Service Industry - General Employee License Application
Personal History Data

Arkansas Racing Commission
Electronic Games of Skill Section
www.Arkansas.gov/dfa/racing

Instructions: Please read and complete every section. If a section does not apply, enter not applicable (n/a). Print clearly in black or blue ink. Do not write in the space labeled "For Division Use Only." **License fee and Application fee are an annual fee to be paid by check, cashier's check, or money order and should be made payable to Arkansas Racing Commission. Application Fee and License Fee must be attached with this application. If you need additional space to answer a question, please use Page 9.`** **Application Fee: $50.00 License Fee: $25.00**

TO BE COMPLETED BY ALL APPLICANTS

Social Security Number:	**Birth Date (MM/DD/YY)**	**Gender:** _____ **Male** _____ **Female**

Last Name:	**First:**	**Middle:**	**Suffix:**

Have you used, been known as, or been called by another name (example - maiden name, pseudonym, nickname) or alias other than the name used on the application? _____ **Yes** _____ **No**

If the answer is yes, state name or names used: _____

Race/Ethnicity (check only one):

_____ **Black or African American** _____ **Asian or Pacific Islander** _____ **Hispanic/Latino**

_____ **White or Caucasian** _____ **Native American** _____ **Other**

Current Street Address:

City:	**State:**	**Zip Code**	**Country:**

Home Telephone Number:	**Work Telephone Number:**

Current Mailing Address:

City:	**State:**	**Zip Code**	**Country:**

Facility where employed and/or doing business (check all that apply):	**Have you ever held an Arkansas pari-mutuel license?**
_____ **Southland** _____ **Oaklawn** **Other** _____	_____ **Yes** _____**No**

Brief Description of Job Duties:

Name of Your Current Employer and Supervisor:

FOR DIVISION USE ONLY

License # _____ **File #** _____ **Date License Issued**_____ **License Expiration Date** _____

Date Received _____ **Entered By** _____

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RESIDENCE DATA

Beginning with your current residence(s) and working backward, provide the following information with respect to each place where you have lived (including residences while attending college or while in military service) during the past five (5) years or since the age of 18, whichever is less.

Date From: (Mo/Yr)	Date To: (Mo/Yr)	Address (Street #, Apt. #, City, State and zip)	Own or Rent	Name, Address, & Telephone # of Landlord or Mortgage/Bond Holder, If Known

FAMILY/SOCIAL DATA

What is your current marital status: ___Single ___Married ___Legally Separated ___Divorced ___Widow

How many times have you been married? _____

CURRENT MARRIAGE

Provide the information below regarding your current marriage and spouse:

Marriage Date:	Where Married (City, County, State/Province, Zip, Country)

SPOUSE INFORMATION

First:	Middle:	Maiden:	Date of Birth: (dd/mm/yy)	Place of Birth: (City, County, State, Country)
Spouses' Occupation:			Spouse SS#:	
Street:		City:	State:	Country:

PREVIOUS MARRIAGES

Provide the information below regarding your previous marriages (do not include current spouse):

Name of former spouse(s)	Date and Place of Marriage	Docket/Case # of Divorce Action (if known)	Date of Birth	Date & Jurisdiction where annulled, separated, or divorced	Present Address of Former Spouse(s) - Street, City, State, Zip and Country

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MILITARY SERVICE DATA

Have you ever served in a military organization of any country or have you been an active or inactive member of a reserve force of any country? _____Yes _____No If yes, provide the following information:

Country of Service	Branch of Service	Service Serial #	Highest Rank Held	Period(s) of Active Service

Date and type of discharge or separation (i.e. honorable, dishonorable, honorable conditions, medical, etc.) from Military Service: *

Date of Each Discharge/Separation:	Type of Discharge(s):

Have you ever been tried by military court martial or have you had charges filed against you?**
_____Yes _____No If yes, provide the following information:

Nature of Charge or Arrest	Date and Location of Charge or Arrest	Name of Military Organization Filing Charges	Disposition (convicted, acquitted, dismissed, pleading, etc.)	Sentence

*** In the United States, a military record is called a DD214. If you have served in the U.S. military, you should provide a copy of your DD214 and Discharge Certificate. If your military service was in another country, you should provide a copy of whatever official documentation was provided to you at the time of your discharge.**

**** Charges filed against you by the military authorities in any country would fall under the Code of Military Justice applicable to that jurisdiction. In the United States, this means any charges filed against you under Article 15 of the Uniform Code of Military Justice (summary court, deck court, captain's mast, company punishment, etc.)**

EDUCATIONAL DATA

Beginning with secondary school (high school), provide the information listed below with respect to each school, college, graduate or postgraduate school you have attended.

Date: From: (Mo/Yr) | To: (Mo/Yr)	Name and Address of School	Description of Education Program	List any Degree or Certification Attained	Graduated (Yes or No)

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EMPLOYMENT AND LICENSING DATA

Have you ever been employed by a casino or gaming/gambling related company in any jurisdiction?
_____Yes _____No

Casino or gaming/gambling related company includes any form or type of casino, gaming/gambling related operation, any manufacturer of gaming/gambling equipment, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.

Name of Gaming/Gambling Related Company and Country/State Where You Where Employed	Name, Mailing Address, and Telephone Number of Employer(s)	Date: From: | To: (Mo/Yr) |(Mo/Yr)	Title/Position Held and Description of Duties	Reason for Leaving

In the chart below, provide the information regarding your employment for the past 5 years or from the age of 18, whichever is less. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. For any casino or gaming/gambling related employment identified in the previous question, you are only required to fill in the dates of employment and the name of the casino or gaming/gambling related company on this chart.

Date: From: | To: (Mo/Yr) |(Mo/Yr)	Name, Mailing Address, and Telephone Number of Employer(s)	Title/Position Held and Description of Duties	Name of Supervisor	Reason for Leaving/Compensation at Departure

With regard to the previously listed employment:

Were you ever discharged, suspended or asked to resign from employment? _____Yes _____No

During the last 5 year period, were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? _____Yes _____No

If yes to either question, complete the following chart as to each time you were discharged, suspended, asked to resign or disciplined:

Date of Discharge, Suspension, Resignation, or Disciplinary Action	Name and Address of Employer		Name of Supervisor	Reason of Discharge, Suspension, Resignation, or Disciplinary Action

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EMPLOYMENT AND LICENSING DATA

Have you ever applied in Arkansas or any other jurisdiction for a license, permit, registration, or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc? _____Yes _____No If yes, provide the following information:

Name and Address of Licensing Agency (including country, state, county or municipality)	Type of License, Permit, Approval, or Registration	Date of Application	Disposition (Granted, Denied, or Pending)	License, Permit, Approval or Registration Number

Have you or your spouse ever made application for, or held, a license, permit, registration, finding of suitability, qualification or other authorization to participate in any form or type of casino, gaming/gambling related operation (including any manufacturer of gaming/gambling equipment, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, internet gaming, etc.) or alcoholic beverage operation in any jurisdiction? You must answer "YES" to this question if you ever applied and your application was granted, denied, returned to you by the gaming agency for any reason, withdrawn or is currently pending. _____Yes _____No If yes, provide the following information:

Name and Address of Licensing Agency (including country, state, county or municipality	Type of License, Permit, Approval, or Registration	Date of Application	Disposition (Granted, Denied, or Pending)	License, Permit, Approval or Registration Number

For each casino, gaming/gambling related or alcoholic beverage operation application, license, permit, registration, finding of suitability, qualification or other authorization identified in the previous question, were you or your spouse ever called to appear to testify, or otherwise participate in a hearing or proceeding, before the licensing agency or commission to which you were applying. _____Yes _____No If yes, provide the following information:

Name and Address of Licensing Agency or Commission	Date of Appearance	Nature of Hearing	Was Testimony Given? (Yes or No)

In the chart below, list all current motor vehicle operator licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction:

Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

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CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you or your spouse may have committed. Prior to answering this question, carefully review the definitions and instructions that follow.

INSTRUCTIONS: **1. Answer "YES" and provide all information to the best of your ability EVEN IF:**

- **A. You or your spouse did not commit the offense charged.**
- **B. The charges were dismissed or subsequently downgraded to a lesser charge.**
- **C. You or your spouse completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions.**
- **D. You or your spouse were not convicted.**
- **E. You or your spouse did not serve any time in prison or jail, or**
- **F. The charges or offenses happened a long time ago.**

IMPORTANT: Arkansas Racing Commission/Electronic Games of Skill Section or its designee will make inquiries to establish whether the applicant has had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account in assessing your character, honesty and integrity.

Have you or your spouse ever been arrested or charged with any crime or offense in any jurisdiction?
_____Yes _____No If yes, complete the following chart: Denote with "S" if spouse.

Nature of charge or offense and location of where incident occurred	Date of Charge or Offense	Name and Address of Law Enforcement Agency or Court Involved	Disposition (convicted, acquitted, dismissed, pending, pardoned, etc.)	Sentence

To the best of your knowledge, has a criminal indictment, information or complaint ever been filed or returned against you, but for which you were not arrested or in which you were named as an unindicted party or unindicted co-conspirator in any criminal proceeding in any jurisdiction? _____Yes _____No If yes, complete the following chart:

Name and Address of Governmental Agency/Organization Involved	Nature of Proceeding	Date

Have you ever been the subject of an investigation conducted by any governmental agency/organization, court, commission, committee, grand jury, or investigatory body (local, state, county, provincial, federal, national, etc.) other than in response to a traffic summons? _____Yes _____No If yes, complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony Given? (Yes or No)	Date on Which Testimony was Given	Approximate Time Period of Investigation

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CIVIL, CRIMINAL, AND INVESTIGATORY PROCEEDINGS

Have you ever been called to testify before, or otherwise been questioned, interviewed, disposed, or requested to take a polygraph exam by any governmental agency/organization, court, commission, committee, grand jury, or investigative body (local, state, county, provincial, federal, national, etc.) in any jurisdiction other than in response to a traffic summons?
_____Yes _____No

Have you ever been subpoenaed to appear or testify before a federal, national, state, county, grand jury, or other criminal investigatory agency or body, or any board or commission, or any civil, criminal or administrative proceeding or hearing?
_____Yes _____No If yes, complete the following chart:

If yes to either question, complete the following chart:

Name and Address of Court or Other Agency	Nature of Proceeding or Investigation	Was Testimony Given? (Yes or No)	Date on Which Testimony was Given	Approximate Time Period of Investigation

Have you ever received a pardon, or has any governmental agency/organization agreed to dismiss, suspend, or defer any criminal investigation or prosecution against you for any criminal offense? _____Yes _____No
If yes, complete the following chart:

Date of Pardon, Dismissal, Suspension, or Deferral	Type of Action Taken	Name and Address of Government Agency/Organization granting pardon, dismissal, suspension or deferral

In the past 10 years, have you been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal, or national government other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation? _____Yes _____No
If yes, complete the following chart:

Governmental Agency/Organization	Nature of Charge	Date	Disposition

Have you ever been barred or otherwise excluded, for any reason, other than for the denial, suspension, or revocation of a license or registration, from any form or type of casino or gaming/gambling related operation in any jurisdiction? (Check "YES" even if the disbarment or exclusion is no longer in effect or has been lifted.) _____Yes _____No
If yes, complete the following chart:

Gaming/Gambling Agency	Date of Exclusion	Reason for Exclusion

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REFERENCES

Provide the names and other information requested of three (3) references over the age of 18 whom you have known for at least one year and can attest to your good character and reputation. Do not include relatives, present employer or your employees.

REFERENCE ONE:

Name _____ Business Address _____

Address _____ City, State, Zip _____

City, State, Zip _____ Occupation _____

Telephone No. _____ How long have you known this reference? _____

REFERENCE TWO:

Name _____ Business Address _____

Address _____ City, State, Zip _____

City, State, Zip _____ Occupation _____

Telephone No. _____ How long have you known this reference? _____

REFERENCE THREE:

Name _____ Business Address _____

Address _____ City, State, Zip _____

City, State, Zip _____ Occupation _____

Telephone No. _____ How long have you known this reference? _____

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As indicated in the instructions on Page 1 of this form, this page is to used by you for any questions, which require additional space to answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters.

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ALL APPLICANTS PLEASE READ AND SIGN BELOW

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by the 25 U.S.C. 2701 et. seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by the Commission and the State of Arkansas who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, Local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement in connection with the hiring or firing of an employee, the issuance of revocations of a gaming license, or investigations of activities while associated with a gaming operation. Failure to consent to the disclosures indicated in this notice will result in you being unable to be hired as a service industry employee.

A false statement on your application may be grounds for not hiring you, or firing you after you begin to work. Also, you may be punished by fine or imprisonment. (U.S. Code, Title 18, Section 1001).

I hereby swear that every statement contained herein is true and correct and that I understand any misstatement or omission in the application may result in denial or revocation of my Service Industry Employee license. I authorize all law enforcement or criminal justice agencies to release all requested information to the Department of Finance and Administration. I agree to abide by and obey all rules of the Arkansas Racing Commission and the laws of the State of Arkansas.

_____ _____

Signature of Applicant **Date**

_____ _____

Signature of Arkansas Racing Commission Official (Witness) **Date**