



NOTIFICATION OF CHANGE IN EMPLOYMENT STATUS CGCC-033 (New 08/09)

Pursuant to Business and Professions Code section 19854, a key employee license entitles the holder to work as a key employee in any key employee position at any gambling establishment, provided the key employee terminates employment with one gambling establishment before commencing work for another. The submission of the information below to the California Gambling Control Commission is required pursuant to Title 4 of the California Code of Regulations Section 12352.

Instructions: Type or print legibly, in ink, all information requested on this application. Applications not fully and accurately completed will be returned. Send the completed request to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 220, Sacramento, CA 95833-4231.

SECTION 1 – LICENSEE INFORMATION		
Licensee's Last Name	First Name	Middle Initial
Residence Address		License Number
Mailing Address (If different than above)		
SECTION 2 – EMPLOYMENT STATUS INFORMATION		
1) Please mark the appropriate box below regarding your <i>prior</i> employment status. <input type="checkbox"/> My employment with _____ terminated on: _____. <small style="margin-left: 100px;">Name of Gambling Enterprise</small> <small style="margin-left: 200px;">Date</small> <input type="checkbox"/> I have not been working as a key employee since last submitting a notification.		
2) Please mark the appropriate box below regarding your <i>current</i> employment status. <input type="checkbox"/> I am not working as a key employee at this time. <input type="checkbox"/> On _____ I accepted employment by _____. <small style="margin-left: 10px;">Date</small> <small style="margin-left: 150px;">Name of Gambling Enterprise</small>		
3) Description of Job Duties (If currently working as a key employee)		
SECTION 3 – DECLARATION / SIGNATURE		
<i>I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.</i>		
Signature of Key Employee	Job Title	Date
To be completed by the current gambling enterprise employer representative (if applicable). <i>I declare that the above key employee has been offered a position under my employ and I have authorized his/her employment application.</i>		
Signature of Employer Representative	Printed Name	
Title	Date	