

Kansas Racing and Gaming Commission



Level II Racetrack Occupation License Application

**Kansas Racing and Gaming Commission
700 SW Harrison, Suite 500
Topeka, KS 66603-3754
Phone: 785-296-5800
Fax: 785-296-0900**

Kansas Racing and Gaming Commission

LEVEL II RACETRACK OCCUPATION LICENSE APPLICATION

Instructions

All information on the enclosed forms 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 application. 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:

Each individual who regularly assumes duties similar to the following positions for the facility manager/owner licensee or organization licensee must complete a *Level II Personal Background Disclosure* form and *Racetrack Occupation License Application*.

- Board Members, Officers, and Directors for County Fair Boards and for Non-profit Horsemen's Organizations; Horse and Greyhound Race officials (chartwriter, clerk of scales, kennel master, identifier, lure operator, patrol judge, placing judge, paddock judge, and starter) and backups to these positions; and Totalisator Employees

Each individual having submitted a personal background disclosure form shall be required to complete an updated personal background disclosure every three years, provided they have not had a lapse in their license for more than 12 months and are working at the same level for which the background investigation was conducted.

FEES:

Each occupation license application and personal background disclosure form shall be submitted with the appropriate fees. Each *Level II Personal Background Disclosure* form must be accompanied with a \$60.00 background investigation fee and each occupation license application must be accompanied with the occupation license fee as indicated in the Licensing Section/Parimutuel Licensing on the Commission's website www.ksracing.org.

FORMS:

All applicants must submit the following documents to the racetrack 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* (Form 552-01) and any documents supporting the form, if required
- An original *Racetrack Occupation License Application* (Form 411-00)
- Appropriate fees
- Digitally scanned fingerprints or two sets of completed applicant fingerprint cards
- Identification as described below

IDENTIFICATION REQUIREMENTS:

Each applicant shall identify themselves to Commission staff by presenting the following 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 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 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.

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 each 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 office of changes in employment status, including termination. If a licensee's employment terminates, any Commission issued badge shall be returned to the Commission licensing office.

Each applicant and licensee has the duty to comply with requirements of the Kansas Parimutuel Racing Act and regulations.

For Office Use Only: Lic. No. _____ Date _____ Lic. Fee _____ FP Year _____ FP Fee _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Charge _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Facility Bill _____	<h2 style="margin:0;">Kansas Racing and Gaming Commission</h2> <h3 style="margin:0;">Racetrack Occupation License Application</h3> <p style="margin:0;">PLEASE USE BLACK INK AND PRINT CLEARLY</p> <p style="margin:0;">ANSWER ALL QUESTIONS OR, IF NOT APPLICABLE, SO STATE.</p>	For Office Use Only: Rulings on File? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Check _____ Kennel No. _____ Lic. Exp. Date: 12-31-2008 Facility _____ Clerk _____ 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"/> One Year <input type="checkbox"/> County Fair	1a. SSN	1b. Type of License
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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. Legal Name	(Last)	(First)	(Middle)	(Maiden)	
2b. Spouse's Name	(Last)	(First)	(Middle)		
3. Nickname, Alias, Other Names Used	4a. Date of Birth		4b. Place of Birth		4c. Age
	4d. Sex	4e. Race	4f. Height	4g. Weight	4h. Eyes
5a. Permanent mailing address at which service of papers may be made:	(Street Address)		(City)	(State)	(Zip)
5b. Current or local address, if different:	(Street Address)		(City)	(State)	(Zip)
6a. Home Phone	6b. Business Phone		6c. Cell Phone		6d. 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, whether or not relating to the conduct or operation of a race meet held in this state or any other jurisdiction?
- 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

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



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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 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>
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

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

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
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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 (CONTINUED)

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

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.**



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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]