

Approved: Feb. 16, 1994
Date

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS

The meeting was called to order by Chairman Lana Oleen at 11:05 a.m. on February 2, 1994 in Room 254-E of the Capitol.

All members were present

Committee staff present: Mary Galligan, Legislative Research Department
Theresa Kiernan, Revisor of Statutes
Jeanne Eudaley, Committee Secretary

Conferees appearing before the committee:
See attached list

Others attending: See attached list

Sen. Oleen introduced Sen. Wisdom, who presented a draft of a resolution (Attachment 1) requiring the federal government to pay costs incurred by states in providing programs and services mandated or required by the federal government. Sen. Ramirez made a motion the committee sponsor it, and Sen. Walker seconded the motion; the motion passed.

Sen. Oleen presented a proposal (Attachment 2) to the committee establishing a gubernatorial inaugural fund. Sen. Ramirez made a motion the committee sponsor the proposal, and it was seconded by Sen. Papay; the motion passed.

Sen. Oleen opened the confirmation hearing for Ronald Tincher, who has been appointed as Brigadier General to the Army National Guard. She called attention to the Senate confirmation questionnaire and conflict of interest statement (Attachment 3) and introduced Charles Bredahl. He explained that Adjutant General James Rueger was out of town and then introduced Col. Tincher to the committee. Col. Tincher presented information (Attachment 4) to the committee. Sen. Gooch asked Col. Tincher if he is serving in the brigadier general position prior to being confirmed, and if he wins state approval, who makes the final decision on his appointment. Col. Tincher replied he has been serving as brigadier general since July, 1993; that if he is confirmed, it will be his state approval, with the final decision on his appointment coming from Washington D.C. Sen. Gooch asked if there were requirements to an upgrade of position, and Col. Tincher replied there were no special requirements in the upgrade in position for him. Sen. Gooch told of a relative who is in flight training at McConnell Air Force Base and will probably have to move to Nebraska because of the limited number of flying slots and asked Col. Tincher if he would make a special effort to promote blacks in the Guard. He stated there has been little or no effort in the past to promote blacks and that he hopes under Col. Tincher's authority there will be a greater effort to integrate blacks into the system. Sen. Oleen stated she has been serving on an Advisory Commission to Secretary Aspin and has visited McConnell Air Base and is proud the first woman fighter pilot in training is from the Air Guard. She commended the Guard for its efforts to promote minorities and encouraged Col. Tincher to form a close partnership with the Air Force and to work together to promote minorities. Col. Tincher stated years ago the National Guard was thought of as backup to the Army, but now they work together. Sen. Oleen stated there has been a shift in defense to the National Guard and she wants the National Guard to receive the support and credit it deserves. She closed the confirmation hearing and asked committee members for comments and said the committee will take action on the confirmation next week.

Sen. Oleen called the committees' attention to SB 509 and pointed out that a new form was used by the Governor's office for Col. Tincher's appointment (Attachment 3). It has no space to indicate whether a KBI check had been completed. She reviewed previous discussions on SB 509 and recalled the committee requested a list of appointments that are required by statute to have background and criminal record checks. Ms. Kiernan referred to a memorandum (Attachment 5) from the Revisor's Office and reported the only appointment requiring an investigative report is the KPERS Board of Trustees. Three appointments requiring background checks are the Superintendent of the Highway Patrol, Executive Director of the Racing Commission and members of the Racing Commission. Sen. Oleen reminded the committee the investigations in years past had been done by the Highway Patrol; however, during the past two administrations, the checks have been performed by the KBI. No additional funds have been allocated to the KBI for personnel or expenses to do the checking.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON FEDERAL AND STATE AFFAIRS, Room 254-E
Statehouse, at 11:05 a.m. on February 2, 1994.

Sen Oleen introduced Kyle Smith who reported to the committee information it requested regarding three areas of concern: (1) Mr. Smith referred to lists (Attachment 6) compiled for the committee, showing those positions recommended for full background investigations and those recommended for criminal history records check. He referred to the memo from the Revisor's Office (Attachment 5) and the fact that only the KPERS Board of Trustees is required by statute for a criminal record check. (2) He spoke with Attorney General Stephan regarding if the KBI would conduct background checks at the request of the committee. Attorney General Stephan stated there is a problem in separation of powers and that he believes it not appropriate for the KBI to conduct checks for the committee. Mr. Smith reminded the committee the KBI is an investigative agency, and that it requires two to three agents to accommodate requests from the Governor's office - which is done as a courtesy to Governors. (3) Confidentiality would have to be established by law to share information gathered by the KBI, especially information from another state, since most states will not disclose information unless confidentiality can be assured. Mr. Smith then explained three forms (Attachment 7, 8, 9) which are used by the FBI in its investigations. He advised the committee to look at minimum qualifications, conflicts of interest and be aware that some areas are subjective. He cautioned that under the Civil Rights Act, Title VII, some questions cannot be asked; however, the Governor is exempted out of Title VII. He reminded the committee the KBI does the investigation and provides information only. Others excluded from background investigations are appointees from the Adjutant General and the National Guard. Sen. Oleen stated those appointees were excluded from the confirmation process, but were put back on because of federal regulations. Mr. Smith referred to the last page of Attachment 6, which is the Parimutuel Racing statute requiring background investigation, which the committee had requested. Sen. Tillotson questioned if the background list contains appointed positions the KBI is checking now, or if it is only the KBI suggestion list for background investigations. Mr. Smith answered yes to both, and stated it is, basically, a list of appointees the KBI now checks for the Governor. He added that a committee made up of KBI personnel, which included himself, discussed and compiled the list now being recommended. Sen. Oleen stated a need for a policy decision on the subject of making investigations mandatory to correct inconsistencies and used as an example making background checks on the Human Rights Commission members, but not checking the Executive Director of the Lottery. She stated it is imperative that conflict of interest be investigated and as other members of the committee have expressed, investigations should be made before the announcement is made by the Governor. She again stated the committee will not schedule a confirmation hearing for the Executive Director of the Lottery until an investigation is made. She has been told by the Governor's Office that a decision was made not to run an investigation, since one had been done in Connecticut. She also pointed out that all Lottery personnel have a background investigation completed before they can be hired and yet, there is no requirement for an investigation of the Executive Director. Sen. Jones questioned the difference between a record check and a background check, and Mr. Smith responded the background check verifies name, address, etc., but in order to do a records check, the person must fill out the long form, and information regarding arrests, convictions, etc., is obtained. Sen. Jones recalled discussing how detrimental erroneous information on the computer can be and stressed the confidentiality factor. Mr. Smith replied the KBI does not give out the information, since it is highly regulated and confidential. Sen. Tillotson made a motion to amend SB 509 to include full background investigations and conflict of interest information, and it was seconded by Sen. Walker. Sen. Walker asked for clarification of the amendment, and Sen. Gooch stated he is concerned at the cost incurred to do the investigations and that the number should be kept down for that reason. Mr. Smith answered the cost of the records check is approximately \$11.00 per hour, and one can usually be done in one hour. The cost for a background check is approximately \$1,000 per individual. Sen. Oleen reminded the committee the list suggested by Mr. Smith is less than the checks being done now for the Governor. Sen. Parkinson stated he sees no reason for the Legislature to mandate the checks on Gubernatorial appointees if the committee cannot look at the results of the checks, and Sen. Tillotson responded that the Governor would have information on appointees. Sen. Oleen reminded the committee it does not have the authority now to request information on Gubernatorial appointees. Sen. Parkinson stated he hoped all governors would investigate all appointments before announcing them, especially ones being sent to the Senate for confirmation. Sen. Oleen stressed the importance of having information on appointees, especially relating to conflict of interest. Sen. Jones asked Sen. Parkinson how the situation was handled in the U.S. Congress, and Sen. Parkinson answered investigations are conducted and given to the Senate chairmen only and is kept confidential. Mr. Smith read the statute requiring background information on appointees to the KPERS Board. Sen. Oleen stated it was time for adjournment, and the committee will discuss the bill at a later date.

Sen. Oleen referred to SB 392 and asked for committee action. Sen. Parkinson made a motion the bill be passed favorably, and it was seconded by Sen. Tillotson; the motion passed.

Meeting adjourned at 12:05.

GUEST LIST

COMMITTEE: Senate Federal & State Affairs

DATE: Feb. 2, 1994

[illegible]

SENATE CONCURRENT RESOLUTION NO. ____

By

A CONCURRENT RESOLUTION requesting the Congress of the United States to call a convention for the purpose of proposing an amendment to the Constitution of the United States requiring the federal government to pay costs incurred by states in providing programs and services mandated or required by the federal government.

WHEREAS, States are finding it increasingly difficult to provide for the financing of costs of basic programs and services required under the constitutions and laws of such states; and

WHEREAS, Each year states are required to establish additional programs and services or to expand existing programs and services in accordance with standards prescribed by the federal government;

WHEREAS, Revenue sources available to states are not expanding in such a manner as to permit the financing of both basic state programs and services and programs and services mandated by the federal government; and

WHEREAS, Under Article V of the constitution of the United States, on the application of the legislatures of two-thirds of the several states, congress shall call a convention for proposing amendments to such constitution: Now therefore,

Be it resolved by the Senate of the State of Kansas, the House of Representatives concurring therein: That the Legislature of the State of Kansas hereby makes application to the congress of the United States to call a convention for the sole and exclusive purpose of proposing an amendment to the constitution of the United States, in accordance with Article 5 of the Constitution of the United States, requiring the federal government to pay all costs incurred by states in establishing

Senate Fed and State
Feb. 2, 1994
Attachment #1

new programs and services or expanding existing programs and services mandated by the federal government;

Be it further resolved: That the legislature of each of the other states in the union is hereby urged to make application to the congress of the United States to call a convention for the sole and exclusive purpose of proposing an amendment to the constitution fo the United States, for such purpose; and

Be it further resolved: That the Secretary of State be directed to send enrolled copies of this resolution to the Secretary of the United States Senate, the Clerk of the United States House of Representatives, each member of the Kansas delegation in the Congress of the United States and the Secretary of State and to the secretary of state and the presiding officers of each house of the Legislature of each of the several states of the United States.

UNPROOFED

O'Keefe
3 RS 2250
Attach. 2

SENATE BILL NO. _____

By Committee on Federal and State Affairs

establishing ~~a~~ gubernatorial inaugural

AN ACT supplementing the campaign finance act; relating to contributions and expenditures for gubernatorial inaugurations.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) Not later than 10 days after receiving any contribution or making any expenditure for a gubernatorial inauguration, the governor-elect shall appoint an inaugural treasurer. The name and address of such treasurer or committee shall be reported to the secretary of state by the governor-elect not later than 10 days after the appointment.

(b) No person shall make any expenditure or make or receive any contribution or receipt, in kind or otherwise, for a gubernatorial inauguration except by or through the inaugural treasurer.

(c) The inaugural treasurer shall keep detailed accounts of all contributions and other receipts received, in kind or otherwise, and all expenditures made for a gubernatorial inauguration. Accounts of the treasurer may be inspected under conditions determined by the commission and shall be preserved for a period to be designated by the commission. Every person who receives a contribution or other receipt, in kind or otherwise, for an inaugural treasurer more than five days before the ending date of any period for which a report is required under this section shall, on demand of the treasurer, or in any event on or before the ending date of the reporting period, remit the same and render to the treasurer an account thereof, including the name and address of the persons, if known, making the contribution or other receipt and the date received. No contribution or other receipt shall be received by the inaugural treasurer shall be commingled with personal funds of the

Senate Fed. and State
Feb. 2, 1994
Attachment #2

governor-elect or inaugural treasurer.

t(d) The inaugural treasurer shall file with the secretary of state a report on March 10, May 10 and July 10 following the inauguration. The report filed on March 10 shall be for the period ending on February 28, the report filed on May 10 shall be for the period beginning on March 1 and ending on April 30 and the report filed on July 10 shall be for the period ending on June 30. Each report shall contain the information required to be stated in a report pursuant to K.S.A. 25-4148 and 25-4148a and amendments thereto and a declaration as to the correctness of the report in the form prescribed by K.S.A. 25-4151 and amendment thereto. The July 10 report shall be a termination report which shall include full information as to the disposition of residual funds. If a report is sent by certified mail on or before the day it is due, the mailing shall constitute receipt by the secretary of state.

(e) The aggregate amount contributed, in kind or otherwise, by any person for a gubernatorial inauguration shall not exceed \$500.

(f) No person shall make a contribution in the name of another person, and no person shall knowingly accept a contribution made by one person in the name of another. No person shall give or accept any contribution in excess of \$10 unless the name and address of the contributor is made known to the individual receiving the contribution. The aggregate of contributions for which the name and address of the contributor is not reported shall not exceed 50% of the amount one person may contribute.

(g) No person shall copy any name of a contributor from any report or statement filed under this section and use such name for any commercial purpose, and no person shall use any name for a commercial purpose with knowledge that such name was obtained solely by copying information relating to contributions contained in any report or statement filed under this section.

(h) In addition to other reports and statements required by this section, the inaugural treasurer shall make a statement of

the amount and nature of debts and obligations owed for the gubernatorial inauguration, at times prescribed by the commission, continuing until such debts and obligations are fully paid or discharged.

(i) No moneys received by any inaugural treasurer shall be used or be made available for the personal use of the governor-elect or governor and no such moneys shall be used by such governor-elect or governor except for legitimate gubernatorial inauguration expenses.

For the purpose of this subsection, expenditures for "personal use" shall include expenditures to defray normal living expenses and expenditures for personal benefit having no direct connection with or effect upon the inauguration.

(j) Before the filing of a termination report in accordance with this section all residual funds not otherwise obligated for the payment of expenses incurred for the gubernatorial inauguration shall be remitted to the state treasurer who shall deposit the entire amount in the state treasury and credit it to the state general fund.

(k) (1) The commission shall send a notice by registered or certified mail to any inaugural treasurer who fails to file any report required by this section within the time period prescribed therefor. The notice shall state that the required report has not been filed with the office of the secretary of state. The notice shall also state that the treasurer shall have 15 days from the date such notice is deposited in the mail to comply with the reporting requirements before a civil penalty shall be imposed for each day that the required documents remain unfiled. If the treasurer fails to comply within the prescribed period, the treasurer shall pay to the state a civil penalty of \$10 per day for each day that the report remains unfiled, except that no such civil penalty shall exceed \$300. The commission may waive, for good cause, payment of any civil penalty imposed by this subsection.

(2) Civil penalties provided for by this subsection shall be

paid to the state treasurer, who shall deposit the entire amount in the state treasury and credit it to the Kansas commission on governmental standards and conduct fee fund.

(3) If a person fails to pay a civil penalty provided for by this section, it shall be the duty of the attorney general to bring an action to recover such civil penalty in the district court of Shawnee county.

(1) The intentional failure to file any report required by subsection (a) is a class A misdemeanor.

(m) Nothing in this section shall be construed to apply to expenditures of state moneys related to any inaugural activity.

(n) This section shall be part of and supplemental to the campaign finance act.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

Attach. 3

SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: RONALD DEAN TINCHER

Home Address: 16309 CHUR

City, State, Zip Code: OLATHE, KANSAS 66062-2520

Home Phone: 913 / 764-0655

Business Address: 250 S. ROGERS ROAD

City, State, Zip Code: OLATHE, KANSAS 66062-1689

Business Phone: 913 / 791-8515

Date of Birth: JUNE 26, 1939 Place of Birth MEDICINE LODGE, KS

Party Affiliation REPUBLICAN

Appointed as: DEPUTY COMMANDER
STATE AREA COMMAND, KS ARMY NATIONAL GUARD

Effective JULY 20, 1993 for the _____ term

ending _____ Succeeding _____

Salary _____ Statutory Authority _____

Statutory Requirements _____

1. EDUCATION:
High School GARDEN CITY HIGH SCHOOL, GARDEN CITY, KANSAS

Year Graduated 1957

Postsecondary	Degree, etc.	Dates
<u>THOMAS A. EDISON STATE COLLEGE</u> <u>TRENTON, NEW JERSEY</u>	<u>BS-Sci-Tech</u>	<u>1992</u>
_____	_____	_____
_____	_____	_____

Senate Fed and State
Feb. 2, 1994 Attachment # 3

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

Dates	Name	Location
<u>1965-Present</u>	<u>NG Assoc of KS/US</u>	<u>Topeka, KS</u>
<u>1985-Present</u>	<u>US Field Artillery Assoc</u>	<u>Fort Sill, OK</u>
<u>1993-Present</u>	<u>Assoc of US Army</u>	<u>Topeka, KS</u>

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? X Yes No
If so, please list dates and offices held.

Date	Office
<u>1985-1988</u>	<u>Military Advisory Board</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? Yes
If so, please list dates and offices held:

<u>1959-1969</u>	<u>Clerk/Carrier, US Post Office, Garden City, KS</u>
<u>1969-Present</u>	<u>Air Traffic Controller, FAA, Olathe, KS</u>
<u> </u>	<u> </u>

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS? No
If you were a registered lobbyist, did you receive any compensation?
List groups you represented or for which you employed a lobbyist:

<u> </u>
<u> </u>
<u> </u>

6. EXPERIENCE OR INTERESTS WHICH QUALIFY YOU FOR THE OFFICE TO WHICH YOU HAVE BEEN APPOINTED:

Member of the Kansas Army National Guard for over thirty-six
years, including over eight years enlisted service and twenty-
eight years as a commissioned officer. Command of units at
battery, battalion, and brigade level, assistant commandant
of the state military academy, and state director of personnel.

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: _____

Ten years service with the US Postal Service and over twenty-
four years service as an air traffic controller with the
Federal Aviation Administration.

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? Yes

If so, please list dates of service, branch of service and date and type of discharge:


1957-Present Army National Guard

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? NO

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

None

Return to: Mary Holladay
Appointment Secretary
Office of the Governor
2nd Floor, State Capitol
Topeka, KS 66612


Signature

E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered or to be rendered), which was reportable as taxable income on your federal income returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF S
AS SECTION "B", CHECK HERE ____.

If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Federal Aviation Administration	250 S. Rogers Road Olathe, KS 66062-1689	Air Traffic Control
2.	KS Army National Guard	2800 S.W. Topeka Blvd Topeka, KS 66611-1287	Army National Guard

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.
If you have nothing to report in Section "E"2, check here ☒.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business which you or your spouse hold a position of officer, director, associate, partner, proprietor at the time of filing, irrespective of the amount of compensation received holding such position. Please insert additional page if necessary to complete this section. If you have nothing to report in Section "F", check here ____.

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	National Guard Association of Kansas P.O. Box 19031, Topeka, KS 66619-0031	Secretary	Ronald D. Tincher
2.			
3.			
4.			
5.			

STATE OF KANSAS
THE ADJUTANT GENERAL
2800 S.W. TOPEKA BLVD.
TOPEKA, KANSAS 66611-1287

September 16, 1993

The Honorable Joan Finney
Governor of Kansas
State Capitol, 2nd Floor
Topeka, Kansas 66612

Dear Governor Finney:

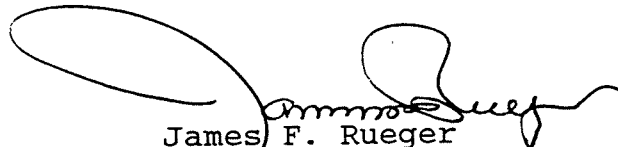
I am pleased and very proud to recommend Colonel Ronald D. Tincher, Kansas Army National Guard, for promotion to Brigadier General.

Colonel Tincher has served the State of Kansas as a guardsman since 1957. He enlisted in the Army National Guard in February 1957 and served as an enlisted person until he received his commission through the Kansas National Guard Officer Candidate School in July of 1965. Since commissioning Colonel Tincher has served as a commander of an artillery battery, artillery battalion and artillery brigade. He has also served in numerous staff level positions which include assignments at battery, battalion and with State Area Command.

Colonel Tincher has performed every assignment in an exemplary manner and I am confident he will perform his duties as Brigadier General assigned as Deputy State Area Command Commander with the utmost professionalism.

I request, in accordance with K.S.A. 48-208, the appointment of Colonel Tincher as Brigadier General in the Kansas Army National Guard with confirmation by the Senate.

Sincerely,



James F. Rueger
Major General, Kansas
Army National Guard
The Adjutant General



To all who shall see these presents, greeting:

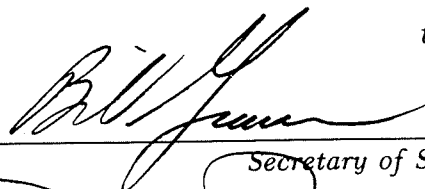
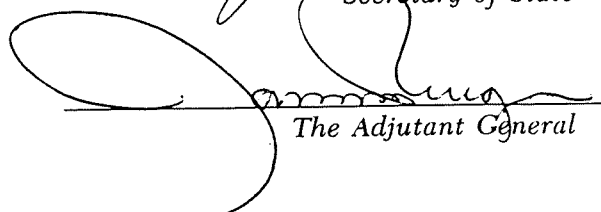
Know Ye, that reposing special trust and confidence in the patriotism, valor, fidelity and abilities of RONALD DEAN TINCHER
I do appoint him BRIGADIER GENERAL in

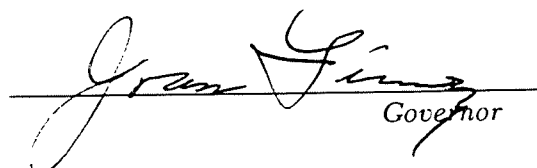
The National Guard of The State of Kansas

to rank as such from the TWENTIETH day of JULY
nineteen hundred and NINETY THREE. He is therefore carefully and diligently to discharge the duty of the office to which he is appointed by doing and performing all manner of things thereunto belonging.

And I do strictly charge and require all Officers and Soldiers under his command to be obedient to his orders as an officer of his grade and position. And he is to observe and follow such orders and directions from time to time, as he shall receive from his Superior Officers, according to the rules and discipline governing the National Guard, and hold the said office in the manner specified by Law in pursuance of the trust reposed in him, and for his so doing this shall be his authority and commission.

Given under my hand at the City of Topeka
this 30th day of SEPTEMBER AD 1993


Secretary of State

The Adjutant General


Governor

STATE OF KANSAS



OFFICE OF THE GOVERNOR

JOAN FINNEY, Governor
State Capitol, 2nd Floor
Topeka, KS 66612-1590

913-296-3232
1-800-432-2487
TDD# 1-800-992-0152
FAX# (913) 296-7973

September 30, 1993

Ronald D. Tincher, Brigadier General
16309 Chur
Olathe, KS 66062

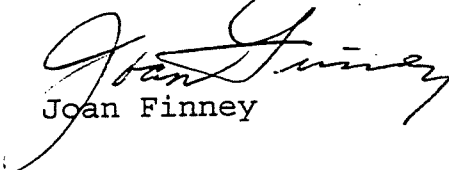
Dear Brigadier General Tincher:

It is with great pleasure that I sign the declaration of your appointment to the rank of Brigadier General.

I want to express, on behalf of Kansas people, our appreciation to you for your service to the State and to commend you for your fine reputable service to the Kansas National Guard. You are indeed a credit to our state and nation.

Congratulations and best wishes for continued success.

Sincerely yours,


Joan Finney

JF:skb



REPLY TO
ATTENTION OF

DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD OF KANSAS
ADJUTANT GENERAL OF KANSAS
2800 SOUTHWEST TOPEKA BOULEVARD
TOPEKA, KANSAS 66611-1287



MADAM CHAIRPERSON, MEMBERS OF THE CONFIRMATION COMMITTEE:

I AM RONALD D. TINCER, AND I AM APPEARING BEFORE THIS COMMITTEE TO SEEK CONFIRMATION FOR APPOINTMENT TO THE RANK OF BRIGADIER GENERAL IN THE KANSAS ARMY NATIONAL GUARD FOR MY ASSIGNMENT AS DEPUTY COMMANDER, STATE AREA COMMAND, KANSAS ARMY NATIONAL GUARD.

I BEGAN MY MILITARY CAREER WITH MY ENLISTMENT AS A PRIVATE IN THE KANSAS ARMY NATIONAL GUARD DURING MY SENIOR YEAR OF HIGH SCHOOL IN FEBRUARY 1957. THE NEXT EIGHT AND ONE-HALF YEARS I SERVED AS A CANNONEER, FIRE DIRECTION SPECIALIST, SURVEY CHIEF, AND CHIEF OF THE FIRING BATTERY, ATTAINING THE RANK OF SERGEANT FIRST CLASS, AS A MEMBER OF BATTERY "A", 1ST BATTALION, 161ST FIELD ARTILLERY, IN GARDEN CITY. IN 1964, I WAS SELECTED TO ATTEND OFFICER CANDIDATE SCHOOL. UPON GRADUATION FROM THE KANSAS NATIONAL GUARD OFFICER CANDIDATE SCHOOL IN 1965, I WAS COMMISSIONED A SECOND LIEUTENANT, FIELD ARTILLERY, AND ASSIGNED AS ASSISTANT EXECUTIVE OFFICER IN THE SAME UNIT. OVER THE NEXT FOUR YEARS, I ALSO SERVED AS EXECUTIVE OFFICER AND BATTERY COMMANDER.

DURING THIS SAME TIME PERIOD, I ALSO SERVED, AS AN ADDITIONAL DUTY, AS A PLATOON AND SENIOR TACTICAL OFFICER AT THE KANSAS MILITARY ACADEMY IN SALINA. IN 1969, I WAS ASSIGNED TO THE ACADEMY AS SUPPLY STAFF OFFICER. IN THIS CAPACITY, I ALSO SERVED

Senate Fed. and State
Feb. 2, 1994
Attachment # 4

AS A TACTICAL OFFICER AND LATER AS OFFICER-IN-CHARGE OF THE RECENTLY ESTABLISHED NON-COMMISSIONED OFFICER SCHOOL. I WAS PROMOTED TO CAPTAIN IN 1970. IN 1972, I WAS ASSIGNED AS ASSISTANT COMMANDANT OF THE MILITARY ACADEMY AND PROMOTED TO MAJOR IN 1974.

IN 1975, I WAS SELECTED AS THE OPERATIONS AND TRAINING OFFICER FOR THE 1ST BATTALION, 127TH FIELD ARTILLERY IN OTTAWA. I SERVED IN THIS POSITION UNTIL 1976 WHEN I WAS ASSIGNED AS BATTALION EXECUTIVE OFFICER. IN 1978, I VOLUNTARILY TRANSFERRED TO THE UNITED STATES ARMY RESERVE CONTROL GROUP. I REJOINED THE KANSAS ARMY NATIONAL GUARD LESS THAN ONE YEAR LATER AND WAS ASSIGNED FIRST AS STAFF SUPPLY OFFICER, AND LATER AS ASSISTANT INSPECTOR GENERAL FOR THE HEADQUARTERS IN TOPEKA. I SERVED IN THIS POSITION UNTIL PROMOTED TO LIEUTENANT COLONEL AND ASSIGNED TO THE COMMAND AND CONTROL HEADQUARTERS AS THE OPERATIONS AND TRAINING OFFICER IN MARCH 1980.

IN SEPTEMBER 1980, I WAS SELECTED TO COMMAND THE 1ST BATTALION, 127TH FIELD ARTILLERY, 69TH INFANTRY BRIGADE. I SERVED AS BATTALION COMMANDER FOR THREE YEARS AND RETURNED TO THE HEADQUARTERS AND WAS ASSIGNED AS CIVIL-MILITARY OPERATIONS OFFICER, AND LATER AS THE ASSISTANT OPERATIONS AND TRAINING OFFICER.

IN 1985, I WAS PROMOTED TO COLONEL AND SELECTED TO COMMAND THE 130TH FIELD ARTILLERY BRIGADE IN HUTCHINSON. IN LATE 1985 THE BRIGADE WAS REDESIGNATED AS DIVISION ARTILLERY HEADQUARTERS FOR THE RECENTLY ACTIVATED 35TH INFANTRY DIVISION, AND EXPANDED TO INCLUDE THREE KANSAS BATTALIONS, ONE NEBRASKA BATTALION, ONE

KENTUCKY BATTALION, AND A NEW TARGET ACQUISITION BATTERY IN KANSAS. I CONTINUED IN THIS COMMAND UNTIL DECEMBER 1988, WHEN I WAS REASSIGNED TO THE HEADQUARTERS IN TOPEKA AS EXECUTIVE OFFICER FOR POST MOBILIZATION. IN 1991, I WAS ASSIGNED AS DIRECTOR OF PERSONNEL AND SERVED IN THIS POSITION UNTIL I WAS SELECTED FOR PROMOTION TO BRIGADIER GENERAL AND ASSIGNED AS DEPUTY COMMANDER, STATE AREA COMMAND IN JULY 1993.

MY MILITARY EDUCATION INCLUDES THE OFFICER CANDIDATE SCHOOL, THE FIELD ARTILLERY OFFICER BASIC AND ADVANCE COURSES, BATTALION AND DIVISION ARTILLERY STAFF OFFICER REFRESHER COURSES, AND THE UNITED STATES ARMY COMMAND AND GENERAL STAFF OFFICER COURSE.

I GRADUATED FROM GARDEN CITY HIGH SCHOOL IN 1957 AND ATTENDED GARDEN CITY JUNIOR COLLEGE PRIOR TO MY EMPLOYMENT WITH THE UNITED STATES POSTAL SERVICE IN 1959. I WAS EMPLOYED WITH THE POSTAL SERVICE IN GARDEN CITY FOR NEARLY TEN YEARS. IN 1969, I DECIDED TO CHANGE MY CAREER FIELD AND BECOME AN AIR TRAFFIC CONTROLLER. I WAS ACCEPTED BY THE FEDERAL AVIATION ADMINISTRATION AND TRAINED FOR TWO AND ONE-HALF YEARS AT BOTH THE KANSAS CITY AIR TRAFFIC CONTROL CENTER AND THE F.A.A. ACADEMY IN OKLAHOMA CITY. I HAVE BEEN ASSIGNED AS A RADAR CONTROLLER AND INSTRUCTOR FOR THE LAST TWENTY-FOUR YEARS AT THE KANSAS CITY CENTER IN OLATHE.

IN 1990, I DECIDED TO COMPLETE MY COLLEGE DEGREE THROUGH THE DEPARTMENT OF THE ARMY NON-TRADITIONAL EDUCATION SYSTEM. I WAS ABLE TO COMBINE MY CIVILIAN AND MILITARY EDUCATION SKILLS AND EXPERIENCE WITH MANY DIRECTED STUDY COURSES AND EXAMS AND RECEIVE A DEGREE OF BACHELOR OF SCIENCE IN APPLIED SCIENCE AND TECHNOLOGY

FROM THOMAS A EDISON STATE COLLEGE IN 1992.

MY WIFE, JUDY AND I HAVE BEEN MARRIED FOR OVER THIRTY-FIVE YEARS AND WE HAVE SEVEN CHILDREN AND SIX GRANDCHILDREN. JUDY IS A VERY SUCCESSFUL HOMEMAKER AND IS NOW ENJOYING HER SKILLS AS AN ARTIST. FOUR OF OUR CHILDREN LIVE AND WORK IN THE OLATHE AREA, ONE SON TEACHES AT THE INDEPENDENCE KANSAS HIGH SCHOOL, ONE DAUGHTER TEACHES AT A JUNIOR HIGH SCHOOL IN COUNCIL BLUFFS, IOWA AND ONE SON IS STILL AT HOME AND ATTENDS HIGH SCHOOL.

AS THE DEPUTY COMMANDER, STATE AREA COMMAND, I AM RESPONSIBLE TO THE ADJUTANT GENERAL FOR PROVIDING GUIDANCE, DIRECTION AND OVERSEEING MATTERS CONCERNING PERSONNEL, LOGISTICS, MAINTENANCE AND FACILITIES FOR THE KANSAS ARMY NATIONAL GUARD. THE ARMY NATIONAL GUARD IN KANSAS CONSISTS OF OVER 6,500 MEMBERS WHO CONTINUE TO TRAIN AND STAND READY TO PERFORM THEIR FEDERAL OR WARTIME MISSION, THEIR STATE MISSION TO PROTECT LIFE AND PROPERTY, AND TO PRESERVE PEACE, ORDER AND PUBLIC SAFETY, AND THEIR COMMUNITY MISSION TO PARTICIPATE IN LOCAL, STATE AND NATIONAL PROGRAMS THAT ADD VALUE TO AMERICA.

I AM EXTREMELY PROUD AND EXCITED TO BE A MEMBER OF THE KANSAS ARMY NATIONAL GUARD AND I LOOK FORWARD TO THE NEW CHALLENGES AND OPPORTUNITIES THAT MY ASSIGNMENT BRINGS WITH IT.

THANK YOU FOR ALLOWING ME TO APPEAR BEFORE YOU TODAY. I WILL APPRECIATE YOUR SUPPORT.

RONALD D. TINCHER
COLONEL, KSARNG
DEPUTY STARC COMMANDER

M E M O R A N D U M

To: Senate Committee on Federal and State Affairs
 From: Revisor's Office
 Date: February 1, 1994
 Re: Appointments Subject to Confirmation
 KBI Background Check

K.S.A. 74-2113. Superintendent of Kansas Highway Patrol.

No person may be appointed as a trooper unless such person:

- (1) Has no felony conviction under federal or state law or its equivalent under the uniform code of military justice; and
- (2) has had a fingerprint search of local, state and national files to determine criminal record.

If the superintendent was a member of the patrol prior to appointment a records check would have been conducted, otherwise no check is required.

K.S.A. 74-4905. KPERS Board of Trustees.

KBI or other criminal justice agency investigation is required. Information to be obtained shall include criminal history record, arrest and conviction data, criminal intelligence information and other information relating to criminal and background investigations as necessary to determine appointee's qualifications. Information is required to be sent to the senate.

K.S.A. 74-8803. Racing Commission.

The statute requires members to have no felony convictions under federal or state law. The statute does not require KBI background check but a records check would be necessary to determine whether or not there are any felony convictions.

K.S.A. 74-8805. Executive Director of Racing Commission.

The statute requires the executive director to have no felony convictions under state or federal law. KBI background check is not required but a records check would be necessary to determine whether or not there are any felony convictions.

Senate Fed. and State
 Feb. 2, 1994
 Attachment # 5

FULL BACKGROUND INVESTIGATIONS

- Suggestions

- Administration, Secretary of (1)
- Aging, Secretary of (1)
- Agriculture, Secretary of (1)
- Alcohol Beverage Control, Director of (1)
- Bank Commissioner, State (1)
- Commerce and Housing, Secretary of (1)
- Corporation Commission, State (3)
- Corrections, Secretary of (1)
- Export Loan Guarantee Review Committee (3)
- Fire Marshal, State (1)
- Grain Inspection Department, State Director of (1)
- Healing Arts, Board of, Executive Director of (1)
- Health and Environment, Secretary of (1)
- * Highway Patrol Superintendent (1)
- Human Resources, Secretary of (1)
- Kansas Bureau of Investigation, Director of (1)
- Lottery Commission, Executive Director (1)
- Lottery Commission, Kansas (5)
- Parole Board, Kansas (5)
- Pooled Money Investment Board (5)
- * Public Employees' Retirement Board of Trustees, Kansas (9)
- * Racing Commission, Executive Director of (1)
- * Racing Commission, Kansas (5)
- Regents, State Board of (9)
- Revenue, Secretary of (1)

Senate Fed and State
Feb. 2, 1994
Attachment # 6

Securities Commissioner (1)

Social and Rehabilitation Services, Secretary of (1)

Tax Appeals, State Board of (5)

Transportation, Secretary of (1)

Wildlife and Parks, Secretary (1)

* Background check by KBI presently required

#138

**CRIMINAL HISTORY RECORD CHECK
(CONVICTIONS ONLY)**

Banking Board, State (9)
Civil Service Board, State (5)
Consumer Credit Commissioner (1)
Credit Union Administrator (1)
Credit Union Council, Kansas (7)
Crime Victims Compensation Board (3)
Employment Security, Board of Review (3)
Human Rights Commission, Kansas (7)
Indigents' Defense Services, State Board of (9)
Kansas Development Finance Authority, Board of Directors (5)
Kansas Technology Enterprise Corporation, Board of Directors (20)
Kansas, Inc. (15)
Librarian, State (1)
Mo-Kan Metropolitan Development Dist. & Agency Compact (5)
Property Valuation, Director of (1)
Public Employee Relations Board (5)
Water Authority, Kansas (22)
Water Office, Director (1)

PARIMUTUEL RACING

74-8804

(n) The commission may require fingerprinting of all persons necessary to verify qualification for any license, including a simulcasting license, issued pursuant to this act. The commission shall submit such fingerprints to the Kansas bureau of investigation and to the federal bureau of investigation for the purposes of verifying the identity of such persons and obtaining records of criminal arrests and convictions.

(o) The commission may receive from the Kansas bureau of investigation or other criminal justice agencies such criminal history record information (including arrest and nonconviction data), criminal intelligence information and information relating to criminal and background investigations as necessary for the purpose of determining qualifications of licensees of the commission and applicants for licensure, including applicants for simulcasting licenses, by the commission. Upon the written request of the chairperson of the commission, the commission may receive from the district courts such information relating to juvenile proceedings as necessary for the purpose of determining qualifications of licensees of and applicants for licensure by the commission. Such information, other than conviction data, shall be confidential and shall not be disclosed except to members and employees of the commission as necessary to determine qualifications of such licensees and applicants. Any other disclosure of such confidential information is a class A misdemeanor and shall constitute grounds for removal from office, termination of employment or denial, revocation or suspension of any license issued under this act.

(p) The commission, in accordance with K.S.A. 75-4319 and amendments thereto, may recess for a closed or executive meeting to receive and discuss information received by the commission pursuant to subsection (o) and to negotiate with licensees of or applicants for licensure by the commission regarding any such information.



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL

STATE OF KANSAS

1620 TYLER

TOPEKA, KANSAS 66612-1837

(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

ATTACH. 7

JUDICIAL & GUBERNATORIAL BACKGROUND INFORMATION FORM

Date _____ Agency _____

Name _____ KBI Case Number _____

INSTRUCTIONS:

Read the complete form both before and after filling it out. This form must be completely filled out, typed or printed in **black** ink. In the event any space is not large enough for a complete answer, attach any explanation on a second sheet of plain paper. If any particular question or section does not apply to you, mark the question N/A for "not applicable". Each question must be answered or marked N/A even if it does not apply. If you are uncertain about any question, or you do not have access to any of the requested information, answer the question to the best of your knowledge.

Please return this form and all requested documents to the Personnel Section of the Kansas Bureau of Investigation (KBI), 1620 SW Tyler, Topeka, Kansas 66612-1837.

Senate Fed and State
Feb. 2, 1994
Attachment # 7

PERSONAL INFORMATION

Information in this section is requested for identification purposes only.

1. Full name _____
First Middle Last
2. Race ____ Sex ____ Social Security Number _____
3. Date of Birth _____ Place of Birth _____
4. Height _____ Weight _____ Hair Color _____ Eye Color _____
5. List any other names you have used or are known by _____

6. Describe any scars, tatoos or distinguishing marks _____

7. Driver's License number _____ State of issuance _____
8. Have you ever had a driver's license in another state? ____ If so, provide details: _____

9. Are you a United States Citizen? ____
10. List all addresses, both temporary and permanent, that you presently use. Include the street address, box or apartment number, city, street and zip code:

11. Home phone number(s) _____

MEDICAL INFORMATION

12. Describe any physical condition or disability that would affect your ability to perform in this position. _____
13. Describe any past or present emotional or mental conditions. _____
14. Have you ever voluntarily sought treatment from, or been court committed to any hospital or institution for any emotional or mental condition? _____
15. What is your doctor's full name and office address? _____
16. What is your doctor's phone number? _____
17. List any other doctors or medical facilities from which you have sought any medical treatment in the past 10 years. _____
18. List any prescription medications that you are currently taking (excluding contraceptives). _____

FAMILY HISTORY

19. What is your present marital status? _____
20. Have you ever been divorced, separated or widowed? _____ If yes, explain: _____

21. Current spouse's full name: _____
22. Spouse's date of birth _____ Spouse's place of birth _____
23. Spouse's Social Security Number _____
24. Spouse's current address if different from your own _____
25. Spouse's current phone number if different from your own _____
26. Spouse's current employer _____
27. Spouse's occupation _____
28. Date and location of marriage _____
29. Date and location of legal separation _____
30. Ex-spouse's full name _____
31. Ex-spouse's date of birth _____ Ex-spouse's place of birth _____
32. Ex-spouse's Social Security Number _____
33. Ex-spouse's current or last known address _____
34. Ex-spouse's current or last known phone number _____
35. Ex-spouse's current or last known employer _____
36. Ex-spouse's current or last known occupation _____
37. Date and location of marriage _____
38. Date and location of divorce _____

39. In the spaces below, list the requested information for each relative. Include maiden or other names used where applicable. A relative for the purpose of this form is considered to include: mother, father, stepmother, stepfather, foster parent, child (natural or adopted), stepchild, brother, sister, stepbrother, stepsister, half-brother, half-sister, father-in-law, mother-in-law, and guardian.

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

40. List all persons, relatives or not, living with you that are not covered in the section above.

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

RESIDENCE INFORMATION

41. List your current and all previous addresses in reverse chronological order for the past 15 years (if residence was 6 months or more in duration). Use month and year for date information. Include full address with apartment number and zip code, roommates' names, and their current or last known address and phone numbers; and any other names on the lease agreement if applicable.

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence: _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

WORK EXPERIENCE

42. Show all current and previous employers (including U.S. Military Service) in reverse chronological order. List periods of self employment and unpaid volunteer positions. Use one block for each employer or period of employment.

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

43. Have you ever been dismissed or asked to resign from any job or position? _____

44. Have you ever left any job or position by mutual agreement to avoid firing, or have you ever quit to avoid being fired? ____ If yes, explain: _____

45. Has an employer ever taken disciplinary action against you such as demotion, suspension, or a letter of reprimand? ____ If yes, explain: _____

46. If you have ever performed U.S. Military Service, please provide the following information (include Reserve and National Guard service):

Branch of Service _____ M.O.S. _____

Dates of Service _____ Type of discharge _____

Military Service Number _____ Commendations _____

Branch of Service _____ M.O.S. _____

Dates of Service _____ Type of discharge _____

Military Service Number _____ Commendations _____

47. List all business and professional organizations to which you belong or have belonged in the past ten years:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

48. List any professional certificates or licenses that you have received. Include government security clearances, pilot's license, private investigator's license, etc.

Certificate/License _____ Dates valid _____

Address and phone number of issuing authority: _____

Certificate/License _____ Dates valid _____

Address and phone number of issuing authority: _____

Certificate/License _____ Dates valid _____

Address and phone number of issuing authority: _____

49. Have you ever had a professional license, security clearance, or certificate suspended, revoked or denied? ____ Explain in detail: _____

EDUCATION

50. List your educational experience in reverse chronological order, going back as far as high school. Include any trade, technical, or extended professional training.

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

51. Have you ever been expelled, suspended, or the subject of a significant disciplinary action while attending any of the above listed institutions? ____ If yes, explain _____

CRIMINAL HISTORY

52. Do you have pending any criminal charges in any jurisdiction? ____ If so, explain fully, including date, location, charges, arresting agency and court. _____
53. Are you currently on parole, probation, or diversion? ____ If so, explain fully, including dates, location, original charges, court and supervising officer. _____
54. List all criminal offenses for which you have been convicted. You must include expunged records, military court martials, actions under the Uniform Code of Military Justice, DUIs, serious traffic offenses, and juvenile actions. **You must include expunged records and diversions if applying for a position with a law enforcement agency, Kansas Racing Commission, Kansas Lottery, or a judicial appointment.** For the purpose of this section, Nolo Contendere pleas should be considered as convictions and listed:

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

55. List all offenses for which you have been arrested but not convicted, or were questioned by the police or military authorities during an investigation. Include DUIs and juvenile cases.

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

56. Have you ever committed a felony crime for which you have not been arrested or charged? _____

57. Have you ever been the subject of a complaint, e.g., sexual harassment or civil rights, to any governmental, professional, or regulatory agency? _____ If so, provide details: _____

58. List all known criminal offenses for which any members of your immediate household, related or not, have been convicted or for which they were incarcerated in the past 5 years. Provide as much information as is known to you.

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

CIVIL COURT ACTIONS

59. List all occasions when you have been a plaintiff or defendant in a civil court action. Include divorce, child custody and small claims cases. You do not need to list any participation in any "whistleblower" actions.

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

ILLEGAL DRUGS AND ALCOHOL

60. In the past 15 years, have you used, possessed, supplied, given away, transported, sold or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, hashish, cocaine, narcotics (opium, morphine, codeine, diazepam, heroin, etc.); stimulants (amphetamines); depressants (barbiturates, methaqualone, tranquilizers, etc.); hallucinogens (LSD, PCP, etc.). **Note:** The information that you provide in response to this question will not be provided for use in any criminal prosecution against you.

Yes _____ No _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

61. Do you now own or possess any of the above listed drugs or any drug paraphernalia? _____

If yes, explain: _____

62. Are you now, or have you ever been, addicted to alcohol? ____ If yes, explain: _____

63. Are you now, or have you ever been addicted to any illegal drugs or controlled substances? ____
If yes, explain: _____

64. Has the use of alcohol or drugs ever affected your job performance, performance ratings, or subject you
to any complaints or disciplinary actions? ____ If yes, explain: _____

65. Are you now, or have you ever received in-patient or out-patient treatment for substance abuse or
alcoholism? ____ If yes, provide dates, location, institution, and an explanation: _____

GAMBLING

66. Have you ever engaged in illegal gambling activities? ____ If yes, explain: _____

67. Do you currently owe any debts as a result of gambling activities? ____ If yes, explain: _____

68. Do you have any business or financial interests with any organization involved in gambling
activities? ____ If yes, explain: _____

PERSONAL REFERENCES

69. Give three references who have had continuous personal contact with you during the last five years (not relatives, employers or fellow employees), who have first hand knowledge of your character, knowledge, ability and experience.

Name _____

Address _____ Home phone _____

Business address _____ Business phone _____

Nature of relationship _____

Name _____

Address _____ Home phone _____

Business address _____ Business phone _____

Nature of relationship _____

Name _____

Address _____ Home phone _____

Business address _____ Business phone _____

Nature of relationship _____

FINANCIAL INFORMATION

70. List all current sources of income. Include approximate yearly income totals. _____

71. Do you receive any type of disability compensation? ____ If yes, explain: _____

72. Are you currently more than 60 days delinquent on any debt or obligation? _____
73. Have you ever filed bankruptcy, had your wages garnished, had property repossessed, or been evicted from any property? ____ If yes, please explain. List location, date, court and case numbers if known. _____

74. Have you ever had property forfeited by any court action? ____ If yes, please explain. Include dates, type of property, type of action, location, and court. _____

75. Do you currently owe any back income, property, or other taxes? ____ If yes, explain: _____

76. Do you currently have any outstanding judgements or liens against you or your spouse for any property you own or have interest in? ____ If yes, explain: _____

77. Are you current with the filing of any required tax returns or tax documents? ____ If not, explain: _____

78. Do you or your spouse own or have any interest in any business organization? ____ If yes, list the business name, address, purpose, structure, your position and interest. Identify by name, address and position, any other owners, officers, or directors of that business. For the purpose of this question, an ownership interest is defined as 5% or more of the assets of the business: _____

79. List all property other than your principal residence that you or your spouse have financial interest in. Include type and location of the property as well as your approximately percentage of interest. Identify by name, address and the amount of the interest of any co-owners of the property. Include property interests in all states and any foreign countries. _____

80. Are you related by blood or marriage to anyone who is an employee of the KBI? ____ If yes, whom? _____

81. Have you ever been the subject of a background investigation by any other governmental agency? ____ If yes, what agency and when: _____

82. List any other information about you that you think should be known or considered: _____

I certify that the information furnished in this application is true and correct to the best of my knowledge.

Signature _____ **Date** _____



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL
STATE OF KANSAS
1620 TYLER
TOPEKA, KANSAS 66612-1837
(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

AUTHORIZATION OF RELEASE

(Date)

I hereby authorize and request any former and present employer, creditor, bank, savings and loan, credit union, finance company, mortgage company, credit card company, credit reporting agency, collection agency, school, college, university, agencies in the criminal justice system, or any other person, company or corporation to release any and all information and documentation relating to my employment, personnel records, evaluations, credit, financial condition, financial information, school activities, grades, degrees, character, integrity, criminal history including expunged records and any other information whatsoever to any Agent of the Kansas Bureau of Investigation.

(Signature)

Typed Name

Social Security Number

Subscribed and sworn to before me this _____ day of _____, 19 ____.

(Notary)



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL

STATE OF KANSAS

1620 TYLER

TOPEKA, KANSAS 66612-1837

(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

BE SURE TO DATE AND SIGN ATTACHED WAIVERS

DATE

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ANSWERS GIVEN
TO QUESTIONS IN THIS BACKGROUND INFORMATION FORM ARE TRUE,
COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED

Subscribed and sworn to before me this ____ day of
_____, 19____.

Notary



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL
STATE OF KANSAS
1620 TYLER
TOPEKA, KANSAS 66612-1837
(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

PRE-EMPLOYMENT BACKGROUND INFORMATION FORM

Date _____ Position _____

Name _____ KBI Case Number _____

INSTRUCTIONS:

You have received a conditional offer of employment with the Kansas Bureau of Investigation (KBI). All prospective employees should be aware that prior to permanent appointment, an extensive and detailed background investigation will be performed by KBI agents. This offer may be withdrawn for reasons including but not limited to problems in work habits, integrity, supervisory/employee relationships, criminal activity and criminal associations as developed in the background investigation.

Read the complete form both before and after filling it out. This form must be completely filled out, typed or printed in **black** ink. In the event any space is not large enough for a complete answer, attach any explanation on a second sheet of plain paper. If any particular question or section does not apply to you, mark the question N/A for "not applicable". Each question must be answered or marked N/A even if it does not apply. If you are uncertain about any question, or you do not have access to any of the requested information, answer the question to the best of your knowledge.

Any question falsely or incompletely answered may result in the conditional offer of employment being withdrawn. If employed, a false or incomplete statement is grounds for discharge.

Please return this form and all requested documents to the Personnel Section of the Kansas Bureau of Investigation (KBI), 1620 SW Tyler, Topeka, Kansas 66612-1837.

Senate Fed and State
Feb. 2, 1994
Attachment # 8

PERSONAL INFORMATION

Information in this section is requested for identification purposes only.

1. Full name _____
First Middle Last
2. Race ____ Sex ____ Social Security Number _____
3. Date of Birth _____ Place of Birth _____
4. Height _____ Weight _____ Hair Color _____ Eye Color _____
5. List any other names you have used or are known by _____

6. Describe any scars, tatoos or distinguishing marks _____

7. Driver's License number _____ State of issuance _____
8. Have you ever had a driver's license in another state? ____ If so, provide details: _____

9. Are you a United States Citizen? ____ (Agent applicants only)
10. List all addresses, both temporary and permanent, that you presently use. Include the street address, box or apartment number, city, street and zip code:

11. Home phone number(s) _____

MEDICAL INFORMATION

12. Describe any physical condition or disability that would affect your ability to perform in this position. _____

13. Describe any past or present emotional or mental conditions. _____

14. Have you ever voluntarily sought treatment from, or been court committed to any hospital or institution for any emotional or mental condition? _____

15. What is your doctor's full name and office address? _____

16. What is your doctor's phone number? _____
17. List any other doctors or medical facilities from which you have sought any medical treatment in the past 10 years. _____

18. List any prescription medications that you are currently taking (excluding contraceptives). _____

FAMILY HISTORY

19. What is your present marital status? _____
20. Have you ever been divorced, separated or widowed? _____ If yes, explain: _____

21. Current spouse's full name: _____
22. Spouse's date of birth _____ Spouse's place of birth _____
23. Spouse's Social Security Number _____
24. Spouse's current address if different from your own _____
25. Spouse's current phone number if different from your own _____
26. Spouse's current employer _____
27. Spouse's occupation _____
28. Date and location of marriage _____
29. Date and location of legal separation _____
30. Ex-spouse's full name _____
31. Ex-spouse's date of birth _____ Ex-spouse's place of birth _____
32. Ex-spouse's Social Security Number _____
33. Ex-spouse's current or last known address _____
34. Ex-spouse's current or last known phone number _____
35. Ex-spouse's current or last known employer _____
36. Ex-spouse's current or last known occupation _____
37. Date and location of marriage _____
38. Date and location of divorce _____

39. In the spaces below, list the requested information for each relative. Include maiden or other names used where applicable. A relative for the purpose of this form is considered to include: mother, father, stepmother, stepfather, foster parent, child (natural or adopted), stepchild, brother, sister, stepbrother, stepsister, half-brother, half-sister, father-in-law, mother-in-law, and guardian.

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

40. List all persons, relatives or not, living with you that are not covered in the section above.

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

Name _____

Date of birth _____ Relationship _____

Address _____

Phone number _____ Occupation _____

RESIDENCE INFORMATION

41. List your current and all previous addresses in reverse chronological order for the past 15 years (if residence was 6 months or more in duration). Use month and year for date information. Include full address with apartment number and zip code, roommates' names, and their current or last known address and phone numbers; and any other names on the lease agreement if applicable.

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? ____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? ____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

Address _____

Apartment complex name _____

Landlord's name, address and phone number _____

Dates of residence _____

Did you own, rent, or live with another person at this address? _____ If yes, provide name, last known address and current telephone number: _____

Provide the name, last known address and phone number for someone from the area who knew you when you lived at this residence. _____

Additional information: _____

WORK EXPERIENCE

42. Show all current and previous employers (including U.S. Military Service) in reverse chronological order. List periods of self employment and unpaid volunteer positions. Use one block for each employer or period of employment.

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

Employer _____

Employer's address _____

Employer's phone number _____ Supervisor's name _____

Supervisor's address and phone number (where they can be contacted) _____

Dates of employment _____

Beginning position salary _____ Ending position salary _____

Was this position full time, part time, or volunteer? _____

Describe the general responsibilities and duties of this position: _____

Reason for leaving: _____

List the name, address, and phone number for a co-worker: _____

43. Have you ever been dismissed or asked to resign from any job or position? _____

44. Have you ever left any job or position by mutual agreement to avoid firing, or have you ever quit to avoid being fired? ____ If yes, explain: _____

45. Has an employer ever taken disciplinary action against you such as demotion, suspension, or a letter of reprimand? ____ If yes, explain: _____

46. If you have ever performed U.S. Military Service, please provide the following information (include Reserve and National Guard service):

Branch of Service _____ M.O.S. _____

Dates of Service _____ Type of discharge _____

Military Service Number _____ Commendations _____

Branch of Service _____ M.O.S. _____

Dates of Service _____ Type of discharge _____

Military Service Number _____ Commendations _____

47. List all business and professional organizations to which you belong or have belonged in the past ten years:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

Organization _____

Organization address and phone _____

Dates of membership _____

Positions held _____

Purpose and type of organization _____

Name, address, and phone number of someone who knew you while you belonged to this organization:

48. List any professional certificates or licenses that you have received. Include government security clearances, pilot's license, private investigator's license, etc.

Certificate/License _____ Dates valid _____

Address and phone number of issuing authority: _____

Certificate/License _____ Dates valid _____

Address and phone number of issuing authority: _____

Certificate/License _____ Dates valid _____

Address and phone number of issuing authority: _____

49. Have you ever had a professional license, security clearance, or certificate suspended, revoked or denied? ____ Explain in detail: _____

EDUCATION

50. List your educational experience in reverse chronological order, going back as far as high school. Include any trade, technical, or extended professional training.

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

Institution _____

Institution address _____

Program of study or degree received _____

Date of graduation or date degree was conferred _____ Dates attended _____

Name, address, and phone number of someone who knew you while you attended this facility: _____

51. Have you ever been expelled, suspended, or the subject of a significant disciplinary action while attending any of the above listed institutions? ____ If yes, explain _____

CRIMINAL HISTORY

52. Do you have pending any criminal charges in any jurisdiction? ____ If so, explain fully, including date, location, charges, arresting agency and court. _____
53. Are you currently on parole, probation, or diversion? ____ If so, explain fully, including dates, location, original charges, court and supervising officer. _____
54. List all criminal offenses for which you have been convicted. You must include expunged records, military court martials, actions under the Uniform Code of Military Justice, DUIs, serious traffic offenses, and juvenile actions. For the purpose of this section, Nolo Contendere pleas should be considered as convictions and listed:

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

Charge _____ Date of offense or charge _____

City and State _____

Court _____ Final disposition _____

55. List all offenses for which you have been arrested but not convicted, or were questioned by the police or military authorities during an investigation. Include DUIs and juvenile cases.

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

Charge or circumstances _____

Date of offense or incident _____ City and State _____

Law enforcement agency _____

Final disposition _____

56. Have you ever committed a felony crime for which you have not been arrested or charged? _____

57. Have you ever been the subject of a complaint, e.g., sexual harassment or civil rights, to any governmental, professional, or regulatory agency? _____ If so, provide details: _____

58. List all known criminal offenses for which any members of your immediate household, related or not, have been convicted or for which they were incarcerated in the past 5 years. Provide as much information as is known to you.

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

Name _____ Relationship _____

Charge _____ City and State _____

Court _____ Disposition _____

CIVIL COURT ACTIONS

59. List all occasions when you have been a plaintiff or defendant in a civil court action. Include divorce, child custody and small claims cases. You do not need to list any participation in any "whistleblower" actions.

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

Nature of case _____

Date of case _____ City, state, and court _____

Disposition of case _____

ILLEGAL DRUGS AND ALCOHOL

60. In the past 15 years, have you used, possessed, supplied, given away, transported, sold or manufactured any illegal drugs? When used without a prescription, illegal drugs include marijuana, hashish, cocaine, narcotics (opium, morphine, codeine, diazepam, heroin, etc.); stimulants (amphetamines); depressants (barbiturates, methaqualone, tranquilizers, etc.); hallucinogens (LSD, PCP, etc.). **Note:** The information that you provide in response to this question will not be provided for use in any criminal prosecution against you.

Yes _____ No _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

Type of substance used _____

Date(s) and location of use _____

Explanation: _____

61. Do you now own or possess any of the above listed drugs or any drug paraphernalia? ____ If yes, explain: _____
62. Are you now, or have you ever been, addicted to alcohol? ____ If yes, explain: _____
63. Are you now, or have you ever been addicted to any illegal drugs or controlled substances? ____ If yes, explain: _____
64. Has the use of alcohol or drugs ever affected your job performance, performance ratings, or subject you to any complaints or disciplinary actions? ____ If yes, explain: _____
65. Are you now, or have you ever received in-patient or out-patient treatment for substance abuse or alcoholism? ____ If yes, provide dates, location, institution, and an explanation: _____

SEXUAL Preference GAMBLING

66. Have you ever engaged in illegal gambling activities? ____ If yes, explain: _____
67. Do you currently owe any debts as a result of gambling activities? ____ If yes, explain: _____
68. Do you have any business or financial interests with any organization involved in gambling activities? ____ If yes, explain: _____

PERSONAL REFERENCES

69. Give three references who have had continuous personal contact with you during the last five years (not relatives, employers or fellow employees), who have first hand knowledge of your character, knowledge, ability and experience.

Name _____

Address _____ Home phone _____

Business address _____ Business phone _____

Nature of relationship _____

Name _____

Address _____ Home phone _____

Business address _____ Business phone _____

Nature of relationship _____

Name _____

Address _____ Home phone _____

Business address _____ Business phone _____

Nature of relationship _____

FINANCIAL INFORMATION

70. List all current sources of income. Include approximate yearly income totals. _____

71. Do you receive any type of disability compensation? ____ If yes, explain: _____

72. Are you currently more than 60 days delinquent on any debt or obligation? _____
73. Have you ever filed bankruptcy, had your wages garnished, had property repossessed, or been evicted from any property? ____ If yes, please explain. List location, date, court and case numbers if known. _____

74. Have you ever had property forfeited by any court action? ____ If yes, please explain. Include dates, type of property, type of action, location, and court. _____

75. Do you currently owe any back income, property, or other taxes? ____ If yes, explain: _____

76. Do you currently have any outstanding judgements or liens against you or your spouse for any property you own or have interest in? ____ If yes, explain: _____

77. Are you current with the filing of any required tax returns or tax documents? ____ If not, explain: _____

78. Do you or your spouse own or have any interest in any business organization? ____ If yes, list the business name, address, purpose, structure, your position and interest. Identify by name, address and position, any other owners, officers, or directors of that business. For the purpose of this question, an ownership interest is defined as 5% or more of the assets of the business: _____

79. List all property other than your principal residence that you or your spouse have financial interest in. Include type and location of the property as well as your approximately percentage of interest. Identify by name, address and the amount of the interest of any co-owners of the property. Include property interests in all states and any foreign countries. _____

80. Are you related by blood or marriage to anyone who is an employee of the KBI? ____ If yes, whom? _____

81. Have you ever been the subject of a background investigation by any other governmental agency? ____ If yes, what agency and when: _____

82. List any other information about you that you think should be known or considered: _____

I certify that the information furnished in this application is true and correct to the best of my knowledge.

Signature _____ Date _____



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL
STATE OF KANSAS
1620 TYLER
TOPEKA, KANSAS 66612-1837
(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

AUTHORIZATION OF RELEASE

(Date)

I hereby authorize and request any former and present employer, creditor, bank, savings and loan, credit union, finance company, mortgage company, credit card company, credit reporting agency, collection agency, school, college, university, agencies in the criminal justice system, or any other person, company or corporation to release any and all information and documentation relating to my employment, personnel records, evaluations, credit, financial condition, financial information, school activities, grades, degrees, character, integrity, criminal history including expunged records and any other information whatsoever to any Agent of the Kansas Bureau of Investigation.

(Signature)

Typed Name

Social Security Number

Subscribed and sworn to before me this _____ day of _____, 19 ____.

(Notary)

8-29



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL
STATE OF KANSAS
1620 TYLER
TOPEKA, KANSAS 66612-1837
(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

BE SURE TO DATE AND SIGN ATTACHED WAIVERS

DATE

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ANSWERS GIVEN
TO QUESTIONS IN THIS BACKGROUND INFORMATION FORM ARE TRUE,
COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED

Subscribed and sworn to before me this ____ day of
_____, 19____.

Notary

8-30



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL

STATE OF KANSAS

1620 TYLER

TOPEKA, KANSAS 66612-1837

(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

MEDICAL WAIVER

DATE

I HEREBY AUTHORIZE ANY DOCTOR, EMPLOYEE OF ANY DOCTOR, HOSPITAL, MEDICAL INSURANCE, HEALTH MAINTENANCE ORGANIZATION OR OTHER MEDICAL OR MENTAL HEALTH FACILITY TO RELEASE ANY INFORMATION RELATING TO MY MENTAL AND PHYSICAL CONDITION IN THE PAST AND AT THE PRESENT TIME TO ANY AGENT OF THE KANSAS BUREAU OF INVESTIGATION.

SIGNED

Subscribed and sworn to before me this ____ day of _____, 19____.

Notary

8-31



ROBERT B. DAVENPORT
DIRECTOR

KANSAS BUREAU OF INVESTIGATION

DIVISION OF THE OFFICE OF ATTORNEY GENERAL

STATE OF KANSAS

1620 TYLER

TOPEKA, KANSAS 66612-1837

(913) 232-6000



ROBERT T. STEPHAN
ATTORNEY GENERAL

BE SURE TO DATE AND SIGN ATTACHED WAIVERS

WAIVER FOR POLYGRAPH EXAMINATION

DATE

I AM WILLING TO TAKE A POLYGRAPH EXAMINATION PRIOR TO OR
DURING MY EMPLOYMENT WITH THE STATE OF KANSAS.

SIGNED

Subscribed and sworn to before me this ____ day of
_____, 19____.

Notary

STATE OF KANSAS



KANSAS RACING COMMISSION

3400 Van Buren
Topeka, Kansas 66611-2228
(913) 296-5800
FAX (913) 296-0900

KANSAS RACING COMMISSION
PERSONAL BACKGROUND DISCLOSURE FORM

Date disclosure form filed with commission: _____

Position for which seeking approval: _____

Racetrack facility where duties will be performed: _____

Read the complete form both before and after filling it out. This form must be completely filled out, typed or printed in black ink. In the event any space is not large enough for the complete answer, attach an explanation on a second sheet of plain paper. THE COMPLETED PERSONAL BACKGROUND DISCLOSURE FORM IS SUBJECT TO DISCLOSURE UNDER THE KANSAS OPEN RECORDS ACT K.S.A. 45-215 et seq., EXCEPT AS PROVIDED HEREFTER.

Return to: Kansas Racing Commission
ATTENTION: Executive Director
3400 Van Buren
Topeka, Kansas 66611-2228
(913) 296-5800

* * * * *

1. FULL NAME (LAST) (FIRST) (MIDDLE)

2. ARE YOU A U.S. CITIZEN?

3. LIST ANY OTHER NAMES YOU HAVE USED OR ARE KNOWN BY.

4. LIST ANY ADDRESSES YOU PRESENTLY USE: STREET ADDRESS, CITY, STATE, AND ZIP CODE. INCLUDE BOTH RESIDENCE AND MAILING ADDRESS.

4a. TELEPHONE NUMBER

Senate Fed and State
Feb. 2, 1994
Attachment # 9

5. ACTIVE DRIVER'S LICENSE 6. DATE OF BIRTH 7. PLACE OF BIRTH
NUMBER AND STATE OF
ISSUANCE

8. HEIGHT 9. WEIGHT 10. HAIR COLOR 11. EYE COLOR

12. HEARING OR SIGHT IMPAIRMENTS

13. DESCRIBE ANY PHYSICAL AILMENTS

14. INDICATE PRESENT MARITAL STATUS AND WHETHER YOU HAVE BEEN
DIVORCED, SEPARATED, OR WIDOWED. NAME THE COURT IN WHICH ANY
RELATED LEGAL PROCEEDINGS WERE CONDUCTED.

15. IN THE SPACES BELOW, PROVIDE INFORMATION REQUESTED PERTAINING TO
EACH RELATIVE:

SPOUSE		DOB
-----		-----
-----		ACTIVE DL & ISSUE
ADDRESS	Area Code ()	STATE
	Phone #	
CHILD		DOB
-----		-----
-----		ACTIVE DL & ISSUE
ADDRESS	Area Code ()	STATE
	Phone #	
CHILD		DOB
-----		-----
-----		ACTIVE DL & ISSUE
ADDRESS	Area Code ()	STATE
	Phone #	
APPLICANT'S PARENTS		DOB
-----		-----

ADDRESS	Area Code ()	
	Phone #	

SPOUSE'S PARENTS

DOB

ADDRESS

Area Code ()
Phone #

SIBLING

DOB

ADDRESS

Area Code ()
Phone #

SIBLING

DOB

ADDRESS

Area Code ()
Phone #

SIBLING

DOB

ADDRESS

Area Code ()
Phone #

SIBLING

DOB

ADDRESS

Area Code ()
Phone #

SIBLING

DOB

ADDRESS

Area Code ()
Phone #

16. LIST ALL PREVIOUS ADDRESSES IN REVERSE CHRONOLOGICAL ORDER (IF
RESIDENCY WAS SIX MONTHS OR MORE DURATION). USE MONTH AND YEAR
FOR DATE INFORMATION.

PRESENT ADDRESS

FROM TO

OWN, RENT, OTHER

PREVIOUS ADDRESS

FROM TO

OWN, RENT, OTHER

PREVIOUS ADDRESS

FROM TO

OWN, RENT, OTHER

PREVIOUS ADDRESS FROM TO

OWN, RENT, OTHER

PREVIOUS ADDRESS FROM TO

OWN, RENT, OTHER

PREVIOUS ADDRESS FROM TO

OWN, RENT, OTHER

PREVIOUS ADDRESS FROM TO

OWN, RENT, OTHER

PREVIOUS ADDRESS FROM TO

OWN, RENT, OTHER

17. WORK EXPERIENCE--Show ALL previous employers (including U.S. Military Service) in reverse chronological order. Use a block for each period of employment. Add another page if necessary.

PRESENT EMPLOYER SUPERVISOR'S NAME

ADDRESS PHONE NUMBER

EMPLOYED FROM REASON FOR LEAVING ENDING POSITION AND MONTHLY SALARY

EMPLOYED TO

PREVIOUS EMPLOYER

SUPERVISOR'S NAME

ADDRESS

PHONE NUMBER

EMPLOYED FROM

REASON FOR LEAVING

ENDING POSITION AND
MONTHLY SALARY

EMPLOYED TO

PREVIOUS EMPLOYER

SUPERVISOR'S NAME

ADDRESS

PHONE NUMBER

EMPLOYED FROM

REASON FOR LEAVING

ENDING POSITION AND
MONTHLY SALARY

EMPLOYED TO

PREVIOUS EMPLOYER

SUPERVISOR'S NAME

ADDRESS

PHONE NUMBER

EMPLOYED FROM

REASON FOR LEAVING

ENDING POSITION AND
MONTHLY SALARY

EMPLOYED TO

18. IF YOU HAVE EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY JOB,
EXPLAIN HERE.

19. IF YOU HAVE PERFORMED U.S. MILITARY SERVICE PROVIDE:
(ATTACH COPY OF ALL DD214 FORMS RECEIVED)

MILITARY SERVICE NUMBER

BRANCH

TYPE OF DISCHARGE
(ATTACH COPIES)

20. IF YOU RECEIVE ANY DISABILITY COMPENSATION, DESCRIBE THE
DISABILITY AND ITS PERCENTAGE.

21. LIST PROFESSIONAL OR BUSINESS ORGANIZATIONS TO WHICH YOU BELONG NOW AND THOSE TO WHICH YOU FORMERLY BELONGED.

ORGANIZATION	ADDRESS
-----	-----
POSITION HELD	YEAR OF MEMBERSHIP
-----	-----
ORGANIZATION	ADDRESS
-----	-----
POSITION HELD	YEAR OF MEMBERSHIP
-----	-----
ORGANIZATION	ADDRESS
-----	-----
POSITION HELD	YEAR OF MEMBERSHIP
-----	-----
ORGANIZATION	ADDRESS
-----	-----
POSITION HELD	YEAR OF MEMBERSHIP
-----	-----
ORGANIZATION	ADDRESS
-----	-----
POSITION HELD	YEAR OF MEMBERSHIP
-----	-----

22. LIST ANY PROFESSIONAL CERTIFICATES OR LICENSES YOU HAVE RECEIVED. INCLUDE GOVERNMENT SECURITY CLEARANCES.

CERTIFICATE	DATES VALID
-----	-----
CERTIFICATE	DATES VALID
-----	-----

CERTIFICATE

DATES VALID

CERTIFICATE

DATES VALID

23. LIST YOUR EDUCATIONAL EXPERIENCE IN REVERSE CHRONOLOGICAL ORDER,
GOING BACK AS FAR AS JUNIOR HIGH SCHOOL. INCLUDE ANY TRADE OR
TECHNICAL TRAINING.

INSTITUTION LAST ATTENDED

ADDRESS

DATES ATTENDED

PROGRAM OF STUDY OR DEGREE RECEIVED

INSTITUTION LAST ATTENDED

ADDRESS

DATES ATTENDED

PROGRAM OF STUDY OR DEGREE RECEIVED

INSTITUTION LAST ATTENDED

ADDRESS

DATES ATTENDED

PROGRAM OF STUDY OR DEGREE RECEIVED

INSTITUTION LAST ATTENDED

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DATES ATTENDED

PROGRAM OF STUDY OR DEGREE RECEIVED

INSTITUTION LAST ATTENDED

ADDRESS

DATES ATTENDED

PROGRAM OF STUDY OR DEGREE RECEIVED

INSTITUTION LAST ATTENDED

ADDRESS

DATES ATTENDED

PROGRAM OF STUDY OR DEGREE RECEIVED

24. LIST ALL CRIMINAL CONVICTIONS. INCLUDE COMMITMENTS TO ANY INSTITUTION. INCLUDE TRAFFIC OFFENSES THAT ARE ALCOHOL OR DRUG RELATED. THE KANSAS RACING COMMISSION IS AUTHORIZED TO RECEIVE RECORDS OF EXPUNGED CONVICTIONS PURSUANT TO K.S.A. 74-8804(n) and K.S.A. 21-4619(i)(9). DO NOT DISCLOSE EXPUNGEMENTS IN RESPONSE TO THIS QUESTION. EXPUNGED CONVICTIONS MUST BE DISCLOSED LATER IN RESPONSE TO QUESTION 39 OF THIS FORM.

DATE CITY AND STATE

CHARGE

DISPOSITION

DATE CITY AND STATE

CHARGE

DISPOSITION

25. LIST ALL OCCASIONS WHEN YOU HAVE BEEN A PARTICIPANT (PLAINTIFF, DEFENDANT, OR WITNESS) IN A CIVIL COURT ACTION. INCLUDE CORPORATE AND PERSONAL LAWSUITS, BANKRUPTCIES, JUDGMENTS, ETC.

DATE CITY AND STATE

COURT

NATURE AND DISPOSITION OF CASE

DATE CITY AND STATE

COURT

NATURE AND DISPOSITION OF CASE

DATE CITY AND STATE

COURT

NATURE AND DISPOSITION OF CASE

26. LIST ANY MEMBER OF YOUR FAMILY WHO IS EMPLOYED BY THE STATE OF KANSAS.

NAME OFFICE TELEPHONE

DEPARTMENT OR AGENCY

NAME OFFICE TELEPHONE

DEPARTMENT OR AGENCY

NAME OFFICE TELEPHONE

DEPARTMENT OR AGENCY

NAME OFFICE TELEPHONE

DEPARTMENT OR AGENCY

27. GIVE FOUR REFERENCES WHO ARE RESPONSIBLE PERSONS OF REPUTABLE STANDING IN THEIR COMMUNITY, WHO HAVE HAD CONTINUOUS PERSONAL CONTACT WITH YOU DURING THE PAST FIVE YEARS (NOT RELATIVES, EMPLOYERS, FELLOW EMPLOYEES) WHO HAVE FIRST-HAND KNOWLEDGE OF YOUR CHARACTER, PERSONALITY, EXPERIENCE AND ABILITY.

NAME	OCCUPATION
- - - - -	- - - - -
HOME ADDRESS	HOME PHONE
- - - - -	- - - - -
BUSINESS ADDRESS	BUSINESS PHONE

NAME	OCCUPATION
- - - - -	- - - - -
HOME ADDRESS	HOME PHONE
- - - - -	- - - - -
BUSINESS ADDRESS	BUSINESS PHONE

NAME	OCCUPATION
- - - - -	- - - - -
HOME ADDRESS	HOME PHONE
- - - - -	- - - - -
BUSINESS ADDRESS	BUSINESS PHONE

NAME	OCCUPATION
- - - - -	- - - - -
HOME ADDRESS	HOME PHONE
- - - - -	- - - - -
BUSINESS ADDRESS	BUSINESS PHONE

28. LIST YOUR PERSONAL ASSETS AND APPROXIMATE VALUES:

ASSET

VALUE

29. TOTAL AMOUNT OF YOUR APPROXIMATE PERSONAL INDEBTEDNESS:

30. IF THE AMOUNT SHOWN IN QUESTION 29 IS GREATER THAN \$5,000, EXPLAIN THE BREAKDOWN WITH IDENTIFICATION OF LENDERS AND APPROXIMATE SUBTOTALS (PERSONAL AND INSTITUTIONS):

IDENTIFICATION
OF LENDER

AMOUNT

31. **SOURCES OF COMPENSATION:** List all sources of compensation in the last 5 years, including any business from which you or your spouse received \$500 or more in compensation per year (salary, thing of value, or economic benefit conferred on or in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns. Business means any corporation, association, partnership, proprietorship, trust, joint venture, or governmental agency unit, or a subdivision and every other business interest, including ownership or use of land for income. The receipt of interest, dividends and mineral royalties does not constitute "compensation" as the term is defined, and those matters need not be reported under this provision.

- a. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS

If you have nothing to report in Question 31(a), check this box ☐

- b. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS

If you have nothing to report in Question 31(b), check this box ☐

32. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust joint venture and every other business interest, including land used for income in which either you or your spouse has owned within the preceding 5 years a legal or equitable interest exceeding \$5,000 or 5% whichever is less. The value of percentage of a business interest is to be determined as of the time of the required filing. The value assigned to a holding is the fair market value. For the purpose of this question, certificates of deposit, bank savings or checking accounts in a savings and loan, shares in a credit union, life insurance policies, annuities, notes, bonds, debentures and mortgages need not be disclosed under this provision. Business interest includes, among other things, property held for rental, farming, commercial purposes and ownership of mineral rights. The address reported for land without a street address should include the rural route, town and state or township, county and state.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTEREST	HELD BY WHOM
NAME - - - - -			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly
ADDRESS			
NAME - - - - -			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly
ADDRESS			
NAME - - - - -			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly
ADDRESS			
NAME - - - - -			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly
ADDRESS			
NAME - - - - -			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly
ADDRESS			
NAME - - - - -			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly
ADDRESS			

If you have nothing to report in Question 32, check this box ☐

33. **OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS:** List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position.

BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
NAME - - - - -		<input type="checkbox"/> You <input type="checkbox"/> Spouse
ADDRESS		

NAME	<input type="checkbox"/> You
- - - - -	
ADDRESS	<input type="checkbox"/> Spouse
NAME	<input type="checkbox"/> You
- - - - -	
ADDRESS	<input type="checkbox"/> Spouse
NAME	<input type="checkbox"/> You
- - - - -	
ADDRESS	<input type="checkbox"/> Spouse
NAME	<input type="checkbox"/> You
- - - - -	
ADDRESS	<input type="checkbox"/> Spouse
NAME	<input type="checkbox"/> You
- - - - -	
ADDRESS	<input type="checkbox"/> Spouse
NAME	<input type="checkbox"/> You
- - - - -	
ADDRESS	<input type="checkbox"/> Spouse

If you have nothing to report in Question 33, check this box ☐

34. LIST ANY STATE RACING COMMISSIONS OR GAMING COMMISSIONS THAT HAVE INVESTIGATED YOUR BACKGROUND.

35. IDENTIFY ANY INDIVIDUALS, GROUPS, LOBBYISTS, CONSULTANTS, OR ATTORNEYS RETAINED TO REPRESENT YOUR INTEREST BEFORE THE KANSAS RACING COMMISSION.

NAME OCCUPATION

ADDRESS PHONE

NAME OCCUPATION

ADDRESS PHONE

NAME OCCUPATION

ADDRESS PHONE

NAME OCCUPATION

ADDRESS PHONE

NAME OCCUPATION

ADDRESS PHONE

36. LIST YOUR CURRENT AND PAST PERSONAL ACCOUNTANTS OR CPA'S.

NAME PHONE

BUSINESS ADDRESS

NAME PHONE

BUSINESS ADDRESS

NAME

PHONE

BUSINESS ADDRESS

NAME

PHONE

BUSINESS ADDRESS

NAME

PHONE

BUSINESS ADDRESS

NAME

PHONE

BUSINESS ADDRESS

NAME

PHONE

BUSINESS ADDRESS

NAME

PHONE

BUSINESS ADDRESS

CERTIFICATION

DATE

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.

SIGNED

Subscribed and sworn to before me this _____ day of _____, 199__.

Notary

FINGERPRINT CARDS

Enclosed are three required fingerprint cards. Please have an authorized police agency complete them. Return the completed fingerprint cards with this disclosure form.

BE SURE TO DATE AND SIGN ATTACHED WAIVERS

**THE WAIVERS AND FINGERPRINT CARDS MUST
BE FILED WITH THIS DISCLOSURE FORM**

STATE OF KANSAS



KANSAS RACING COMMISSION

3400 Van Buren
Topeka, Kansas 66611-2228
(913) 296-5800
FAX (913) 296-0900

AUTHORIZATION OF RELEASE

(Date)

I hereby authorize and request any former and present employer, creditor, bank, savings and loan, credit union, finance company, mortgage company, credit card company, credit reporting agency, collection agency, school, college, university, agencies in the criminal justice system, or any other person, company or corporation to release any and all information and documentation relating to my employment, evaluations, credit, financial condition, financial information, school activities, grades, degrees, character, integrity, criminal history including expunged records and any other information whatsoever to any agent of the Kansas bureau of investigation, the Kansas racing commission or other person designated by the commission.

(Signature)

Typed Name

Social Security Number

Subscribed and sworn to before me this _____ day of _____, 199__.

Notary

STATE OF KANSAS



KANSAS RACING COMMISSION

3400 Van Buren
Topeka, Kansas 66611-2228
(913) 296-5800
FAX (913) 296-0900

MEDICAL WAIVER

(Date)

I hereby authorize any doctor, employee of any doctor, hospital, medical insurance, health maintenance organization or other medical or mental health facility to release any information relating to my mental and physical condition in the past and at the present time to any special agent of the Kansas bureau of investigation or director of security of the Kansas racing commission.

(Signature)

Subscribed and sworn to before me this _____ day of _____, 199__.

Notary

YOU MUST PROVIDE THE DISCLOSURES REQUESTED IN QUESTIONS 37-45, EXCEPT AS NOTED. THE RESPONSES ARE NOT SUBJECT TO PUBLIC DISCLOSURE EXCEPT UPON KANSAS RACING COMMISSION OR COURT ORDER. THESE DISCLOSURES MUST BE FILED IN THE ENVELOPE PROVIDED WITH THE REQUIRED FEDERAL TAX RETURNS.

37. _____
FULL NAME (LAST) (FIRST) (MIDDLE)

38. _____
SOCIAL SECURITY NUMBER.

YOUR SOCIAL SECURITY NUMBER IS REQUESTED PURSUANT TO K.S.A. 74-139(a) AND WILL BE USED BY COMMISSION STAFF, LAW ENFORCEMENT PERSONNEL AND, UPON REQUEST, THE DIRECTOR OF TAXATION. DISCLOSURE IS VOLUNTARY.

39. LIST ALL ARRESTS AND EXPUNGED RECORDS. THE KANSAS RACING COMMISSION IS AUTHORIZED TO RECEIVE THIS INFORMATION PURSUANT TO K.S.A. 74-8804(n) and K.S.A. 21-4619(i)(9).

DATE CITY AND STATE

CHARGE

DISPOSITION

DATE CITY AND STATE

CHARGE

DISPOSITION

40. LIST ALL KNOWN CRIMINAL OFFENSES FOR WHICH ANY MEMBER OF YOUR IMMEDIATE FAMILY, CLOSE RELATIVE, OR IN-LAWS HAVE BEEN ARRESTED OR CONVICTED. INCLUDE COMMITMENTS TO ANY INSTITUTION. EXCLUDE TRAFFIC CITATIONS.

NAME	RELATIONSHIP
-----	-----
DATE	CITY AND STATE
CHARGE	-----
DISPOSITION	-----

NAME	RELATIONSHIP
-----	-----
DATE	CITY AND STATE
CHARGE	-----
DISPOSITION	-----

41. DESCRIBE ANY PRESENT OR PAST EMOTIONAL, MENTAL, DRUG OR ALCOHOL RELATED CONDITION. DESCRIBE ANY TREATMENT, INCLUDING INPATIENT OR OUTPATIENT TREATMENT, YOU RECEIVE OR RECEIVED FOR THE CONDITION, INCLUDING THE DATE OF TREATMENT, THE PLACE OF TREATMENT AND THE NAME OF THE TREATING INDIVIDUAL.

42. DESCRIBE ANY PRESENT OR PAST MEDICAL CONDITION. DESCRIBE ANY TREATMENT, INCLUDING INPATIENT OR OUTPATIENT TREATMENT, YOU RECEIVE OR RECEIVED FOR THE CONDITION, INCLUDING THE DATE OF TREATMENT, THE PLACE OF TREATMENT AND THE NAME OF THE TREATING INDIVIDUAL.

43. PRESENT DOCTOR'S FULL NAME AND ADDRESS.

DOCTOR'S PHONE NUMBER

44. GIVE FULL NAME AND ADDRESS OF ANY OTHER PHYSICIAN FROM WHOM YOU HAVE RECEIVED TREATMENT.

TELEPHONE NUMBER

45. LIST FOUR ACTIVE CREDIT REFERENCES:

BANK/BUSINESS NAME

ACCOUNT NUMBER

ADDRESS

PHONE NUMBER

TYPE AND AMOUNT OF ACCOUNT

BANK/BUSINESS NAME

ACCOUNT NUMBER

ADDRESS

PHONE NUMBER

TYPE AND AMOUNT OF ACCOUNT

BANK/BUSINESS NAME

ACCOUNT NUMBER

ADDRESS

PHONE NUMBER

TYPE AND AMOUNT OF ACCOUNT

BANK/BUSINESS NAME

ACCOUNT NUMBER

ADDRESS

PHONE NUMBER

TYPE AND AMOUNT OF ACCOUNT

CONFIDENTIAL

CERTIFICATION

DATE

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE ANSWERS GIVEN TO QUESTIONS 37-45 IN THIS PERSONAL BACKGROUND DISCLOSURE FORM ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED

Subscribed and sworn to before me this _____ day of _____, 199__.

Notary

FEDERAL INCOME TAX RETURNS

Provide copies of your Federal Tax Returns for the last five years. Copies must be filed in the envelope provided for confidential materials.