



GEORGIA BUREAU OF INVESTIGATION
BINGO UNIT
P. O. BOX 370808
DECATUR, GA 30037-0808

FOR GBI USE ONLY

REGION:	
FP:	

FORM GBI/BO2 (1-10)

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 and two fingerprint cards 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 _____ Social Security No. _____
First Middle Last

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

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

10. Business Address _____ Work Phone No. (____) _____
Street City State Zip 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.

FROM		TO		EMPLOYER	STATE	OCCUPATION	SALARY	REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.					

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

FROM		TO		STREET	CITY	STATE	ZIP
Mo.	Yr.	Mo.	Yr.				

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

(Over)

16. Give three personal references you have known for at least five years (not relatives). Provide name, address, telephone number and years known.

(1) _____

Name	Address	City	State	Area Code & Telephone No.	Years Known
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(2) _____

Name	Address	City	State	Area Code & Telephone No.	Years Known
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(3) _____

Name	Address	City	State	Area Code & Telephone No.	Years Known
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17. **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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18. Attach a passport-size photograph taken within the past two years.
Write name and organization associated with on the back of photo.

(Attach Photograph Here)

****NOTE:** 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 penalties for false swearing.

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)