

Kansas Racing and Gaming Commission



Level II Gaming Occupation License Application

**Kansas Racing and Gaming Commission
700 SW Harrison, Suite 500
Topeka, KS 66603-3754
Phone: 785-296-5800
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Kansas Racing and Gaming Commission

LEVEL II GAMING OCCUPATION LICENSE APPLICATION

Instructions

All information on the *Level II Personal Background Disclosure* form and the *Gaming Occupation License Application* form shall be typed or printed legibly in **black ink**, except initials and signatures. The applicant must use **blue ink** when signing, dating or initialing any page of the form. All forms must be properly signed and notarized. No applicant shall provide false information on any application form or to any commission staff.

LEVEL II CRITERIA:

Persons meeting any of the following criteria, or whose responsibilities involve the maintenance or conducting of gaming activities or equipment, or who will be required to work regularly in a restricted area are considered Level II employees or contractors and will be required to obtain a level II Gaming Occupation License.

- Each person who supervises the pit area;
- Each person who supervises the gaming table section;
- Each person who functions as a poker shift supervisor;
- Each person who functions as a dealer or croupier; conducts or supervises any table game;
- Each person who repairs and maintains gaming equipment, including, but not limited to slot machines and bill validators;
- Each person who functions as gaming cashiers or change persons
- Each person who assists in the operation of electronic gaming machine and bill validators (including persons who participate in payment of jackpots by filling hoppers) or who supervise those persons;
- Each person who identifies patrons to offer complimentaries, authorizes complimentaries or determines the amount of complimentaries;
- Each person who analyzes gaming licensee operations data and makes recommendations to key personnel of the gaming licensee relating to gaming licensee marketing;
- Each person who enters data into the gaming-related computer systems or develops, maintains, installs or operates gaming-related computer software systems;
- Each person who collects and records patron checks and personal checks which are dishonored and returned by a bank;
- Each person who develops marketing programs to promote gaming in the gaming licensee;
- Each person who processes coins, currency, chips or cash equivalents of the gaming licensee;
- Each person who controls or maintains electronic gaming machine inventory, including replacement parts, equipment and tools used to maintain the same;
- Each person who has responsibilities associated with the installation, maintenance or operation of computer hardware for the gaming licensee computer system;
- Each person who provides security in a gaming facility; or
- Each person who is otherwise designated by the commission.

FORMS:

Individuals seeking a Level II Gaming Occupation License must submit the following documents to the gaming facility's human resources office, which shall verify the completeness of the form and forward to a Commission licensing office:

- An original *Level II Personal Background Disclosure* (Form 552-01) and any documents supporting the form.
- A *Gaming Occupation License Application* (Form 410-00).

Licensee applicants will also be required to have a License Review Appointment, which will be scheduled by the gaming facility's human resources office. At the appointment the following must occur:

- Identification as described below must be brought to the scheduled license review appointment.
- Each applicant will be required to be fingerprinted at the time of the scheduled license review appointment.
- Each applicant will be photographed for their Photo ID Badge at the time of the scheduled license review appointment.

IDENTIFICATION REQUIREMENTS:

Each applicant shall identify themselves to commission staff by presenting the following valid identification:

- A current and valid U.S. passport or certification of naturalization or a current identification card issued by the INS containing a photograph or fingerprints and containing identification information including name, date of birth, sex, height, color of eyes and address.
- If the previous documentation is not available a student who is a citizen of another country with a J-1 authorization shall present the appropriate signed J-1 authorization document and a valid and current foreign passport with the United States citizenship and immigration stamp attached therein.
- If none of the previous documentation is available the applicant shall present one of following:
 - Current and valid state issued driver's license that has a photograph;
 - Current and valid identification card issued to persons who serve in the U.S. military, or their dependents, that has a photograph and/or other identifying information;
 - Current and valid school identification card containing a photograph, expiration date, the seal or logo of the issuing institution and the signature of the card holder; or
 - Current and valid identification card issued by a federal, state or local government agency that has a photograph
- If the applicant is not a citizen of the United States and cannot provide any of the identification previously specified, the applicant shall provide identification showing a country identification number from the applicant's country of citizenship.

- If the name on the application is different from the name on the identification the applicant shall provide a marriage certificate, divorce decree, court order granting a petition for name change.
- The commission may require supplemental identification.

RENEWALS:

Each Level II Gaming Occupation License shall be issued for a period no longer than two years and one month and shall expire on the last day of the month in which the licensee was born. Level II license renewal applications and supporting documents shall be submitted to the gaming facility's human resources office, which shall verify the completeness of the form and shall forward the application packet to the commission licensing office not less than 90 days before the expiration date of the license.

CHANGES IN APPLICATION INFORMATION AND EMPLOYMENT STATUS:

Each applicant and licensee has the duty to provide current information on the application and to submit any changes in application information to the commission licensing office within 11 days of the change. Each licensing office and gaming facility's human resources office shall have available a **Personal Change Notice/Update to Information** form available to file changes in application information.

Each licensee has the responsibility to immediately notify the commission licensing staff of changes in employment status, including termination. If a licensee's employment terminates, any commission issued credential shall be returned to the commission.

Each applicant and licensee has the duty to comply with all requirements of the Kansas Expanded Lottery Act and K.A.R. 112-100-1 *et. seq.*

For Office Use Only: Lic. No. _____ <input type="checkbox"/> NEW <input type="checkbox"/> RENEW Facility Bill \$ _____ Clerk _____ Date _____	<h2 style="margin: 0;">Kansas Racing and Gaming Commission</h2> <h3 style="margin: 0;">Gaming Occupation License Application</h3> <p style="margin: 0;">PLEASE USE BLACK INK AND PRINT CLEARLY ANSWER ALL QUESTIONS OR, IF NOT APPLICABLE, SO STATE.</p>	For Office Use Only: FPS Rcvd: _____ Bckgrnd Rcvd: _____ T/L Issue Date _____ KRGC REVIEW: _____
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ALL APPLICANTS MUST BRING PHOTO IDENTIFICATION BEFORE OBTAINING A LICENSE BADGE.
SOME TYPES OF LICENSES REQUIRE TESTING OR INTERVIEWING BEFORE LICENSING.
PROVIDING FALSE INFORMATION ON THIS APPLICATION MAY RESULT IN CRIMINAL PROSECUTION.

1. License Level <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	1a. _____ SSN 1b. _____ Job Title
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Your Social Security Number (SSN) is requested pursuant to K.S.A. 74-139. Your SSN will be used by licensing, law enforcement personnel, the director of taxation, and the national racing/gaming database to determine eligibility for licensure and detect violations of law or racing/gaming regulations. Failure to provide your SSN may result in denial of your application.

2a. _____	(Last)	(First)	(Middle)	(Maiden)		
Legal Name						
2b. _____	(Last)	(First)	(Middle)			
Spouse's Name						
3. _____	4a. _____	4b. _____		4c. _____		
	Date of Birth	Place of Birth		Age		
Nickname, Alias, Other Names Used	4d. _____	4e. _____	4f. _____	4g. _____	4h. _____	4i. _____
	Sex	Race	Height	Weight	Eyes	Hair
5a. _____	(Street Address)		(City)	(State)	(Zip)	
Permanent mailing address at which service of papers may be made:						
5b. _____	(Street Address)		(City)	(State)	(Zip)	
Current or local address, if different:						
6a. _____	6b. _____	6c. _____	6d. _____			
Home Phone	Business Phone	Cell Phone	Fax			

- 7a. YES NO Are you a United States citizen? If **NO**, indicate country of citizenship _____.
- 7b. YES NO Do you have an Alien Registration No. _____? If **YES** provide a copy of your identification card and any documentation of employment authorization to be employed in the United States.

8. IMPORTANT! In answering the following, you must disclose all records, including expunged records.

- YES NO Have you ever been convicted of a felony?
- YES NO Have you ever been adjudicated as a juvenile of an act that would be a felony if committed by an adult?
- YES NO Have you ever been convicted of a violation of any gambling laws?
- YES NO Have you ever been adjudicated as a juvenile of an act that would be a violation of gambling law if committed as an adult?
- YES NO Have you ever been convicted of a violation of any controlled substance law?
- YES NO Have you ever been adjudicated as a juvenile of an act that would be a violation of any controlled substance law if committed by an adult?
- YES NO Have you ever committed two or more acts of violence within the past two years, as established by any court?
- YES NO Have you ever failed to meet any monetary or tax obligation to the federal government, or any state and local government?
- YES NO Do you have any criminal charges pending against you in any jurisdiction?

If you answered **YES** to any of these questions, provide the following information and attach additional pages if necessary:

Date of Order	County	State	Nature of Crime/Offense	Disposition

Gaming Occupation License Application

9. **YES** **NO** Have you been licensed by any racing or gaming jurisdiction? If **YES**, list the four most recent licenses.

State/Jurisdiction	Year	License Occupation	State/Jurisdiction	Year	License Occupation

10. **YES** **NO** Have you ever (1) been excluded, expelled, ruled off or denied privileges at a racetrack or casino; (2) withdrawn your application for a license; (3) been refused or denied a license; (4) had your license suspended for 10 days or more; (5) paid a fine of \$500 or more; or (6) had your license revoked?

If **YES**, provide the following information:

Date	State/Jurisdiction	Disposition (Fine, Suspension, etc.)	Restored to Good Standing?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Facility Employer Verification to be completed by the Gaming Facility HR Office:

Department & Job Duty _____

Name of Facility _____

Signature-Human Resource Office

Date Signed

IMPORTANT – If I am granted an occupation license, I agree to be familiar with and comply with the provisions of the Kansas parimutuel racing act, commission regulations, and laws of the United States and the State of Kansas and subdivisions thereof; I consent to allow agents of the Kansas bureau of investigation or security personnel of the commission to search without warrant my person, personal property, and work premises while within the racetrack facility or adjacent facilities; I consent to submit to a breath or urine test, or both, immediately upon request by any authorized representative of the commission for the purpose of determining whether or not I may be under the influence of alcohol or any controlled substance; I understand and agree that refusal to submit to a breath or urine test, or both, immediately upon request shall result in suspension of my occupation license; I understand that this application is subject to the open records act of Kansas; I authorize all reporting agencies to release to the commission, or its agents, any information requested by them for completion of the background investigation and processing of this application; and I understand that providing false information or failing to provide complete information on this application will justify the commission in assessing a fine, refusing to issue, denying, suspending, or revoking my license. **I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND ANSWERS I HAVE MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.**

All occupation licenses require a satisfactory background investigation.

NOTARIZATION OF THIS APPLICATION IS REQUIRED BEFORE A KANSAS LICENSE MAY BE ISSUED

Signature of Applicant

Date

State of _____ County of _____

Sworn to before me this _____ day of _____, _____, by _____

(SEAL)

My Commission Expires: _____

Notary Public

Kansas Racing and Gaming Commission
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 (785) 296-5800
 Fax: (785) 296-0900

Home Page: www.ksracing.org Email: krge@ksracing.org

ATTACH ADDITIONAL PAGES IF NECESSARY



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PERSONAL BACKGROUND DISCLOSURE FORM LEVEL II

Date disclosure form completed: _____ Position/Title: _____

Racetrack or lottery facility where duties will be performed: _____

Read the entire form before filling it out, and verify your responses afterward. If you have nothing to report on a specific item, indicate "NONE" in the space provided. This form must be completely filled out, typed or printed in **black ink**, except initials and signatures. The applicant must use **blue ink** when signing, dating, or initialing any page of the disclosure. In the event any space is not large enough for the complete answer, attach an explanation on a sheet of plain paper.

SECTION 1: PERSONAL INFORMATION
 Please provide the following information about yourself.

Legal Name: _____
LAST FIRST MIDDLE

- Other names you have used or are known by:
1. _____
 2. _____
 3. _____

Current address:

STREET LOCATION (NUMBER/STREET) CITY STATE ZIP

Mailing address, if different:

PO BOX or LOCATION (NUMBER/STREET) CITY STATE ZIP

SECTION 2: ADDRESSES

List all previous addresses in reverse chronological order, back to high school or 20 years (use month and year for date information):

PRESENT ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

PREVIOUS ADDRESS		
_____	DATES: _____	
STREET ADDRESS	FROM	TO
_____	HOME: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
CITY	STATE	ZIP
(Check One)		

SECTION 3: EDUCATION

List your educational experience, in reverse chronological order, back to high school. Include any trade or technical training. Use additional sheets, if necessary:

INSTITUTION LAST ATTENDED	
NAME OF INSTITUTION _____	ATTENDED: <u> </u> / <u> </u> / <u> </u> FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
PROGRAM OF STUDY OR DEGREE RECEIVED _____	GRADUATION: <u> </u> / <u> </u> / <u> </u> MO <u> </u> YEAR <u> </u>

PREVIOUS INSTITUTION	
NAME OF INSTITUTION _____	ATTENDED: <u> </u> / <u> </u> / <u> </u> FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
PROGRAM OF STUDY OR DEGREE RECEIVED _____	GRADUATION: <u> </u> / <u> </u> / <u> </u> MO <u> </u> YEAR <u> </u>

PREVIOUS INSTITUTION	
NAME OF INSTITUTION _____	ATTENDED: <u> </u> / <u> </u> / <u> </u> FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
PROGRAM OF STUDY OR DEGREE RECEIVED _____	GRADUATION: <u> </u> / <u> </u> / <u> </u> MO <u> </u> YEAR <u> </u>

PREVIOUS INSTITUTION	
NAME OF INSTITUTION _____	ATTENDED: <u> </u> / <u> </u> / <u> </u> FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
PROGRAM OF STUDY OR DEGREE RECEIVED _____	GRADUATION: <u> </u> / <u> </u> / <u> </u> MO <u> </u> YEAR <u> </u>

PREVIOUS INSTITUTION	
NAME OF INSTITUTION _____	ATTENDED: <u> </u> / <u> </u> / <u> </u> FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
PROGRAM OF STUDY OR DEGREE RECEIVED _____	GRADUATION: <u> </u> / <u> </u> / <u> </u> MO <u> </u> YEAR <u> </u>

SECTION 4: EMPLOYMENT

Show **ALL** present and previous employers, back to high school or ten years, (including U.S. Military Service) in reverse chronological order. Use additional sheets if necessary:

PRESENT EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> / <u> </u> - <u> </u> / <u> </u> / <u> </u>
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

SECTION 4: EMPLOYMENT (CONTINUED)

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> - <u> </u>
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

PREVIOUS EMPLOYER	
BUSINESS NAME _____	SUPERVISOR _____
ADDRESS _____	PHONE NO. <u> </u> / <u> </u> - <u> </u>
EMPLOYED: FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	POSITION _____
REASON FOR LEAVING _____	\$ _____ MONTHLY SALARY

Have you ever been dismissed, terminated, or asked to resign from a job? Yes No

If yes, provide explanation and pertinent details. Use additional sheets, if necessary:

If you have performed U.S. Military Service, provide (attach copy of all DD214 forms received):

BRANCH	DATES OF SERVICE	TYPE OF DISCHARGE
--------	------------------	-------------------

List any professional certificates or licenses you have held, including government security clearances:

CERTIFICATE	CERT/LIC NO.	DATES VALID	STATE OF ISSUE

SECTION 5: CRIMINAL

List all criminal charges and convictions, expunged criminal records, and juvenile records, including commitments to any institution and traffic offenses that are alcohol or drug related. The Kansas Racing and Gaming Commission is authorized to receive records of expunged convictions pursuant to K.S.A. 74-8804(n) and K.S.A. 21-4619(i)(9). Use additional sheets, if necessary:

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

CHARGE	
CHARGE	DATE OF FILING
DISPOSITION	CASE OR DOCKET #
COURT (INCLUDING CITY, COUNTY, AND STATE)	

SECTION 6: CIVIL ACTIONS

List all occasions when you have been a party (other than a witness) in a civil or family court action, including divorce proceedings, small claims, collections, corporate and personal lawsuits, bankruptcies, judgments, etc. Use additional sheets, if necessary:

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

NATURE OF CASE	
_____	_____
CASE	DATE OF FILING
_____	_____
DISPOSITION	CASE OR DOCKET #

COURT (INCLUDING CITY, COUNTY, AND STATE)	

SECTION 7: FINANCIAL INFORMATION

Please complete the following information concerning your personal financial information.

List your personal assets and approximate values (use additional sheet, if necessary):

<u>ASSET</u>	<u>VALUE</u>

Approximate amount of your total personal indebtedness: \$_____

If the indebtedness amount shown in line above is greater than \$5,000, identify lenders and creditors with the corresponding outstanding balances. Use additional sheets, if necessary:

<u>LENDERS/CREDITORS</u>	<u>BALANCES</u>

SECTION 7: FINANCIAL INFORMATION (CONTINUED)

If you receive any disability compensation, describe the disability and its percentage:

DISABILITY	% OF DISABILITY
DISABILITY	% OF DISABILITY
DISABILITY	% OF DISABILITY
DISABILITY	% OF DISABILITY

SECTION 8: RACING AND GAMING AFFILIATIONS

List any state racing and/or gaming commissions, boards, or agencies that have investigated your background:

COMMISSION, BOARD OR AGENCY		
NAME		DATE OF INVESTIGATION
ADDRESS		PHONE / -
POSITION	LICENSE/PERMIT NUMBER	EXPIRATION DATE / /

COMMISSION, BOARD OR AGENCY		
NAME		DATE OF INVESTIGATION
ADDRESS		PHONE / -
POSITION	LICENSE/PERMIT NUMBER	EXPIRATION DATE / /

COMMISSION, BOARD OR AGENCY		
NAME		DATE OF INVESTIGATION
ADDRESS		PHONE / -
POSITION	LICENSE/PERMIT NUMBER	EXPIRATION DATE / /

SECTION 8: RACING AND GAMING AFFILIATIONS (CONTINUED)

Have you ever been, or are you presently, licensed by any racing or gaming jurisdiction?

If yes, list the following information. Use additional sheet(s), if necessary:

1. _____
 LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

 LICENSE NUMBER DATES VALID: FROM / / TO / /

2. _____
 LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

 LICENSE NUMBER DATES VALID: FROM / / TO / /

3. _____
 LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

 LICENSE NUMBER DATES VALID: FROM / / TO / /

4. _____
 LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

 LICENSE NUMBER DATES VALID: FROM / / TO / /

Have you ever experienced one of the following? (Check box, if yes)

- Been excluded, expelled, banned, ruled off, or denied privileges at a racetrack or casino;
- Been refused or denied a racing or gaming license;
- Had your racing or gaming license suspended for 10 days or more;
- Paid a fine of \$500 or more;
- Had your racing or gaming license revoked or had other disciplinary action taken against your license?

If so, for each, disclose the penalty, jurisdiction, disposition, and whether you have been restored to good standing. Use additional sheet(s), if necessary:

1. _____
 JURISDICTION PENALTY IN GOOD STANDING? Yes No

 DISPOSITION

2. _____
 JURISDICTION PENALTY IN GOOD STANDING? Yes No

 DISPOSITION

3. _____
 JURISDICTION PENALTY IN GOOD STANDING? Yes No

 DISPOSITION

SECTION 8: RACING AND GAMING AFFILIATIONS (CONTINUED)

Are you or have you ever been an owner of or had a financial interest in a gaming entity or racing animal?

If yes, provide explanation and pertinent details for each incidence. Use additional sheets, if necessary:

List any member of your family who is currently employed by a racing or gaming commission, racing organization, casino, or other gaming entity (use additional sheet(s), if necessary):

FAMILY MEMBER		
NAME	RELATIONSHIP	
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY	POSITION	
LOCATION	DATES: FROM	TO

FAMILY MEMBER		
NAME	RELATIONSHIP	
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY	POSITION	
LOCATION	DATES: FROM	TO

FAMILY MEMBER		
NAME	RELATIONSHIP	
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY	POSITION	
LOCATION	DATES: FROM	TO

SECTION 9: FAMILY CRIMINAL HISTORY

List all known criminal offenses for which any member of your immediate family, close relative, or in-laws have been arrested or convicted, including commitments to any institution (excluding traffic citations). Use additional sheet(s), if necessary:

RELATIVE		
NAME		RELATIONSHIP
CHARGE	DATE	CITY, STATE
DISPOSITION		

RELATIVE		
NAME		RELATIONSHIP
CHARGE	DATE	CITY, STATE
DISPOSITION		

RELATIVE		
NAME		RELATIONSHIP
CHARGE	DATE	CITY, STATE
DISPOSITION		

SECTION 10: WELLNESS

List any present or past compulsive behavior, mental-health, drug or alcohol related conditions. Describe any treatment, (inpatient or outpatient) you receive or have received for the condition, including the date of treatment, treating professional, facility or clinic and address of each:

CERTIFICATION

Under penalty of perjury, I certify that the answers given to questions in this personal background disclosure form and the documents I have filed with it are true, complete and correct to the best of my knowledge.

_____ Printed Name _____ Signature

_____ Date

Subscribed and sworn to before me this _____ day of _____, 200__.

_____ Notary

[Seal]

SUPPORTING DOCUMENTATION

Please provide a photo copy of your current driver's license.

FINGERPRINT CARDS

Each applicant is required to submit two completed blue and white Applicant Fingerprint Cards along with the Personal Background Disclosure Form. These fingerprint cards are commonly available from local law enforcement agencies. Please have the law enforcement agency assist in fingerprinting and completing the cards.

BE SURE TO DATE AND SIGN ANY ATTACHED RELEASE FORMS.

**RELEASE FORMS AND FINGERPRINT CARDS MUST
BE FILED WITH THIS DISCLOSURE FORM.**



Kansas Racing and Gaming Commission

700 SW Harrison, Suite 500

Topeka, KS 66603-3754

(785) 296-5800

AUTHORIZATION OF RELEASE

I hereby authorize and request any former and present employer, creditor, bank, savings and loan, credit union, finance company, mortgage company, credit card company, credit reporting agency, collection agency, school, college, university, agencies in the criminal justice system or any other person, company or corporation to release any and all information and documentation relating to my employment, evaluations, credit, financial condition, financial information, school activities, grades, degrees, character, integrity, criminal history including expunged records and any other information whatsoever to any agent or agents of the Kansas Bureau of Investigation, the Kansas Racing and Gaming Commission or other person designated by the commission.

Please check here if you:

- (1) are a current resident of California, Minnesota or Oklahoma;
- (2) are applying for employment with the Kansas Racing and Gaming Commission; and
- (3) would like to receive a copy of your consumer report directly from TransUnion, LLC.

Signature

Printed Name

Social Security Number

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary

[Seal]