



MISSOURI GAMING COMMISSION GAMING EMPLOYEE PERSONNEL CHANGE NOTICE/UPDATE

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	COMPANY NAME	
GAMING LICENSE NUMBER	DOB	RECEIVED BY

INSTRUCTIONS

This form must be completed promptly (within 10 days maximum) if there is an addition or change in your response to any question in your original application.

This form may be typed or completed with a ball-point pen if all information is printed in capital letters except in the “signature block”.

More than one change may be made as indicated on this form. Very often one change is interrelated with another i.e., a change in marital status may necessitate changes in name or an address change may be associated with separation from a spouse.

It is the submitting employee’s responsibility to make the changes, to present this form in a legible and concise manner and to attach the appropriate completed form(s) when applicable (a brief explanation is often imperative), and deliver it to the appropriate Gaming Commission Office.

List any arrests, convictions, detentions, charges, indictments, pleas of guilty or *nolo contendere*, or forfeited bail concerning any criminal offense, either felony or misdemeanor in any state or foreign country, since your original application.

✓ PLEASE INDICATE CHANGE (S) BEING MADE ON THIS FORM

<input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Lawsuit
<input type="checkbox"/> Arrests/Charges/Convictions	<input type="checkbox"/> Bank Account Information	<input type="checkbox"/> Job Change	<input type="checkbox"/> Other
NAME CHANGE			
NEW NAME	LAST	FIRST	MI REASON FOR CHANGE
ADDRESS/TELEPHONE NUMBER			
STREET ADDRESS, SUITE NO., ETC		PO BOX	
CITY	STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER		MOBILE PHONE NUMBER	EFFECTIVE DATE
MARITAL STATUS			
CURRENT STATUS	SPOUSE’S NAME	SPOUSE’S BIRTHDATE	SPOUSE’S WORK PHONE #
<input type="checkbox"/> Single	N/A	N/A	N/A
<input type="checkbox"/> Married			
<input type="checkbox"/> Legally Separated			
<input type="checkbox"/> Divorced			
<input type="checkbox"/> Widow/Widower		N/A	N/A
DATE OF CHANGE			
AUTHORIZATION (EMPLOYEE’S SIGNATURE):		DATE:	

ARRESTS, CHARGES, CONVICTIONS, ETC.

NATURE OF CHARGE		NAME AND LOCATION OF COURT INVOLVED	
DISPOSITION	DATE OF DISPOSITION	SENTENCE	

LAWSUITS

NAME AND ADDRESS OF COURT		DATE FILED	DOCKET NUMBER

OTHER PARTIES TO SUIT	NATURE OF SUIT

DISPOSITION	DATE OF DISPOSITION

BANK ACCOUNTS/SAFE DEPOSITS

NAME AND ADDRESS OF BANK	NAME (S) ON THE ACCOUNT OR SAFE DEPOSIT

TYPE (SAVINGS ACCOUNT, CHECKING ACCOUNT, SAFE DEPOSIT, ETC.)	ACCOUNT NUMBER OR SAFE DEPOSIT BOX NUMBER

JOB CHANGE/PROMOTION

DEPARTMENT	JOB TITLE	BADGE COLOR

DATE OF CHANGE:

ADDITIONAL INFORMATION

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AUTHORIZATION (EMPLOYEE'S SIGNATURE):	DATE: