STATE OF NEVADA TAXICAB AUTHORITY PERSONAL HISTORY RECORD

Date:		
available is insufficient, use any material fact(s) as each provided in lower right hand completeness of the informa All applicants are a failure to reveal information	a separate sheet and precede each answer statement made herein is subject to ve corner. By placing his initials on each p tion contained on that page. dvised that this personal history record	tion does not apply respond with N/A. If space with the appropriate title. Do not misstate or omit crification. Applicant must initial each page, as page, the applicant is attesting to the accuracy and is an official document and misrepresentation or a cause for the refusal or revocation of a certificate.
1. PERSONAL IN	FORMATION	
Last Name	First Name	Middle Name
Alias(es), Nicknames, Ma	iden Name, other name changes, leg	al or otherwise
Present residence address	- Street or RFD	Since
Present business address	Street or RFD	Since
Occupation		
Residence telephone:	Business tele	pnone:

Age Social Security Number Sex

Color/Eyes Color/Hair Complexion Weight Build Height

Scars, tattoos, or distinguishing marks/or characteristics: ______

Are you a citizen of the United States? Yes _____ No _____

Place of Birth (City, County, State)

If alien, registration No._____

If naturalized, Certificate No. _____ Date____

Date of Birth

Place _	(If naturalized, document must be verified)								
2.	MARI	TAL INFORM	ATION						
Single		Married	Separated Divo	orced	Widowed	Engaged			
1.	Curren	t Marriage: Dat	te	City, 0	County, State				
	Spouse	Spouse's full name (maiden):							
	Date of Birth: Place of Birth:								
	Reside	Residence address:							
	Teleph	one: Residence		_	Business				
	Spouse	e's employer:		Occup	oation:				
	Addres	ss of employer: _	Street		City	State			
2.	Previous marriages: If ever legally separated, divorced or annulled, indicate below:								
	Name	of Spouse	Date of Order/Decree	Nature	e of Action	City, County, State			
	List the	e names and cur	rent addresses of previo	us spous	es:				
3.	FAMILY INFORMATION								
	1.		Dependants: List all child ving information:	ren, inclu	iding step-childre	en and adopted children and			
	Name		Date of Birth	Place	of Birth	Residence Address			
	2. Parents: List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. If retired or deceased, list last address and occupation.								
	<u>Name</u>		Date of Birth	Reside	ence Address	<u>Occupation</u>			
Father:									

Mothe	r:					
Father- in-Law						
Mothe in-Law						
	3.			residence addresses, da and of their respective sp		and most recent
	Name		Date of Birth	Residence Address	3	Occupation
4.	EDUC	ATION				
	Name o	of School	<u>Location</u>	<u>Dates Attended</u>	<u>Gradu</u>	<u>ate</u>
	Other:					
Type o	of degree	obtained, if a	ny:			
5.	MILIT	TARY SERVI	CE			
Have y	ou ever	served in the a	armed forces? Ye	es No <u>X</u>		
Branch	n:		Da	ate of entry-active service	e:	
Date o	f separat	ion:		Туре	of _	discharge:
Rating	at separ	ation:		Serial number:		
			were you ever arrested artial? Yes No	for an offense which resu o if yes, furn	ilted in sumr iish details o	
6.	ARRE	STS, DETEN	TIONS, AND LITIG	SATION		
	1.	criminal offe		ned, charged, indicted, or y reason whatsoever, rega citations) Yes	ardless of the	e disposition of the
	If so, g	ive details in s	pace provided below.	List all cases without ex	ception:	

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Date of Arrest	<u>Age</u>	<u>Charge</u>	<u>Location</u>		<u>Disposition</u>
2.				plaint ever been retu were named as an u	urned against you, but for nindicted co-party?
	Yes	No	if yes, furnis	h details on addition	nal information sheet.
3.			ioned by a city, Yes		nw enforcement agency,
4.			naed to appear or Yes		ral, state or county grand
5.	Have you ev	er had a civil or	criminal record	expunged or sealed l	by a court order?
	Yes	No			
6.	Have you ev	er received a pa	ardon for a crimin	al offense? Yes	No
	If yes, when	?	City	/County/State	
	answer to anation sheet.	ny of the above			her details on additional
7.	Has any men	nber of your fan	nily or of your spo	use's family ever be	en convicted of a felony?
	Yes	No			
	If yes, comp	lete the following	ng:		
Name	Rela	<u>ttionship</u>	Charge	Location	<u>Date</u>
8.	corporation,		_	rtnership, or owner, either a plaintiff or o	, director, or officer of a defendant?
	If yes, give o	letails below. L	ist all cases with	out exception, include	ding bankruptcies:
Plaintiff/Defen	dant Cou	rt/Case Number	City	/County/State	<u>Disposition</u>

7.	RESIDEN	CES			
	List all resi	dences you have had for	the last 25 years:		
Month/	<u>Year</u>	Address	!	City/State	County
8.	EMPLOY	MENT			
partner	nvolved, and ships, or any	with your current employ l/or all periods of unemy other business ventures ted capacity:	ployment since 18 ye	ears of age. Also, list	t all corporations,
Month/	<u>Year</u> <u>Na</u>	me/Mailing Address of E	Employer/Business	Reason for Lea	aving
<u>Title</u>	<u>De</u>	scription of Duties	Supervisor's Nan	me Gaming Presen	ut? Yes No
9.	CHARAC	TER REFERENCES			
relative		b) character references with mployer, or employees:	rho have known you	five (5) years or more	e. Do not include
Name		Address		<u>Telephone</u>	Years Known

Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes _____ No ___ If yes, complete the following:

City/State

Box Number

Location

10.

11.	Have you ever held a privileged or professional license in any state, including, but not limited to, the following?:
	Liquor Boxing Promoter Real Estate Broker/Salesman Horse/Race Dog Owner Accountant Jockey Lawyer Trainer or Manager Doctor Securities Dealer
	Yes No
	If yes, state where, years held, and the nature of any disciplinary actions taken against you:
Locat	<u>Years Held</u> <u>Disciplinary Actions</u>
12.	Have you ever held a financial interest in a gambling venture, including a race track, dog track, race horse or dog, lottery, casino, bookmaking operation, or pari-mutual operation, OUTSIDE the State of Nevada? Yes No
	If yes, state when and where and give names and locations of the businesses in which you were involved and the names and addresses of all partners:
13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No If yes, submit details:
Attacl	n a photo, not older than 30 days, to this application.
Date of	of Photograph: