

BACKGROUND DISCLOSURE FORM FOR AGENCY STAFF & CONTRACTORS

NAME:						
DATE:						
POSITION APPLIED FOR:						
FINGERPRINTS COMPLETE:	□ Yes	🗆 No				

Purpose and Use of the Background Disclosure Form

The Texas Racing Commission is a law enforcement agency with a unique mission. The *Texas Racing Act* requires background checks to determine suitability and qualifications for people to be employed by the Commission (*Texas Occupations Code, Sec. 2022.057*). Completion of the Background Disclosure Form does not guarantee selection for employment. The information you provide will be evaluated by our agency human resources team with the cooperation of other state or federal law enforcement partners to determine your suitability for the position or license sought. For potential agency employees, the Background Disclosure Form is a required in addition to *The State of Texas Application for Employment*.

Instructions for Completing the Background Disclosure Form. It is essential that the information is accurate and complete in all respects so please read all instructions carefully before proceeding. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin. Omissions or falsifications will result in disqualification from employment or may be grounds for future termination of employment.

- Answer all questions truthfully and accurately. Print legibly in BLACK INK or typed. Your statement will be evaluated on completeness and legibility. Unclear information may prevent an investigator from completing your background check in a timely manner. The investigator may, but has no obligation to, ask you for clarification.
- 2. If a question is not applicable to you, enter N/A in the space provided.
- 3. You are responsible for obtaining correct telephone numbers and full addresses. If you are not sure of a telephone number and/or address, personally verify before making that entry on this history statement. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
- 4. If additional space is needed, use the continuation page on Page 12 (make additional copies as necessary) and indicate the page number, section and number (if applicable).
- 5. You are responsible for providing timely changes and/or updates in writing via email.
- 6. If your application is incomplete, you WILL NOT BE CONSIDERED FOR EMPLOYMENT OR LICENSURE.
- 7. The following documents must be submitted with the Personal History Statement:
 - A copy of a government-issued identification (e.g., Driver's License, Passport, etc.)
 - A copy of your fingerprint receipt from IndentoGO (NOTE: Applicants for employment do not need this until after interview)
 - A copy of your driving history from the Texas Department of Public Safety (or governing agency in your jurisdiction)
 - If required for qualification for the position you are seeking, a copy of your official high school or college transcripts
 - If required for the position you are seeking (e.g., Veterinarian, Attorney, Peace Officer), written verifications of licensure by the state agency governing your license (e.g., Texas Board of Veterinary Medical Examiners)
 - If prior or current military, a copy of all DD-214(s), NGB Form 22, or similar records related to your service

1. APPLICANT IDENTIFICATION Indicate your name as it appears on your SOCIAL SECURITY card.

a.	Last Name: F						
	Have you ever been known or gone by a	any other name (excluding	nicknames)? If yes, giv	e details:			
b.	Street Address:			Pt. No.:			
	City:	State:		Zip code:			
	Mailing Address (if different from resider	nce):					
	Home Telephone No.:	Work Telephone No	.:	Cellular No.:			
	Date of Birth:	Social Security No.:					
	List ALL E-Mail Addresses:	Drive	r License No.:	State:			
	Have you ever possessed a driver's lice	nse issued by any state ot	her than Texas? Yes	□ No □			
c.	If yes, give details below:						
	Driver's License No.:	issued:		_			
	State:	Date:					
d.	Have you ever had your driver's license suspension or revocation:	suspended or revoked?	Yes 🗆 No 🗆 If	f yes, give reason, date, and length of			
e.	Place of Birth (City, County, State, Cour	ntry):					
f.	Are you a U.S. Citizen by birth? Yes	□ No □					
	If not a U.S. citizen by birth, are you a na	aturalized citizen of the U.	S? Yes 🗆 No 🗆				
g.	If hired by the agency, you will be required to provide (1) ONE of the following documents for citizenship purposes. Select from the boxes below which document you will provide to HR to show proof that you are a United States citizen:						
	U.S. Passport Original or certified	ied copy of Birth Certificate	e 🗆 Original or ce	rtified copy of Naturalization \Box			

2.	MARITAL and FAMI	LY HISTORY					
a.	Single	Married	Enga	aged 🗆	Cohabitating		
b.	Spouse's/Co-habitant	's name (inclu	ude maiden name):				
	Address:						
	Date of Birth:		_ Date of Marriage:	:			
	Home Telephone No.	:	W	/ork Telephone No.:			
c.	If you have been sepa	arated, divorc	ed, or widowed, pro	vide details below:			
	Date of Marriage:			Date of Marria	ige:		
	City and State:			City and State	:		
	Separated 🗆 🛛	Divorced 🗆	Widowed \Box	Separated 🛛	Divorced	Widowed \Box	
	Date:		Date:				
	Ex-spouse's Name: _		Ex-spo	use's Name:			
	Telephone No.:		Telepho	one No.:			

d. Identify *children* related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children). If deceased, indicate under the address column:

Relation	Name	Address	City	State	Zip

e. Identify relatives in the following order (even if you have no contact with the relative): Father, Mother (include maiden name), step-parents (if any), brothers and sisters, in their birth order. If deceased, indicate under address the address column:

Relationship	Name	Address	City	State	Zip	Phone Number

3. RESIDENCES

Identify all residences where you have lived in the last ten (10) years, beginning with the most recent, including your present address. List date by month/year.

From	То	Address	City	State	Zip Code

4. PERSONAL REFERENCES

List at least three (3) persons who know you well enough to provide current information about you. **<u>DO NOT</u>** list relatives or former supervisors listed on the standard State application.

1.	Name:	Years known:
	Address:	Alternate Telephone:
	Home Telephone:	_
	Email Address:	_
	Nature of Relationship:	_
2.	Name:	Years known:
	Address:	Alternate Telephone:
	Home Telephone:	_
	Email Address:	_
	Nature of Relationship:	_
3.	Name:	Years known:
	Address:	Alternate Telephone:
	Home Telephone:	_
	Email Address:	_
	Nature of Relationship:	

	4.	Name:	Years known:
		Address:	Alternate Telephone:
		Home Telephone:	
		Email Address:	
		Nature of Relationship:	
	5.	Name:	Years known:
		Address:	Alternate Telephone:
		Home Telephone:	
		Email Address:	
		Nature of Relationship:	
5.	PE	RSONAL DECLARATIONS	
a.	Do	you consume alcoholic beverages? Yes \Box No \Box	If yes, how often?
b.		the last three (3) years, have you used illegal drugs? Yes \Box ovide explanation:	·
c.		e you currently using any illegal drugs? Yes □ No □ te last used?	☐ If yes, how often?
		RRESTS, DETENTIONS, AND LITIGATION	egardless of outcome? Yes □ No □
,		,	J

- **b.** Have you ever been the subject of a lawsuit or had civil actions taken against you in court?
- **c.** If yes, complete the following

Agency	Offense	Date	Location

d. Have you ever committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004)

Yes □ No□ If yes, explain:

e. Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called?

Yes \Box No \Box If yes, explain:

7. FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives ever been arrested? Yes 🗆 No 🗆 If yes, complete the following:

Relationship	Name	Agency	Offense	Year	Outcome

8. FINANCIAL INFORMATION

a.	Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?	Yes 🗆	No 🗆	
	If "Yes" to above, indicate type:			
b.	Have you ever had any personal or real property repossessed or foreclosed? If "Yes" to above, please explain:	Yes 🗆	No 🗆	
c.	Have you ever failed to pay federal, state, or other taxes?	Yes 🗆	No 🗆	
	If "Yes" to above, please indicate year(s):			
d.	Have you ever defaulted on any type of loan?	Yes 🗆	No 🗆	
	If "Yes" to above, please explain:			
e.	Have you ever had bills or debts turned over to a collection agency?	Yes 🗆	No 🗆	
	If "Yes" to above, please explain:			
f.	Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?	Yes 🗆	No 🗆	
	If "Yes" to above, please explain:			

Yes	No	

g. Are you currently more than sixty (60) days delinquent on any debts?			
If "Yes" to above, indicate how many delinquent debts:			

1	Name of Acc	ount: Explanation:	
••			
	Amount Behi	nd: Date Behind:	
2.	Name of Acc	ount: Explanation:	
	Amount Behi	nd: Date Behind:	
3.	Name of Acc	ount: Explanation:	
	Amount Behi	nd: Date Behind:	
4.	Name of Acc	ount: Explanation:	
	Amount Behi	nd: Date Behind:	
9. Ha		ENT HISTORY een fired, asked to resign, or resigned in lieu of termination? Yes □ No □	
1.	Employer		
	Reason?	When?	
2.	Employer		
	Reason?	When?	
Ha	ave you ever o	uit a job without providing at least two (2) weeks-notice? Yes \Box No \Box	
1.	Employer		
	Reason?	When?	
2.	Employer		
	Reason?	When?	_
Do	you have any	reason to believe that a former employer(s) may give you a negative job reference? Yes \Box	No 🗆
1.	Employer		
	Reason?	When?	
2.	Employer		
	Reason?	When?	

9. OCCUPATIONAL AND BUSINESS LICENSES

Have you even been licensed by the Texas Racing Commission in any capacity? Yes \Box $\:$ No \Box

1.	Type of License				
	When?				
2.					
	When?				
3.					
	When?				
Ha	ave ever held any other occupational license	e through the State of Texas? Yes \Box	No 🗆		
1.	Type of License				
	When?				
2.	Type of License				
	When?				
3.	Type of License				
	When?				
Ha	Have ever held a business license through the State of Texas? Yes \Box No \Box				
1.	Type of License				
	When?				
	IRS Tax ID No. (EIN)				
	TX Secretary of State Business No.				
	Business Name and Type of Entity (e.g., LLC, PLLC, Corporation)				
2.	Type of License				
	When?				
	IRS Tax ID No. (EIN)				
	TX Secretary of State Business No.				
	Business Name and Type of Entity (e.g., LLC, PLLC, Corporation)				
3.	Type of License				
	When?				
	IRS Tax ID No. (EIN)				
	TX Secretary of State Business No.				
	Business Name and Type of Entity (e.g., LLC, PLLC, Corporation)				

10. MILITARY SERVICE OBLIGATION

a.	Have you ever served in the U.S. Armed Force	es or State Military Forces?	Yes 🗆	No 🗆
Sei	rved from (Date):	to	Highest Rank held	d:
Bra	anch of Service:			
Job	o Title(s) (e.g., Rifleman, Security):			
Тур	be of discharge:			
Uni	t:	Last Duty Station:		_
Do	you have an Active Security Clearance?	∕es □ No □		
b.	Are you actively serving in a National Guard	or Reserve Unit (includin	g State Military Ford	ces)? Yes 🗆 No 🗆
Sei	ved from (Date):	to	Current Rank held	d:
Bra	anch of Service:			
Job	o Title(s) (e.g., Rifleman, Security):			
Uni	t:	Last Duty Station:		_
a.	Have you ever been subject to court martial (Include non-judicial, Captain's mast, etc.) outcome(s):			
b.	Identify any additional information you think any further explanation of answers to previou		our application for t	the position you are seeking, and/or
. GE	NERAL INFORMATION			
	1. HAVE YOU EVER ENGAGED IN ANY C (SEE BELOW)? Yes □ N	CONDUCT LISTED UNDE	R SECTION 2026.0	051 OF THE TEXAS RACING ACT

IF YES, ATTACH AN EXPLANATION.

11

Sec. 2026.051. COMMISSION RULES REGARDING EXCLUSION OR EJECTION. The commission shall adopt rules providing for the exclusion or ejection from an enclosure where horse or greyhound races are conducted, or from specified portions of an enclosure, of a person:

- (1) who has engaged in bookmaking, touting, or illegal wagering;
- (2) whose income is from illegal activities or enterprises;
- (3) who has been convicted of a violation of this subtitle;
- (4) who has been convicted of theft;
- (5) who has been convicted under the penal law of another jurisdiction for committing an act that would have constituted a violation of any rule described in this section;
- (6) who has committed a corrupt or fraudulent act in connection with horse or greyhound racing or pari-mutuel wagering or who has committed any act tending or intended to corrupt horse or greyhound racing or pari-mutuel wagering;
- (7) who is under suspension or has been excluded or ejected from a racetrack by the commission or a steward in this state or by a corresponding authority in another state because of corrupt or fraudulent practices or other acts detrimental to racing;

- (8) who has submitted a forged pari-mutuel ticket or has altered or forged a pari-mutuel ticket for cashing or who has cashed or caused to be cashed an altered, raised, or forged pari-mutuel ticket;
- (9) who has been convicted of committing a lewd or lascivious act or other crime involving moral turpitude;
- (10) who is guilty of boisterous or disorderly conduct while inside an enclosure;
- (11) who is an agent or habitual associate of a person excludable under this section; or
- (12) who has been convicted of a felony.
- 2. HAVE YOU PERSONALLY EVER BEEN INVESTIGATED AND / OR LICENSED BY ANY STATE RACING AND/OR GAMING COMMISSION?
 Yes □
 No □

IF YES, ATTACH AN EXPLANATION.

3. ARE YOU PERSONALLY RELATED, LINKED, ACQUAINTED, OR A BETTOR WITH ANY SPORTS BOOKMAKER IN TEXAS OR THE UNITED STATES? Yes □ No □

IF YES, ATTACH EXPLANATION AND IDENTIFY THE BOOKMAKER.

 4. ARE YOU AN OWNER, LESSOR, OR LESSEE OF ANY HORSE OR GREYHOUND INVOLVED IN THE PARI-MUTUEL INDUSTRY, IN THIS STATE OR ANY OTHER STATE?
 Yes □ No □

IF YES, ATTACH A LIST WITH THEIR NAMES, BREED AND PARI-MUTUEL STATE INVOLVED.

5.	DO YOU PRESI	ENTLY OWN OR CONTROL A FINANCIAL INTEREST IN A LICENSE OF THE COMMISSION?
	Yes 🗆	No 🗆

IF YES, ATTACH AN EXPLANATION.

6.	DO YOU PRESENTLY ACCEPT ANY REMUNERATION FROM A RACETRACK?	Yes 🗆	No 🗆
IF	SO, ATTACH LIST WITH NAME OF RACETRACK AND REASON FOR REMUNERA	TION.	

7. DO YOU PRESENTLY HAVE ARRANGEMENTS TO RECEIVE ANY PART OF THE PURSE OR TEXAS BRED INCENTIVE AWARD PAID ON ANY GREYHOUND OR HORSE WHICH RACES IN THE STATE OF TEXAS? Yes □ No □
IF SO, ATTACH DETAILS.

8. IN REFERENCE TO THESE RESTRICTIONS, DO YOU HAVE ANY RELATIVES WHOSE ACTIVITIES MEET ANY OF THE RESTRICTIVE CRITERIA ABOVE?
IF YES, PLEASE EXPLAIN:

- 9. DO YOU HAVE ANY RELATIVES RELATED IN THE SAME MANNER, AS REFERENCED ABOVE, WHO:
- a) IS EMPLOYED BY THE TEXAS RACING COMMISSION?
- b) IS EMPLOYED IN ANY CAPACITY AT A LICENSED PARI-MUTUEL FACILITY IN THE STATE OF TEXAS?
- c) HAS BEEN CONVICTED OF ANY FELONY CRIME?

IF THE ANSWER IS YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

12. RELATIVES

THE COMMISSION MAY NOT EMPLOY OR CONTINUE TO EMPLOY A PERSON WHO:

- 1) OWNS OR CONTROLS A FINANCIAL INTEREST IN A COMMISSION LICENSE HOLDER;
- IS EMPLOYED BY OR SERVES AS A PAID CONSULTANT TO A COMMISSION LICENSE HOLDER, AN OFFICIAL STATE BREED REGISTRY, OR A TEXAS TRADE ASSOCIATION, AS DEFINED BY SECTION 2022.004(a) OF THE RACING ACT, IN THE FIELD OF HORSE OR GREYHOUND RACING OR BREEDING;
- 3) OWNS OR LEASES A RACE ANIMAL THAT PARTICIPATES IN PARI-MUTUEL RACING IN THIS STATE; OR
- 4) ACCEPTS OR IS ENTITLED TO ANY PART OF THE PURSE OR TEXAS-BRED INCENTIVE AWARD TO BE PAID ON A GREYHOUND OR A HORSE IN A RACE CONDUCTED IN THIS STATE; OR
- 5) RESIDES WITH OR IS RELATED WITHIN THE FIRST DEGREE BY AFFINITY OR CONSANQUINITY TO A PERSON SUBJECT TO A DISQUALIFICATION PRESCRIBED BY THIS SUBSECTIONIN REFERENCE TO THESE RESTRICTIONS, DO YOU HAVE ANY RELATIVES WHOSE ACTIVITIES MEET ANY OF THE RESTRICTIVE CRITERIA ABOVE?

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired or licensed, may lead to the termination my employment or revocation of my license.

Printed Name of Applicant

Signature of Applicant

Date