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## CASINO KEY OR CASINO EMPLOYEE LICENCE

Casino Control Act 1984  
(Casino Control (Burswood Island) (Licensing of employees) Regulations 1985)

### Before commencing this application form please read the following instructions carefully:

1. Applicants that are part of a training school at the casino or who currently reside outside the state of Western Australia will be required to provide and attach a passport size photograph to their application (see section part 2 *Photographic Identification* on page 2).
2. All other applications must be lodged in person at the Department of Racing Gaming and Liquor so that a digital photograph can be taken for inclusion on the licence.
3. The application must be accompanied by:
  - (a) **one** of the following forms of photographic identification:-
    - a current drivers licence
    - a proof of age card
    - a current passport
  - (b) Unless seeking a licence to work in security (which must be supported by copies of the applicant's Security Agent Licence and/or Crowd Control Agent Licence issued by the Western Australian Police), all applicants for the grant of a (non key) casino employee licence will need to lodge a National Police Clearance Certificate (not more than 3 months old at the time of lodgement);
  - (c) the prescribed application fee(s) of:
    - (i) \$272 for a casino employee licence;
    - (ii) \$434 for a casino **key** employee licence;
    - (iii) \$314 for a casino **key** employee who holds a casino employee licence;
    - (iv) \$51 when finger prints are necessary for a police report for casino **key** employees;
    - (v) \$120 for casino key or casino employees who resume within four months of ceasing;
  - (d) a letter from the Casino Licensee stating that the applicant will be considered for employment in a specific capacity; and
  - (e) evidence, where appropriate, that the applicant has successfully completed a training course approved by the Gaming and Wagering Commission of Western Australia, or other evidence that the applicant is otherwise qualified by relevant experience.
4. Dates should be entered in the following format: Day / Month / Year
5. ALL QUESTIONS MUST BE ANSWERED. If a question does not apply to you, write — "Not Applicable" or "N/A" in response.
6. Applicants for a casino key employee licence will be required to have their fingerprints taken and furnish other evidence of identification. All other applicants may be required to have their fingerprints taken and furnish other identification. Fingerprints will only be retained for the period of investigation after which they will be destroyed.
7. Arrangements may be made for you to attend personal interviews, including interviews with officers of the Department of Racing Gaming and Liquor and or the Police Department.
8. While this application is being processed, you should notify the Gaming and Wagering Commission Western Australia of any change in your personal details.
9. All information provided by applicants will be treated as confidential.
10. Applications must be lodged in person at:  
**1/87 Adelaide Terrace**  
**EAST PERTH WA 6004**  
**Telephone: (08) 9425 1888**  
**Country Callers 1800 634 541**

Cheques should be made payable to the *Gaming and Wagering Commission*. EFTPOS and credit card facilities are also available.
11. Please print neatly in **BLOCK LETTERS** with a *black* ball point pen only.



**IMPORTANT NOTICE**

Failure to give a true, correct and complete answer to any question in this application form may result in a refusal of the licence application and may make you liable to conviction of an offence under section 29 of the *Gaming and Wagering Commission Act 1987* ("the Act"). A person who makes a declaration that, in any material particular, is false, is also liable to be convicted of an offence under section 170 of *The Criminal Code*.

**Information provided in this application will be treated CONFIDENTIALLY.**

**PART 1 – TYPE OF APPLICATION**

I, being a person over the age of 18 years, apply for a licence as:-

Please indicate with a ✓

**a casino key employee**

**a casino employee**

**a change of licence to casino key employee**

**a casino key or casino employee resuming within 4 months of ceasing**

at Crown Perth to perform the following type(s) of work:-

**PART 2 – PHOTOGRAPHIC IDENTIFICATION – only 1 section should be completed**

**If the application is being lodged in person the identity of the applicant must be verified by an RGL officer completing this section:-**

Date photograph taken at Department of Racing Gaming & Liquor:

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Applicant identified by one of the following items of photographic identification:-

- ♦ a current driver's licence
- ♦ a proof of age card
- ♦ a current passport

____ / ____ / ____ Original ID sighted	_____ Signature of RGL Officer
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**If the applicant does not have photographic identification, they will be required to provide two of the items of identification listed at page 13 (one of the documents must contain a signature of the applicant).**

**If the application is being lodged by mail this section must be completed by the person certifying the identity of the applicant:-**

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Date photograph taken:

I certify that this is a true resemblance of \_\_\_\_\_ whom I have known for \_\_\_\_\_ years.  
name of applicant

Signature of person certifying identity of applicant \_\_\_\_\_

**Name of person certifying identity of applicant:** \_\_\_\_\_

**1 x Passport  
Photograph  
(attach with pins)**

Address: \_\_\_\_\_  
number      street      suburb      postcode

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home/after hours telephone

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work telephone

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mobile

Relationship to applicant: \_\_\_\_\_





**PART 3 – PERSONAL INFORMATION (continued)**

*Provide complete details of your work history, including, if applicable, periods of unemployment, schools or colleges attended and all businesses with which you have been involved in the last 5 years:-*

<b>Period of Employment</b>		
<b>From:</b> _____ month _____ year	<b>To:</b> _____ month _____ year	
<b>Position Held</b>	<b>Name of Supervisor</b>	
<b>Name &amp; Address of Employer</b>		
<b>E-mail address</b>	<b>Contact Phone Number</b>	<b>Fax Number</b>
<b>Reason for leaving</b>		
<b>Period of Employment</b>		
<b>From:</b> _____ month _____ year	<b>To:</b> _____ month _____ year	
<b>Position Held</b>	<b>Name of Supervisor</b>	
<b>Name &amp; Address of Employer</b>		
<b>E-mail address</b>	<b>Contact Phone Number</b>	<b>Fax Number</b>
<b>Reason for leaving</b>		
<b>Period of Employment</b>		
<b>From:</b> _____ month _____ year	<b>To:</b> _____ month _____ year	
<b>Position Held</b>	<b>Name of Supervisor</b>	
<b>Name &amp; Address of Employer</b>		
<b>E-mail address</b>	<b>Contact Phone Number</b>	<b>Fax Number</b>
<b>Reason for leaving</b>		



**PART 3 – PERSONAL INFORMATION (continued)**

<b>1</b>	<b>Have you ever been retrenched, dismissed, discharged or requested to resign from any employment?</b>	<b>Yes/No</b>
	If <b>yes</b> , provide the employer's name and address and the reasons for your dismissal, resignation, etc	
<b>2</b>	<b>Have you ever served in the Armed Forces?</b>	<b>Yes/No</b>
<b>3</b>	<b>If yes, while in the armed forces were you ever charged with an offence that resulted in a court martial or other disciplinary action against you?</b>	<b>Yes/No</b>
	If yes, please provide details:	

Please attach an additional sheet if more room is required

**PART 4 – PHYSICAL DESCRIPTION**

<b>Height</b>	<b>Weight</b>
centimetres	kilograms
<b>Colour of eyes</b>	
Blue <input type="checkbox"/> Green <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Other _____	
<b>Colour of hair</b>	
Fair <input type="checkbox"/> Brown <input type="checkbox"/> Auburn <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Other _____	
<b>Complexion</b>	
Fair <input type="checkbox"/> Ruddy <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other _____	
<b>Do you have any scars, tattoos or other distinguishing markings?</b>	<b>Yes/No</b>
If yes, please provide details:	



**PART 5 – MARITAL INFORMATION**

**(a) Marital status:**

Single  Married  De facto relationship  Separated  Divorced

If applicable:-

Spouse/De facto partner's full name: \_\_\_\_\_

first name middle name(s) surname

Spouse/De facto partner's alias(es): \_\_\_\_\_

first name middle name(s) surname

Spouse/De facto partner's maiden name: \_\_\_\_\_

**PART 6 - RESIDENCES**

**List ALL addresses at which you have been a permanent resident (for a period of 6 months or more) over the last 5 years:**

<b>Period of Residency</b>			
<b>From:</b>		<b>To:</b>	
_____	_____	_____	_____
month	year	month	year
<b>Number, Street &amp; Suburb/City</b>	<b>State</b>	<b>Country</b>	
_____	_____	_____	

<b>Period of Residency</b>			
<b>From:</b>		<b>To:</b>	
_____	_____	_____	_____
month	year	month	year
<b>Number, Street &amp; Suburb/City</b>	<b>State</b>	<b>Country</b>	
_____	_____	_____	

<b>Period of Residency</b>			
<b>From:</b>		<b>To:</b>	
_____	_____	_____	_____
month	year	month	year
<b>Number, Street &amp; Suburb/City</b>	<b>State</b>	<b>Country</b>	
_____	_____	_____	

<b>Period of Residency</b>			
<b>From:</b>		<b>To:</b>	
_____	_____	_____	_____
month	year	month	year
<b>Number, Street &amp; Suburb/City</b>	<b>State</b>	<b>Country</b>	
_____	_____	_____	

Please attach an additional sheet if more space is required



**PART 7 – PASSPORT & TRAVEL INFORMATION**

(a) Do you have a current passport? YES  NO

If yes:-

Current Passport Number	Date of Issue 
Country of Issue	Expiry Date 

(b) If you are normally resident in Australia, have you travelled out of Australia during the last 3 years? YES  NO

If yes, please provide details:-

<b>Travel Dates</b>	
Date of Departure: 	Date of Return: 
Period overseas:	
Countries visited:	
Reason for travel	

<b>Travel Dates</b>	
Date of Departure: 	Date of Return: 
Period overseas:	
Countries visited:	
Reason for travel	

<b>Travel Dates</b>	
Date of Departure: 	Date of Return: 
Period overseas:	
Countries visited:	
Reason for travel	

Please attach an additional sheet if more space is required



**PART 8 - RECORD OF CRIMINAL OFFENCES AND CIVIL CLAIMS**

Have you ever been convicted of any offence (this means ALL convictions including spent, traffic, drug related and stealing offences but not traffic or parking offences dealt with by way of an infringement notice) either in Western Australia or elsewhere?

YES  NO  If YES, give details of each offence:-

Nature of offence		
Date of Offence 	Age at time of Offence	Place of Conviction
Full name under which Convicted		
Sentence Imposed		

Nature of offence		
Date of Offence 	Age at time of Offence	Place of Conviction
Full name under which Convicted		
Sentence Imposed		

Nature of offence		
Date of Offence 	Age at time of Offence	Place of Conviction
Full name under which Convicted		
Sentence Imposed		

Nature of offence		
Date of Offence 	Age at time of Offence	Place of Conviction
Full name under which Convicted		
Sentence Imposed		





Please attach an additional sheet if more space is required

**PART 8 - RECORD OF CRIMINAL OFFENCES AND CIVIL CLAIMS – *continued***

**IMPORTANT**

**IN RELATION TO EVERY APPLICATION FOR A CASINO EMPLOYEE LICENCE OR CASINO KEY EMPLOYEE LICENCE, THE GAMING AND WAGERING COMMISSION WESTERN AUSTRALIA MAKES INQUIRIES TO ESTABLISH WHETHER THE APPLICANT HAS HAD ANY INVOLVEMENT WITH LAW ENFORCEMENT AGENCIES, NO MATTER HOW LONG AGO.**

***FAILURE TO DISCLOSE ANY SUCH INVOLVEMENT WILL BE TAKEN INTO ACCOUNT IN ASSESSING YOUR CHARACTER, HONESTY AND INTEGRITY.***

1	Do you have any reason to believe that any criminal or civil proceedings against you may be pending?	Yes/No
2	Have you, or has a business which you are or were associated with ever been the defendant in any civil action?	Yes/No
3	Have you ever had a civil judgment or decision entered against you?	Yes/No
4	Have your salary, wages, earnings or other income been subject to a garnishee order or attachment or anything of that nature?	Yes/No
5	Have you ever had any article repossessed, whether by a finance company or otherwise?	Yes/No

*If you answered YES to any of the above questions, please provide full details below or in an attached document. You may also wish to attach photocopies of any documents you may have relating to the details you provide.*

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Please attach an additional sheet if more space is required



**PART 9 GAMING EXPERIENCE**

<b>1</b>	<b>Have you ever been excluded, for any reason, from a casino either in Australia or overseas?</b>	
	<b>Yes / No</b>	If yes, please provide details:-
<b>2</b>	<b>Have you ever been excluded, for any reason, either in Australia or overseas from a place (other than a casino) where gaming or racing has been conducted?</b>	
	<b>Yes / No</b>	If yes, please provide details:-
<b>3</b>	<b>Provide brief details of any experience you have had in the casino/gaming industry</b>	
<b>4</b>	<b>Have you ever been employed, either in Australia or overseas, by a casino regulatory authority or a gaming regulatory authority?</b>	
	<b>Yes / No</b>	If yes, please provide details:- Jurisdiction/Position: Brief description of duties:
<b>5</b>	<b>Do you hold, or have you ever held, any casino employee licence or gaming operator's licence, in Australia or overseas?</b>	
	<b>Yes / No</b>	If yes, please provide details:- Licence type: Number/Jurisdiction:
<b>6</b>	<b>Have you held any licence specified above that has been –</b> (i) cancelled; (ii) suspended; or (iii) made subject to any conditions as a result of disciplinary action?	
	<b>Yes / No</b>	If yes, please provide details:- Licence type: Number/Jurisdiction:
<b>7</b>	<b>Have you ever withdrawn an application for a casino employee licence?</b>	
	<b>Yes / No</b>	If yes, please provide details:-
<b>8</b>	<b>Have you ever had an application for a casino employee licence refused?</b>	
	<b>Yes / No</b>	If yes, please provide details:-



**PART 10 – CHARACTER REFERENCES**

Nominate 3 persons who —

- (a) are not related\*;
- (b) do not work at Crown Perth; and
- (c) have known you for a reasonable period, preferably during the last 5 years.

*Referees nominated by you may be asked to appraise your character and reputation.*

*\* A de facto partner is considered to be related to you.*

**Please inform your referees that you have nominated them in this application form.**

**Referee 1**

Title - Please indicate with a <input checked="" type="checkbox"/>				Years Known to Applicant	
Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Name:					
first name		middle name(s)		surname	
Home Address:					
number		street		suburb	
Telephone Number:			Fax Number:		
( )			( )		

**Referee 2**

Title - Please indicate with a <input checked="" type="checkbox"/>				Years Known to Applicant	
Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Name:					
first name		middle name(s)		surname	
Home Address:					
number		street		suburb	
Telephone Number:			Fax Number:		
( )			( )		

**Referee 3**

Title - Please indicate with a <input checked="" type="checkbox"/>				Years Known to Applicant	
Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Name:					
first name		middle name(s)		surname	
Home Address:					
number		street		suburb	
Telephone Number:			Fax Number:		
( )			( )		





## **PART 13 – ACCEPTABLE FORMS OF IDENTIFICATION**

If photographic identification does not exist, the applicant will be required to provide **two** of the following items of identification. If the application is being lodged by mail, certified copies (ie. signed by a Justice of the Peace or Police Officer) of the identification documents must be provided.

- Birth certificate
- Australian Citizenship papers
- Visa or immigration document
- Electoral enrolment card (or other evidence of enrolment not more than two years old)
- Current entitlement card issued by a State or Federal Government Department (eg Medicare Card)
- Current licence or identity card issued by a government organisation
- Armed Services identification.



**PAYMENT DETAILS**

Entering your credit card details below, you give consent for the appropriate application fee to be deducted from your card

<b>Card Type:</b> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	<b>Copy of Receipt</b> ( <i>email only</i> ): YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Card Number:</b>	<b>Expiry Date:</b>
<b>Cardholder's Name:</b>	<b>Cardholder's Signature:</b>
<b>Email Address:</b>	