PERSONAL HISTORY
QUESTIONNAIRE

PENNSYLVANIA GAMING CONTROL BOARD

303 Walnut Street/Strawberry Square
Commonwealth Tower/5th Floor
Harrisburg, Pennsylvania 17106-9060

(717) 346-8300

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The Pennsylvania General Assembly has authorized through the Pennsylvania Race Horse Development and Gaming Act, 4 Pa.C.S. §§1101 et seq. (the Act), the installation and operation of a gaming industry under strict regulation. The primary objective of the Act is to protect the public through the regulation and policing of all activities involving gaming and practices that continue to be unlawful. The development, growth and success of gaming is dependent upon public trust and confidence, and the assurance that licensed gaming is conducted honestly and competitively; and, that gaming is free from criminal and corruptive elements.

Public confidence and trust can only be maintained by strict regulation of all persons, locations, practices, associations, and activities related to the operation of licensed gaming establishments and the manufacture or distribution of gambling devices and equipment.

It is therefore incumbent upon the Pennsylvania Gaming Control Board (PGCB) to seek only the most highly qualified people and ensure their capability in regulating a most vital industry.

NOTICE:

As an applicant for employment with the PGCB, you are subject to a background investigation. The investigation shall include, but not be restricted to, family; personal; prior employment; financial; and criminal history. Questions regarding sex; age; height; weight; birthplace; and other characteristics when not specifically related to the position requirements are only for identification and verification purposes as applicable to the background investigation and will not be used to determine your suitability for employment. Your Social Security number will be used by the PGCB, and/or its designees, to obtain and verify the information in your Personal History Questionnaire. The absence of a Social Security number may delay the final determination of your application.

Drug Screening – All employees of the PGCB are required to undergo mandatory pre-employment drug screening. Successful completion of this pre-employment drug screening is a requisite to employment. The PGCB will provide you with instructions to obtain the required pre-employment drug screening through a certified laboratory.

INSTRUCTIONS

1. The completion of this form is **mandatory**. Please read the instructions carefully and answer all applicable questions completely and truthfully. After answering every applicable question on this Questionnaire and prior to completing the Affidavit, initial the bottom of each page in the space provided and on any attached pages to indicate that you have read the initialed page and that all answers provided are accurate. Any deliberate omissions, errors, attempt(s) to conceal the truth or fraudulent answers will be sufficient grounds for termination.

2. Read the Affidavit at the end of the questionnaire before preparing, signing and submitting.

3. Type or print all answers legibly in black or blue ink.

4. Answer every question. If the question is not applicable, indicate "N/A" in the appropriate blank. If the information requested is unknown, indicate "UNK."

5. Answer all questions completely, including full addresses, zip codes, and telephone area codes.

6. If the space provided for the answer is insufficient, attach additional 8 ½ x 11 inches sheets of paper and identify the additional information with the correct item number.

7. Have a Notary Public witness your signature.

8. Should you have any questions regarding these documents or the correct method of completing them, please contact the Office of Human Resources at (717) 346-8300.

When completed, please return the original of this Personal History Questionnaire to the **PGCB at 303 Walnut Street/Commonwealth Tower/ 5th Floor/ Harrisburg, Pennsylvania 17106-9060** and keep one copy for your personal files/records.

NOTE: **It is important that you return this completed background questionnaire within ten (10) 10 days**.

PENNSYLVANIA GAMING CONTROL BOARD
PERSONAL HISTORY QUESTIONNAIRE

A. PERSONAL DATA

1. Full legal name: _____
(Last) (First) (Middle)

2. Alias: (nickname(s), maiden name, former married name(s), etc.): _____

3. Current Address:_____
(Include City, State, Zip)

4. Mailing Address:_____
(Include City, State, Zip)

5. Primary phone (include area code): _____

   Alternate phone Cell/Home phone (include area code): _____

   E-Mail address: _____

6. Birthdate: _____ Birthplace: _____
Month/Day/Year City State County

7. Social Security No.: _____-_____-_____

8 Are you a U.S. Citizen? _____ Yes _____ No

9. Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced

10. List all persons with whom you currently share a residence.

Last Name	First Name	Date of Birth	Relationship

B. EDUCATIONAL DATA

	Dates	Name of School and Address including City and State	Graduated – Degrees and Major If no degree – List credits earned
1. High School			
2. GED			
3. College			
4. Grad. School			
5. Other			

6. Have you ever been suspended or expelled from any school? ☐ Yes ☐ No
   If "Yes", please explain: _____

7. Do you possess any type of professional license or certification? ☐ Yes ☐ No

   If "Yes", indicate type of license or certification: _____

8. Is the above license or certification active and in good standing? ☐ Yes ☐ No

   If "No", please explain: _____

9. Have you ever had any type of professional license or certification suspended, revoked or canceled?

   ☐ Yes ☐ No

   If "Yes", please explain:

C. RELATIVES, REFERENCES, and ACQUAINTANCES

During the background investigation, people who know you will be asked to comment on your suitability for employment with the PGCB. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

1. SPOUSE(S) DATA

If you are, or have ever been married, complete the following regarding each spouse, beginning with the most recent, and working backward.

☐ **This section is not applicable**.

1) Full Legal Name:_____
Last (Maiden) First Middle

2) Current Address:_____
(Include City, State, Zip)

3) Telephone: Residence (_____)_____ Business (_____)_____

4) Alias (nickname(s), previous married names, etc.):_____

5) Birthdate:_____
(Month/Day/Year)

6) Date of Marriage:_____
(Month/Day/Year)

7) Date of Divorce:_____
(Month/Day/Year)

8) Spouse's Occupation:_____

9) Employer:_____
(Company Name)

Address:_____
(Include City, State, Zip)

If you are divorced or separated, are you now, or have you ever been, delinquent in the payment of alimony or child support? ☐ Yes ☐ No

If yes, please provide details:

2. DEPENDENT(S) DATA

List all children, biological, adoptive or foster, including children from previous marriage(s), as well as any person who is dependent upon you for any financial support (excluding spouse(s)). (Attach additional sheets if necessary).

☐ **This section is not applicable**.

1) Full Legal Name: _____
Last First Middle

2) Alias (nickname(s), etc.): _____

3) Current Address: _____
(Include City, State, Zip)

4) Relationship: _____

5) Birthdate: _____ Birthplace: _____
(Month/Day/Year) (Include City/County/State)

6) Occupation: _____

7) Employer: _____

1) Full Legal Name: _____
Last First Middle

2) Alias (nickname(s), etc.): _____

3) Current Address: _____
(Include City, State, Zip)

4) Relationship: _____

5) Birthdate: _____ Birthplace: _____
(Month/Day/Year) (Include City/County/State)

6) Occupation: _____

7) Employer: _____

3. FAMILY / RELATIVE DATA

Please supply the appropriate information in the spaces provided below. If a category is not applicable, indicate N/A."

Name of Your:	Date of Birth:	Address (Include City, State, Zip)	Daytime Telephone Number	Employer
Father				
Mother				
Father-in-Law				
Mother-in-Law				
Brother(s) and Sister(s)				
Foster Parent/Guardian				
Step-Mother				
Step-Father				
Step-Brother(s) and Step Sister(s)				

Do you have any family members (including stepchildren) who are employed in the gaming industry in PA? If yes, please complete below.

Name	Casino	Position	Dates of Employment

D. RESIDENCE DATA

1. List all places of residence (including military and school), for the past **10 YEARS,** without any unexplained time gaps. Please begin with your current address and work backward.

Mo/Yr From	Mo/Yr To	Address (Include City, State, Zip)

2. Please list three current or recent neighbors or landlord references. The neighbor reference may live next door to you or in apartments in any direction of your residence. Do not list references that are related by blood or marriage.

Neighbors	Address	Phone #

3. Have you ever been evicted from a residence? ☐ Yes ☐ No

If "Yes" give details:

4. If renting, present landlord: _____ _____
(Name) (Telephone number/Include Area Code)

Address (Include City, State, Zip)

Monthly Rent: _____

5. Have you ever forfeited all or portion of a rental/residential security deposit within the past ten (10) years?

☐ Yes ☐ No

If "Yes" give details:

E. FINANCIAL DATA

1. Do you have any current Student Loans and or any Student Loans in forbearance or delinquent of payment?
☐ Yes ☐ No

Agency/Bank	Date Received	Monthly Payment & Balance	Arears, forbearance, deferment, in payment, garnishment, in collection or forgiveness

2. Have you ever filed or are you contemplating filing a bankruptcy petition? ☐ Yes ☐ No

Date: _____ Location: _____ Docket #: _____

Circumstances: _____

3. List all real estate property in which you own an interest or in which an interest is held for your benefit, including vacation/summer residence:

Address	Block	Lot
Property A		
Property B		
Property C		
Property D		
Property E		
Property F		

4. If any property listed in above is co-owned or held in trust, list all co-owners, business partners or trustee(s):

Co-owner/Business Partner/Trustee	Address and Phone
Property A	
Property B	
Property C	
Property D	

5 Have you ever been subjected to foreclosure procedures for any property that you have held an interest in?

☐ **Yes** ☐ **No**

If "Yes" give details:

6. List all positions currently held as member, officer, or director of a partnership, corporation, limited liability company, non-profit organizations and all businesses that you hold financial interest in and the amount of your interest (other than stock ownership disclosed in question 9):

Position	Name of Entity & Address	Objectives of Entity	Other Shareholders and/or Officers

7. List all positions held, within the previous 10 years, as member, officer, or director of a partnership, corporation, limited liability company, and all businesses that you hold financial interest in and the amount of your interest (other than stock ownership disclosed in question 9):

Position	Name of Entity & Address	Objectives of Entity	Other Shareholders and/or Officers

8. To the best of your knowledge, do you or any family member own, control or have financial interest in a company engaged in gaming in PA or doing business with a gaming entity?

☐ Yes ☐ No

If Yes, explain:

9. Do you or any family member have any interest in any gaming entity or any gaming property in PA or any other state? ☐ Yes ☐ No

10. Are you or any family member connected in any way with any business or firm doing business with any gaming entity in PA or any other state? ☐ Yes ☐ No

If Yes, explain:

11. Are all municipal, county, state, and federal tax payments and filings required to be made by you current, including personal income taxes? ☐ Yes ☐ No

ATTACH COPIES OF FEDERAL, STATE AND LOCAL TAX RETURNS FOR THE LAST 3 YEARS. ALSO INCLUDE COPIES OF W-2'S.

If No, explain in detail:

12. Debts – List current obligations per month:

a. Rent/Mortgage	$
b. Vehicle Payment	$
c. Credit Cards	$
d. Child Support	$
e. Utilities	$
f. Insurances	$
g. Other Loans (Identify)	$
h. Other Payments (Identify)	$
AVERAGE MONTHLY PAYMENTS	$

13. Income

	Annual Net	**Monthly Net**
a. Salary of Applicant	$	$
b. Salary of Spouse	$	$
c. Other Income	$	$
TOTAL MONTHLY NET INCOME		$

14. Assets – List current accounts with financial institutions or investment firms (include CD's, money markets, checking & savings, stocks, bonds, or other investments, etc.)

Savings/Checking/Other	**Bank Name**	**Balance**

15. List with whom you or your spouse have any open mortgage(s), the amount, the balance, and the date of satisfaction: If you need additional space, attach information on separate piece of paper.

Mortgagee _____ Amount _____

Balance _____ Date of Satisfaction _____

Mortgagee _____ Amount _____

Balance _____ Date of Satisfaction _____

Mortgagee _____ Amount _____

Balance _____ Date of Satisfaction _____

F. EMPLOYMENT HISTORY DATA

1. Beginning with your present position and **WORKING BACKWARDS**, list **all employment for the last 15 years.** If you need additional space to accomplish the 15-year requirement, you may either photocopy this page, or attach another sheet of paper with the necessary information. Please account for any periods between jobs or otherwise unemployed.

2. May we contact your current employer? ☐ Yes ☐ No

From Month/Year	To Month/Year	Exact Title of Position	
Employer's Name		Address (Include City, State, Zip)	
Employer's Telephone Number (Include Area Code)	Gross Monthly Salary	Was employment Part-time ☐ Full-Time ☐	
Name & Title of Your Supervisor		_____ hours a week	
Reason for Leaving			

From Month/Year	To Month/Year	Exact Title of Position	
Employer's Name		Address (Include City, State, Zip)	
Employer's Telephone Number (Include Area Code)	Gross Monthly Salary	Was employment Part-time ☐ Full-time ☐	
Name & Title of Your Supervisor		_____ hours a week	
Reason for Leaving			

From Month/Year	To Month/Year	Exact Title of Position	
Employer's Name		Address (Include City, State, Zip)	
Employer's Telephone Number (Include Area Code)	Gross Monthly S/alary	Was employment Part-time ☐ Full-time ☐	
Name & Title of Your Supervisor		_____ hours a week	
Reason for Leaving			

3. In the past fifteen (15) years have you ever been discharged, asked to resign, or resigned in lieu of termination while employed? ☐ Yes ☐ No

If "Yes", please explain:

4. In the past fifteen (15) years have you ever been subjected to formal disciplinary action (including suspension, demotion, probation, written reprimand or written warnings) while employed? ☐ Yes ☐ No

If "Yes", please explain in detail:

5. Have you ever been denied a security clearance by any governmental agency, governmental contractor, or governmental subcontractor? ☐ Yes ☐ No

If "Yes", please explain in the following space, providing business name, complete business address, and explanation of the reasons for denial:

6. Have you ever had a security clearance cancelled, rescinded or revoked? ☐ Yes ☐ No

If "Yes", please explain in the following space, providing business name, complete business address, and explanation of the reasons:

7. Have your ever been fingerprinted for any reason? ☐ Yes ☐ No

If "Yes", complete the following:

Name of Agency	Date	Purpose

G. MILITARY SERVICE DATA

1. Have you ever been in any branch of any military service, including military reserve or foreign service?

☐ Yes ☐ No

If "Yes", complete the following chart, and provide a copy of your DD214 form.

Branch	Date In	Date Out	Highest Rank	Occupational Specialty	Type of Discharge

2. Have you ever been rejected or denied for military service? ☐ Yes ☐ No

3. Are you a member of any military reserve or National Guard organization? ☐ Yes ☐ No

If "Yes", complete the following:

A. Current obligation: _____ ☐ Active ☐ Inactive

B. Branch of service: _____

C. Unit name: _____

D. Reserve unit address: _____
(Include City, State, Zip)

E. Current rank: _____ Serial No.:_____

F. Commanding officer:_____

G. Immediate supervisor:_____

H. Telephone number: _____

Provide a copy of current orders or any active paperwork.

4. Were you ever the subject of a military investigation or disciplinary action? ☐ Yes ☐ No

If "Yes", please explain in detail:

H. MOTOR VEHICLE AND VEHICLE OPERATING DATA

1. Do you hold a valid driver's license? ☐ Yes ☐ No

   If "Yes", please complete the following:

   State of issue: _____ Class: _____

   License number: _____ Expires: _____

   Restrictions: _____

2. Have you ever had a driver's license from another state? ☐ Yes ☐ No

   If "Yes", please complete the following:

   State of issue: _____ State of issue: _____

   State of issue: _____ State of issue: _____

3. Have you ever had any driver's license, in this or any other state, country or province, suspended, revoked or canceled? ☐ Yes ☐ No

   If "Yes", please complete the following chart:

Suspended, Revoked, or Canceled	State	Date From	Date To	Name & Address of Court Taking Action (Include City, State, Zip)

4. Have you ever been refused a driver's license by any state, country or province? ☐ Yes ☐ No

   If "Yes", please explain:

5. Are you the registered and/or legal owner of any **MOTOR VEHICLE(S)**? (Include motor homes and motorcycles.)

Year	Make	Model	License Plate	VIN	State of Registration

I. TRAFFIC OFFENSE / CRIMINAL HISTORY / CIVIL LITIGATION DATA

1. Have you ever been charged with any crime? This includes any felony, misdemeanor or summary offense (do not include traffic citations or charges that you had legally expunged in this response) ☐ Yes ☐ No

   If "Yes", please complete the following chart.

Date Month/Year	Description of Charge	Police Agency	Police Agency Address (Include City, State, Zip)	Disposition

2. Have you ever been convicted with any crime? This includes any felony, misdemeanor or summary offense (do not include traffic citations or charges that you had legally expunged in this response). ☐ Yes ☐ No

   If "Yes", please complete the following chart.

Date Month/Year	Original Offense	Police Agency	Police Agency Address (Include City, State, Zip)	Disposition

3. Have you received a traffic citation, and/or a misdemeanor citation within the last three years, (do not include parking tickets) in this or any other state, county, or province? ☐ Yes ☐ No

   If "Yes", please complete the following chart.

Date Month/Year	Original Offense	Police Agency	Police Agency Address (Include City, State, Zip)	Disposition

4. Have you ever failed to appear on either a traffic citation and/or a misdemeanor citation? ☐ Yes ☐ No

   If "Yes", please explain: _____

5. Have you ever been placed on probation because of a traffic violation, misdemeanor criminal violation or felony criminal violation? ☐ Yes ☐ No

   If "Yes", please explain:_____

6. Have you ever had any type of court or arrest records sealed? ☐ Yes ☐ No

   If "Yes", please explain:_____

7. Have you ever been arrested for any domestic violence related charges, including charges that were later reduced to reflect another violation? ☐ Yes ☐ No

If "Yes", please explain:_____

8. Have you ever had a protection from abuse or restraining order filed against you? ☐ Yes ☐ No

   If "Yes", please explain:

9. Have you ever been, or are you currently, a party to a lawsuit or alleged to have committed any type of wrongful conduct in a lawsuit (including, but not limited to, suits arising from or claiming: negligence; auto accidents; breach of contract, collection or debt matters; harassment and discrimination matters; employment matters, landlord/tenant matters; or any other basis for civil claim)? ☐ Yes ☐ No

   If "Yes", list each lawsuit by caption, court and docket number; whether you were a plaintiff, defendant, witness or other, list the date of the complained of conduct and the result of the lawsuit:

J. REFERENCE / ACQUAINTANCE DATA

List three persons not related to you or to each other, and not former employers or supervisors, who have known you for at least five years.

Name	Occupation	Years Known
Home Address (Include City, State, Zip)		
Business Address (Include City, State, Zip)		
Work Phone (Include area code)	Home Phone (Include area code)	

Name	Occupation	Years Known
Home Address (Include City, State, Zip)		
Business Address (Include City, State, Zip)		
Work Phone (Include area code)	Home Phone (Include area code)	

Name	Occupation	Years Known
Home Address (Include City, State, Zip)		
Business Address (Include City, State, Zip)		
Work Phone (Include area code)	Home Phone (Include area code)	

K. MISCELLANEOUS DATA

1. Do you have any relative currently employed by the PGCB or who currently serves as a PGCB Board Member?
   ☐ Yes ☐ No

   If "Yes", complete the following:

   Name: _____ Relationship: _____

2. Do you have any relative currently employed or otherwise involved in the gaming industry: ☐ Yes ☐ No

   If "Yes", please complete the following:

   Name: _____ Relationship:_____

   Relative's Job: _____ Employer Name:_____

3. Do you know anyone who currently works for the PGCB? ☐ Yes ☐ No

   If "Yes", please list the name(s) and how you know the individual(s): _____

4. Are there any matters which may involve a conflict of interest or any problems in connection with your employment to the position for which you are being considered, which are not fully covered by your answers in this Questionnaire? ☐ Yes ☐ No

   If "Yes", please explain: _____

5. Is there any event or situation in your past or that currently exists which, if it were public knowledge, might reflect poorly or adversely on you or bring the PGCB into ill-repute if you were employed by the PGCB? ☐ Yes ☐ No

   If "Yes", please explain: _____

6. Do you hold any public or elected positions? ☐ Yes ☐ No

   If "Yes", please explain: _____

7. Have you, your spouse, or immediate family member ever had any association with any person, group, or business venture that could be used, even unfairly, to impugn or attack your character, qualifications, or suitability for the position to which you seek to be employed? ☐ Yes ☐ No

   If "Yes", please explain: _____

8. Have you or any member of your family ever been involved in the operation of an illegal gambling enterprise as defined under state or federal law or associated with anyone who has? ☐ Yes ☐ No

   If "Yes", please explain: _____

AFFIDAVIT

I do solemnly swear or affirm that this application contains no misrepresentation, falsification, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that all information and statements given by me on this application are subject to later investigation. I am further aware that should any investigation at any time disclose any such misrepresentation, falsification, omission, or concealment of material fact, I may be disqualified as an applicant for employment, dismissed from my position and subject to criminal prosecution.

SWORN/AFFIRMED AND SUBSCRIBED
BEFORE ME THIS:

_____ DAY OF _____

_____
SIGNATURE OF APPLICANT (USE INK)

_____
SIGNATURE OF NOTARY

_____
PRINTED NAME OF APPLICANT

_____
PRINTED NAME OF NOTARY

_____
STREET ADDRESS OF APPLICANT

_____
MY COMMISSION EXPIRES

_____
CITY STATE ZIP CODE