted under Penal Code 1203.4. I hereby execute this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of my permit.

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at **Gardena, California**

\_\_\_\_\_  
**Signature of Applicant** (To be signed in the presence of a G.P.D. employee)

I.D. # \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
**Witnessed By: Gardena Police Department Employee**



# GARDENA POLICE DEPARTMENT

1718 West 162<sup>nd</sup> Street, Gardena, California 90247

**Phone: 310-217-9600**

**Fax: 310-217-9638**



Edward Medrano,  
Chief of Police

## APPLICATION INFORMATION FORM

Your temporary permit is issued on a conditional basis. The Gardena Municipal Code requires the Police Department to conduct an investigation to determine if an applicant meets the requirements to issue a permanent work permit.

This temporary permit is valid for **only** 90 days. During this time, the Police Department will either approve or deny your permanent work permit. When approved, you will return to the Police Department to obtain your permanent work permit. Denial notices will be mailed directly to you. Your employer will also be notified so as not to be in violation of the Municipal Code.

Different permit applications require specific information. Testing is only required for Massage Establishment owners, operators and managers. Please telephone Licensing Technician at (310) 217-9672 to obtain scheduling information or if you have any questions regarding this process.

**Please sign and date this letter below acknowledging your understanding of the process and the issuance of a temporary 90-day work permit. Your signature will also attest as an applicant, the desire and request for the Chief of Police of the City of Gardena, and/or his agents, employees or lawful representative to take your photograph and fingerprints and forward them, or the classification for such identification, to the Federal Bureau of Identification or any other law enforcement agency which, in the opinion of the Chief of Police, will serve to disclose any criminal history record to which you may have been subject which resulted in convictions.**

Your signature will further agree to hold the City of Gardena, it's officers, agents or lawfully delegated representatives harmless from any action or actions or damages whatsoever or at all, which may result from the taking of such fingerprints or other information supplied by you on your application and forwarding them to the appropriate law enforcement agency for a record check.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(To be signed in the presence of a G.P.D. employee)**

\_\_\_\_\_  
I.D. # \_\_\_\_\_ Date \_\_\_\_\_

**Witnessed By: Gardena Police Department Employee**

Service with Pride and Professionalism

## AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION AND RELEASE AND WAIVER RE: BACKGROUND INFORMATION

To any party releasing or furnishing information to the City of Gardena and or Gardena Police Department:

I \_\_\_\_\_ am applying to the City of Gardena/ Gardena Police Department for:  
 Print your Name

- |  |   |
|--|---|
| <input type="checkbox"/> Massage Establishment Owner/Operator Permit | <input type="checkbox"/> Adult performer permit       |
| <input type="checkbox"/> Massage Establishment Manager Permit        | <input type="checkbox"/> Secondhand Dealer Permit     |
| <input type="checkbox"/> Massage Technician Permit                   | <input type="checkbox"/> Pawnbroker Permit            |
| <input type="checkbox"/> Massage Establishment Permit                | <input type="checkbox"/> Junk Dealer/Collector permit |
| <input type="checkbox"/> Card Club/Casino Work Permit                | <input type="checkbox"/> Arcade/Billiard Permit       |
| <input type="checkbox"/> Taxicab Operator Permit                     | <input type="checkbox"/> Fortuneteller Permit         |
| <input type="checkbox"/> Taxicab Driver Permit                       | <input type="checkbox"/> Handbill Permit              |
| <input type="checkbox"/> Amusement Device Permit                     |   |
| <input type="checkbox"/> Other type of permit _____                  |   |
- Describe activity AND Type of Business

\_\_\_\_\_ I understand and acknowledge that the City of Gardena and/or Gardena Police Department will investigate and inquire into all areas of my background, which relate to the permit application process and that the City of Gardena/ Gardena Police Department's inquiries and investigation may result in information, which may affect my ability to qualify for the permit. I understand that the City of Gardena and/or Gardena Police Department may seek background information from third parties, including but not limited to other governmental agencies, regulatory bodies, police departments, licensing bureaus, prospective, current and former employers, courts, or individuals. I understand that the requested background information may include, but is not limited to, police reports, permit or licensing records, court records, employment records, education records, photographs, and/or fingerprint records.

\_\_\_\_\_ I hereby authorize any third party, as well as any employee, officer, agent, representative thereof to release any information about me, including any information, which may be of a confidential, privileged, derogatory or defamatory nature.

\_\_\_\_\_ I hereby release and hold harmless any third party, as well as any employee, officer, agent, representative thereof from any claim, liability or damages, whether in equity or in law, for the furnishing or release of any information to the City of Gardena and/or Gardena Police Department.

\_\_\_\_\_ I hereby waive any and all rights to bring a civil action against the City of Gardena, Gardena Police Department and any third party, as well as any employee, officer, agent, representative thereof, for the release or furnishing of information, and I specifically waive all rights I may have under Labor Code § 1054 which states:

***"In addition to and apart from the criminal penalty provided any person, agent or officer thereof, who violates any provision of 1050 to 1052, inclusive is liable to the party aggrieved, in a civil action, for treble damages. Such civil action may be brought by such aggrieved person or his assigns, or successors in interest, without first establishing any criminal liability under this article."***

\_\_\_\_\_ I specifically and permanently waive any rights to review or inspect any of the information, which is released or furnished by any party hereunder. I further acknowledge that the responses or release of information will be completely confidential and I hereby authorize any party who receives this form to retain a copy thereof in its files.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (To be signed in the presence of a G.P.D. employee)

I.D. # \_\_\_\_\_ Date \_\_\_\_\_

**Witnessed By: Gardena Police Department Employee**