WINNEMUCCA POLICE DEPARTMENT

P.O. BOX 382
WINNEMUCCA, NEVADA 89446

APPLICATION FOR BROTHEL WORK CARD

POSITION: _____
WORK CARD NUMBER: _____
DATE OF APPLICATION: _____
DATE CARD ISSUED: _____
DATE CARD DENIED: _____

☐ WORK CARD
☐ RENEWAL
☐ ORIGINAL

DENIED BY: _____

PLACE OF EMPLOYMENT _____

NAME _____ AKA _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____

SEX _____ RACE _____ HT _____ WT _____ HAIR _____ EYES _____ BIRTHPLACE _____

SCARS, TATTOOS _____

DRIVER'S LICENSE NO. _____ STATE _____ U.S. CITIZEN YES _____ NO _____

IF NO, COUNTRY _____

REFERENCES IN CASE OF EMERGENCY:

_____

_____

PERMANENT MAILING ADDRESS _____

APPLICANT MUST LIST ALL PLACES OF RESIDENCE DURING THE PAST FIVE YEARS.
USE ADDITIONAL PAGES IF NECESSARY-------

FROM MONTH & YEAR	TO MONTH & YEAR	P.O. BOX/STREET	CITY/STATE/ZIP

APPLICANT MUST LIST ALL PLACES OF EMPLOYMENT DURING THE PAST FIVE YEARS.
USE ADDITIONAL PAGES IF NECESSARY-------

FROM MONTH & YEAR	TO MONTH & YEAR	P.O. BOX/STREET	CITY/STATE/ZIP

ALL ***ARRESTS*** MUST BE INCLUDED AND ***FAILURE TO DO SO IS CAUSE FOR WORK CARD TO BE DENIED OR REVOKED.***
APPLICANT MUST GIVE, IN HIS/HER OWN HANDWRITING, THE INFORMATION REQUESTED BELOW. USE ADDITIONAL PAGES IF NECESSARY------

DATE OF ARREST	AGE	CHARGE	COURT AND LOCATION	JUDGE	DISPOSITION

THE UNDERSIGNED APPLICANT CERTIFIES THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND FURTHER, THAT SUCH CERTIFICATION IS MADE WITH THE FULL KNOWLEDGE THAT ***ANY FAILURE TO DISCLOSE, MISSTATEMENT, OR OTHER ATTEMPT TO MISLEAD MAY BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OR REVOCATION OF A PERMIT TO BE EMPLOYED IN THE BROTHELS.*** I, APPLICANT, GIVE MY PERMISSION TO PERMIT ANY AGENT FROM THE CITY TO EXAMINE OR COPY EMPLOYMENT, TAX, CRIMINAL AND MEDICAL RECORDS, INCLUDING WAIVER OF ANY PHYSICIAN/PATIENT PRIVILEGE, INCLUDING PAST RECORDS OR THOSE FOR THE PERIODS DURING WHICH APPLICANT IS REGISTERED IN THE CITY. APPLICATION MUST BE SIGNED UNDER OATH OF PENALTY OF PERJURY.

ISSUING EMPLOYEE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

WPD REVISED 2005