Kansas Racing and Gaming Commission
700 SW Harrison, Suite 500
Topeka, KS 66603-3754
(785) 296-5800

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 1: PERSONAL INFORMATION (CONTINUED)

Telephone Numbers

_____	_____	_____	_____
HOME	WORK	CELL	OTHER

Date of Birth: _____ Social Security Number: _____

Place of Birth _____

LOCATION (IF KNOWN) CITY STATE/COUNTRY

Current Driver's License Number: _____ State of Issuance: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Are you a United States citizen? ☐ Yes ☐ No

If no, indicate country of citizenship: _____

Do you have an Alien Registration Number? ☐ Yes ☐ No

If yes, provide the number:_____. You will also need to provide a copy of your identification card, and any documentation of authorization to be employed in the United States.

Current marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

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: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

PREVIOUS ADDRESS

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

PREVIOUS ADDRESS

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

PREVIOUS ADDRESS

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

PREVIOUS ADDRESS

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ Other
CITY STATE ZIP (Check One)

PREVIOUS ADDRESS

_____ DATES: _____ _____
STREET ADDRESS FROM TO

_____ HOME: ☐ Own ☐ Rent ☐ 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

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

PREVIOUS INSTITUTION

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

PREVIOUS INSTITUTION

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

PREVIOUS INSTITUTION

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

PREVIOUS INSTITUTION

_____ ATTENDED: _____ _____
NAME OF INSTITUTION FROM TO

_____ _____
ADDRESS PHONE NO.

_____ GRADUATION: _____/_____
PROGRAM OF STUDY OR DEGREE RECEIVED MO YEAR

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.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

PREVIOUS EMPLOYER

_____ _____
BUSINESS NAME SUPERVISOR

_____ _____
ADDRESS PHONE NO.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

PREVIOUS EMPLOYER

_____ _____
BUSINESS NAME SUPERVISOR

_____ _____
ADDRESS PHONE NO.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

PREVIOUS EMPLOYER

_____ _____
BUSINESS NAME SUPERVISOR

_____ _____
ADDRESS PHONE NO.

EMPLOYED: _____ _____ _____
FROM TO POSITION

_____ $_____
REASON FOR LEAVING MONTHLY SALARY

SECTION 4: EMPLOYMENT (CONTINUED)

PREVIOUS EMPLOYER

BUSINESS NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE NO. _____

EMPLOYED: FROM _____ TO _____ POSITION _____

REASON FOR LEAVING _____ MONTHLY SALARY $_____

PREVIOUS EMPLOYER

BUSINESS NAME _____ SUPERVISOR _____

ADDRESS _____ PHONE NO. _____

EMPLOYED: FROM _____ TO _____ 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

Spouse's current employment and any other employment in the past year:

NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION
NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION
NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION
NAME OF EMPLOYER	ADDRESS	TYPE OF BUSINESS/POSITION

SECTION 5: CRIMINAL

List all criminal charges, 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):

ASSET	VALUE

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:

LENDERS/CREDITORS	BALANCES

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

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? ☐ Yes ☐ No

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

1. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER FROM TO

2. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER FROM TO

3. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER FROM TO

4. _____
LICENSING ENTITY STATE OF ISSUE TYPE OF LICENSE

_____ DATES VALID: _____ _____
LICENSE NUMBER 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? ☐ Yes ☐ No

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

_____ DATES: _____ _____
LOCATION FROM TO

FAMILY MEMBER

_____ _____
NAME RELATIONSHIP

_____ _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY POSITION

_____ DATES: _____ _____
LOCATION FROM TO

FAMILY MEMBER

_____ _____
NAME RELATIONSHIP

_____ _____
COMMISSION, ORGANIZATION, CASINO, OR GAMING ENTITY POSITION

_____ DATES: _____ _____
LOCATION 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:

SECTION 11: ACKNOWLEDGEMENT

I understand that failing to answer these questions completely and truthfully may be the basis for action to be taken against my gaming license, including fines, suspension, and/ or revocation.

I understand that failing to answer these questions completely and truthfully may be the basis for action to be taken against my occupation license, including fines, suspension, and/ or revocation;

I understand that if I am granted a gaming license, I agree to be familiar with and comply with the provisions of the Kansas expanded lottery 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 racing and gaming commission to search without warrant my person, personal property, and work premises while within a Kansas lottery gaming 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 gaming license;

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.

_____ (Initial here if you understand and agree)

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

NOTARIZATION OF THIS SIGNATURE IS REQUIRED
BEFORE A KANSAS LICENSE OR CERTIFICATE MAY BE ISSUED

Before me, _____, a notary public in the state of _____, personally
Notary Public (printed) *State*

appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

Witness, my hand and notary seal, this _____ day of _____ , _____.
Day *Month* *Year*

by _____
Notary Public (Signature) (SEAL)

SUPPORTING DOCUMENTATION

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

FINGERPRINT CARDS

Each applicant is required to either (1) provide electronic fingerprints at a KRGC office, or (2) submit either 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.