



GEORGIA BUREAU OF INVESTIGATION

BINGO SECTION

P. O. BOX 370808

DECATUR, GA 30037-0808

FOR GBI USE ONLY

REGION:
FP:

FORM GBI/BO2 (04/2013)

PERSONAL HISTORY & BACKGROUND

INSTRUCTIONS: This form must be executed under oath, by every officer, director, board member and person associated with operations, advertising, or promoting a bingo operation, or who has a vote within the organization on how bingo funds are expended.. TYPE OR PRINT LEGIBLY. Each question must be answered fully. This form, including a passport-size photograph for all the above individuals, must be submitted with each application for a Bingo license. Renewal license applications must include the same on any unapproved workers and all new officers listed on renewal applications.

1. Full Name First Middle Last Social Security No.

2. Name of Organization of which this personal history is a part (include Post/Lodge/Club No.)

3. Are you a member of this organization.? YES ( ) NO ( ) How long have you been a member of this Post/Lodge/Club? Your position in organization? Salary? Type of Membership? (Regular, Auxiliary, Honorary, Associate, other)

4. Other names used by you (include maiden name)

5. BIRTHDATE RACE SEX HEIGHT WEIGHT COLOR EYES COLOR HAIR

6. Place of Birth Are you a U.S. Citizen? Yes ( ) NO ( ) By Birth? Naturalized? Date

7. Are you a Georgia Resident? Yes ( ) No ( ) How long have you resided in Georgia?

8. Home Address Street number and name City State Zip Home Phone No. ( ) Area Code & Number

9. Mailing Address if different from above (P. O. Box) City State Zip

10. Business Address Street City State Zip Work Phone No. ( ) Area Code & Number

11. Military Service Branch Serial Number Years of Service Type of Discharge

12. Single ( ) Married ( ) Other Full Name of Spouse (include maiden name) Date of Marriage: Spouse's SSN Birth Date Employer

13. Employment Record (in reverse chronological order) for the last five (5) years; if self employed give details of employment.

Table with 7 columns: FROM (Mo., Yr.), TO (Mo., Yr.), EMPLOYER, STATE, OCCUPATION, SALARY, REASON FOR LEAVING

14. List in reverse chronological order all your residences for the last five years:

Table with 6 columns: FROM (Mo., Yr.), TO (Mo., Yr.), STREET, CITY, STATE, ZIP

15. Are you a bingo worker for any other organization? YES ( ) NO ( )

List name of the previous organization(s):

16. **Have you ever been convicted of a violation of any federal, state, county or municipal law?** (Include pleas of Nolo Contendere). **YES** ( ) **NO** ( ). Include traffic violations such as **DUI, Homicide by Vehicle, Serious Injury by Vehicle, Fleeing or Attempting to Elude a Police Officer, and Impersonating a Law Enforcement Officer**. Do not list other minor traffic violations. List the offense, date of offense, location (City or County), and provide the disposition of case (i.e., dismissed, nolle prossed, suspended, 1st offender waiver, convicted). If you have a conviction or pled Nolo Contendere, list the sentence and/or fine imposed. Use additional sheets as necessary to completely answer this question.

(1)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(2)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(3)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(4)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(5)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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<p>18. Attach a passport-size photograph taken within the past two years. Write name and organization associated with on the back of photo. <b>Do not submit xeroxed copies of driver's licenses!</b></p> <p><b>**NOTE:</b> Before signing this statement, check all answers to see that all questions have been answered completely. This statement is to be executed under oath and is subject to the penalties for false swearing.</p>	<p>(Attach Photograph Here)</p>
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**PRIVACY ACT NOTIFICATION**

The Privacy Act of 1974 provides that each State agency inform individuals from whom information is solicited as to the authority for the solicitation of such information and whether disclosure of the information is mandatory or voluntary. The principal purpose for soliciting the information requested herein is to administer the State Bingo Laws and Regulations. The completion of all appropriate items is voluntary. The failure to furnish or supply information, or the furnishing of misleading or untrue information will cause denial of the bingo license applied for or denial of the applicant officer/worker of the organization shown in Item 2 hereof.

**VERIFICATION**

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me in the foregoing personal statement are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ Applicant's signature (full name and in ink)

**ADDITIONAL APPLICANT CONTACT INFORMATION:**

Applicant's Cellular Telephone Number: \_\_\_\_\_

Applicant's Contact Email Address: \_\_\_\_\_