

**ILLINOIS RACING BOARD
LICENSED PARI-MUTUEL WAGERING FACILITY
EMPLOYMENT APPLICATION**

Date: ____ / ____ / ____
Month Day Year

Employer to whom you are submitting this application:

Name (if other than above) and Address of place of employment:

(Name)

(Address)

Indicate position you are applying for:

Pari-Mutuel Clerk Security Guard Parking Attendant

PERSONAL DATA

Name: _____
(Last) *(First)* *(Mid.)* *(Maiden)*

Other names or aliases you have used or are known by:

_____ *(Last)* *(First)* *(Mid.)*

Residence: _____
(Street Address) *(City)* *(State)* *(Zip Code)*

Telephone: (_____) ____ - ____

(If less than two years at current residence, list prior residence)

Prior Residence: _____
(Street Address) *(City)* *(State)* *(Zip Code)*

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Sex: Male Female Marital Status: Married Single

Driver's License Number: _____ State: _____ Exp. Date: ____ / ____ / ____

This state agency is requesting disclosure of information that is necessary to accomplish the Statutory purpose as outlined under Chapter 8 – Section 37 – 1et seq. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.

Number of years of schooling completed: _____

Person to be notified in case of emergency:

Name: _____

Relationship: _____

Telephone: _____

Have you ever been licensed by the Illinois Racing Board? YES NO

(If Yes, indicate last year licensed and in what capacity)

EMPLOYMENT RECORD

Current or most recent employer:

Name: _____

Address: _____

(Street Address) (City) (State) (Zip Code)

Dates of Employment: From: _____ To: _____

Job Title: _____

Name of Immediate Supervisor: _____

Reason for Leaving: _____

Next most recent employer:

Name: _____

Address: _____

(Street Address) (City) (State) (Zip Code)

Dates of Employment: From: _____ To: _____

Job Title: _____

Name of Immediate Supervisor: _____

Reason for Leaving: _____

Next most recent employer:

Name: _____

Address: _____

(Street Address) (City) (State) (Zip Code)

Dates of Employment: From: _____ To: _____

Job Title: _____

Name of Immediate Supervisor: _____

Reason for Leaving: _____

Under the provisions of Chapter 8, Paragraph 37-15.3 of the Illinois Revised Statutes, truthful answers to the following questions are required as a condition of employment at any licensed pari-mutuel wagering facility.

- | | | |
|---|-----------------------|-----------------------|
| | <u>YES</u> | <u>NO</u> |
| 1) Have you ever been convicted of a felony? | <input type="radio"/> | <input type="radio"/> |
| 2) Have you ever been convicted of a misdemeanor which involved
(a) dishonesty, (b) fraud, (c) deception or (d) moral turpitude? | <input type="radio"/> | <input type="radio"/> |

(If you answered "Yes" to either of the above, supply the necessary information below.)

<i>Date of Conviction (Month/Year)</i>	<i>City / State</i>	<i>Criminal Charge</i>	<i>Sentence</i>

- | | | |
|---|-----------------------|-----------------------|
| | <u>YES</u> | <u>NO</u> |
| 3) Have you ever been excluded (denied admission or ejected) from any facility where pari-mutuel wagering is conducted? | <input type="radio"/> | <input type="radio"/> |

(If you answered "Yes", supply the necessary information below.)

<i>Date (Month/Year)</i>	<i>Facility</i>	<i>City / State</i>	<i>Reason for Exclusion</i>

- | | <u>YES</u> | <u>NO</u> |
|---|-----------------------|-----------------------|
| 4) Have you ever committed an act of theft in connection with any employment at a license pari-mutuel facility? | <input type="radio"/> | <input type="radio"/> |
| 5) Have you knowingly provided false, misleading, or deceptive information to a Federal, State or Local Government body? | <input type="radio"/> | <input type="radio"/> |
| 6) Have you ever engaged in bookmaking (accepting a wager from a patron which was withheld from the pari-mutuel pool) at a licensed pari-mutuel facility? | <input type="radio"/> | <input type="radio"/> |
| 7) Have you ever engaged in touting (soliciting anything of value in exchange for information on the outcome of a horse race) at a licensed pari-mutuel facility? | <input type="radio"/> | <input type="radio"/> |
| 8) Have you ever been fingerprinted? | | |

(If you answered "Yes", supply the information below for each instance that you were fingerprinted.)

<i>Office or Agency that took prints</i>	<i>Date (Month/Year)</i>	<i>Reason for Having Prints Taken</i>

Under the penalties of perjury provided for by the Laws of the State of Illinois, I certify that the information submitted in this application is true and correct to the best of my belief and knowledge.

I do hereby authorize the Illinois Racing Board and the Department of State Police to investigate and verify all the information contained in this employment application.

(Signature)

(Date)