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

PERSONAL BACKGROUND DISCLOSURE FORM
LEVEL III

Position/Title: _____

Employing Racing or Gaming Facility: _____

Applicant Name: _____
LAST FIRST MIDDLE

Applicant's Permanent Street Address:

_____
STREET LOCATION (NUMBER/STREET) CITY STATE ZIP

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

Birth Date: _____ SSN: _____

* * * *

5. Do you have an interest, whether financial or otherwise, in any gaming entity, venture, or activity?

☐ No ☐ Yes If yes, attach an explanation.

6. Have you any ownership interest, directly or indirectly, as an owner, owner-trainer, or trainer of a horse or greyhound, or as a jockey of a horse entered in a race in any jurisdiction?

☐ No ☐ Yes If yes, attach an explanation.

7. Have you ever failed to meet any monetary or tax obligation to the federal government or to any state or local government?

☐ No ☐ Yes If yes, attach an explanation.

8. Have you received treatment or counseling for alcohol, controlled substance, or gambling abuse or addiction?

☐ No ☐ Yes If yes, attach an explanation.

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.