



# BACKGROUND DISCLOSURE FORM FOR OCCUPATIONAL LICENSE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

LICENSE TYPE: \_\_\_\_\_

FINGERPRINTS COMPLETE:  Yes  No

## Purpose and Use of the Background Disclosure Form

The *Texas Racing Act* requires background checks to determine suitability and qualifications for people to hold certain Commission licenses (*Texas Occupations Code, Sec. 2022.057*). Completion of the Background Disclosure Form does not guarantee selection the approval of any license. The information you provide will be evaluated by the agency executive director with the cooperation of other state or federal law enforcement partners to determine your suitability for the position or license sought.

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 may result in disqualification from occupational or business licenses.

1. 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 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)
  - If required for the license you are seeking, resume with qualifications or other information required as part of the application process.

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

a. Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_

Have you ever been known or gone by any other name (excluding nicknames)? If yes, give details:

\_\_\_\_\_

b. Street Address: \_\_\_\_\_ Pt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing Address (if different from residence): \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_ Cellular No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

List ALL E-Mail Addresses: \_\_\_\_\_ Driver License No.: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other 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 suspended or revoked? Yes  No  If yes, give reason, date, and length of suspension or revocation:

\_\_\_\_\_

\_\_\_\_\_

e. Place of Birth (City, County, State, Country): \_\_\_\_\_

f. Are you a U.S. Citizen by birth? Yes  No

If not a U.S. citizen by birth, are you a naturalized 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 copy of Birth Certificate  Original or certified copy of Naturalization

**2. MARITAL and FAMILY HISTORY**

a. Single  Married  Engaged  Cohabiting

b. Spouse's/Co-habitant's name (include maiden name): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

c. If you have been separated, divorced, or widowed, provide details below:

Date of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

City and State: \_\_\_\_\_ City and State: \_\_\_\_\_

Separated  Divorced  Widowed  Separated  Divorced  Widowed

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Ex-spouse's Name: \_\_\_\_\_ Ex-spouse's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Telephone 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	To	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. **DO NOT** 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. PERSONAL DECLARATIONS

a. Do you consume alcoholic beverages? Yes  No  If yes, how often?

\_\_\_\_\_

b. In the last three (3) years, have you used illegal drugs? Yes  No  If yes, when last used?

Provide explanation: \_\_\_\_\_

c. Are you currently using any illegal drugs? Yes  No

Date last used?

If yes, how often?

\_\_\_\_\_

\_\_\_\_\_

### 6. ARRESTS, DETENTIONS, AND LITIGATION

a. Have you ever been arrested or detained by law enforcement regardless of outcome? Yes  No

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  No  If yes, explain:

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**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:

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b. Have you ever had any personal or real property repossessed or foreclosed? Yes  No

If "Yes" to above, please explain:

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c. Have you ever failed to pay federal, state, or other taxes? Yes  No

If "Yes" to above, please indicate year(s):

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d. Have you ever defaulted on any type of loan? Yes  No

If "Yes" to above, please explain:

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e. Have you ever had bills or debts turned over to a collection agency? Yes  No

If "Yes" to above, please explain:

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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:

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g. Are you currently more than sixty (60) days delinquent on any debts? Yes  No

If "Yes" to above, indicate how many delinquent debts:

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1. Name of Account: \_\_\_\_\_ Explanation: \_\_\_\_\_  
 Amount Behind: \_\_\_\_\_ Date Behind: \_\_\_\_\_

2. Name of Account: \_\_\_\_\_ Explanation: \_\_\_\_\_  
 Amount Behind: \_\_\_\_\_ Date Behind: \_\_\_\_\_

3. Name of Account: \_\_\_\_\_ Explanation: \_\_\_\_\_  
 Amount Behind: \_\_\_\_\_ Date Behind: \_\_\_\_\_

4. Name of Account: \_\_\_\_\_ Explanation: \_\_\_\_\_  
 Amount Behind: \_\_\_\_\_ Date Behind: \_\_\_\_\_

**9. EMPLOYMENT HISTORY**

Have you ever been fired, asked to resign, or resigned in lieu of termination? Yes  No

1. Employer \_\_\_\_\_  
 Reason? \_\_\_\_\_ When? \_\_\_\_\_

2. Employer \_\_\_\_\_  
 Reason? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever quit a job without providing at least two (2) weeks-notice? Yes  No

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  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     No

- 1. Type of License \_\_\_\_\_  
When? \_\_\_\_\_
- 2. Type of License \_\_\_\_\_  
When? \_\_\_\_\_
- 3. Type of License \_\_\_\_\_  
When? \_\_\_\_\_

Have ever held any other occupational license through the State of Texas?    Yes     No

- 1. Type of License \_\_\_\_\_  
When? \_\_\_\_\_
- 2. Type of License \_\_\_\_\_  
When? \_\_\_\_\_
- 3. Type of License \_\_\_\_\_  
When? \_\_\_\_\_

Have ever held a business license through the State of Texas?    Yes     No

- 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 Forces or State Military Forces? Yes  No

Served from (Date): \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security): \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Unit: \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Do you have an Active Security Clearance? Yes  No

b. Are you actively serving in a National Guard or Reserve Unit (including State Military Forces)? Yes  No

Served from (Date): \_\_\_\_\_ to \_\_\_\_\_ Current Rank held: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security): \_\_\_\_\_

Unit: \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

a. Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s):

b. Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

**11. GENERAL INFORMATION**

1. HAVE YOU EVER ENGAGED IN ANY CONDUCT LISTED UNDER SECTION 2026.051 OF THE TEXAS RACING ACT (SEE BELOW)? Yes  No

IF YES, ATTACH AN EXPLANATION.

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.

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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.

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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.

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

IF YES, ATTACH AN EXPLANATION.

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6. DO YOU PRESENTLY ACCEPT ANY REMUNERATION FROM A RACETRACK?      Yes       No

IF SO, ATTACH LIST WITH NAME OF RACETRACK AND REASON FOR REMUNERATION.

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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.

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

IF YES, PLEASE EXPLAIN:

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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;
- 2) 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 SUBSECTION IN 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

TEXAS RACING COMMISSION PERSONAL HISTORY CONTINUATION SHEET

Empty form area for personal history continuation.