

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

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

You must be fingerprinted, using the supplied card(s), by a law enforcement agency, and the completed fingerprint card(s) 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

<b>FOR OFFICIAL USE ONLY</b>	Date Reviewed: _____	Vendor Employee _____
	Initials _____ I- _____	Lottery Employee _____
	Lottery # _____	Other: _____
		DCI #: _____

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).

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#### 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 but not limited to criminal history information, credit bureau report, law enforcement intelligence records, 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



STATE OF IOWA

CREDIT HISTORY DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and AccuSource, Inc. have made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that Iowa Division of Criminal Investigation may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/ licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize AccuSource, Inc. at 1240 E. Ontario Avenue, Suite 102-140, Corona, California 92881, 951-734-8882, customerservice@accusource-online.com, www.accusource-online.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative Iowa Division of Criminal Investigation. Contact AccuSource, Inc., if you want to receive a copy of our Information Security Policy.

I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide AccuSource, Inc. with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Form with fields for Applicant Last Name, First Name, Middle Name, List Other Names Used, Date of Birth, Social Security Number, Current Address, Previous Address, and Applicant's Signature/Today's Date. Includes a yellow box with text: ← RELEASE MUST BE SIGNED

I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly. (California, Oklahoma, Minnesota residents only).