

# CAPITAL DISTRICT REGIONAL OFF-TRACK BETTING CORPORATION

510 Smith Street  
Schenectady, New York 12305

	First Application
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## Application for Employment and License

Check if this is your first application

ALL QUESTIONS SHOULD BE ANSWERED - *Please Print - Do Not Use Pencil*

**Do not write in this space**

1. Name of Applicant \_\_\_\_\_  
Last
First
Middle

2. Permanent Home Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City
County
State
Zip Code

3. Telephone Number (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

4. Position Applied For \_\_\_\_\_  
Agent, Supervisor, Manager, etc.

5. Mailing address if different from above \_\_\_\_\_  
 \_\_\_\_\_

6. Addresses where you have resided during the last five years.

From	To	Number and Street	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Are you a citizen of the United States? Yes  No   
 If no, do you have the legal right to remain permanently in the United States?  
 \_\_\_\_\_

8. Are you 18 or older? Yes  No

9. Have you ever previously filed an application for license or been employed with the Capital District Regional Off-Track Betting Corp.? Yes  No

10. Does any family member have a license with the Capital District Regional O. T. B. Corporation?  
 Yes  No  If yes, please list \_\_\_\_\_  
 \_\_\_\_\_

License Number	
Location	
Title	
Classification	
Employee Code	
Agency Fee	
Rate	
Starting Date	
Director Signature	

**IMPORTANT**

The following items must be filed upon being hired:

A. 4 current photos,  
 Size 1 1/2 x 1 1/2  
(Print name on the back of each photo.)

B. Fingerprints

C. Any other required papers  
(See instructions)

QUESTIONS 11 AND 12 MUST BE ANSWERED BY APPLICANTS. FAILURE TO ANSWER WILL CONSTITUTE A PRESENTATION THAT THE QUESTION IS ANSWERED NO CONVICTIONS.

11. FIRST APPLICANTS: Have you ever been CONVICTED of any crime, offense or violation of law other than minor traffic violations? Yes  No

12. ALL OTHER APPLICANTS: Have you ever been CONVICTED of any crime, offense or violation of law other than minor traffic violations since filing your last application with this Corporation?

ALL SUCH CONVICTIONS MUST BE REPORTED

13. ALL APPLICANTS: If your answer to Question 11 or Question 12 is Yes, give the following information for each conviction:

Date	Place	Nature of Arrest	Disposition	Name of Court

NOTE: FOR EACH ARREST DESCRIBED ABOVE, A CERTIFIED COPY OF THE COURT COMPLAINT, INCLUDING INDICTMENT AND/OR INFORMATION, IF ANY, AND A CERTIFIED COPY OF THE DISPOSITION TOGETHER WITH YOUR OWN NOTARIZED AFFIDAVIT OF PERSONAL BACKGROUND AND CIRCUMSTANCES OF EACH ARREST MUST BE ATTACHED TO THIS APPLICATION. IF PAPERS ARE NOT ATTACHED, YOU APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED.

Length of Employment		Firm Name	Address	City and State
From: Mo.	Yr.			
To: Mo.	Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs.	Mos.	DUTIES: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State size and kind of working force, if any, supervised by you and extent of such supervision.		
Monthly Salary				
Min	Max	Last		
Total hrs. Per WEEK		Hrs.		
Reason for Leaving				
Length of Employment		Firm Name	Address	City and State
From: Mo.	Yr.			
To: Mo.	Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs.	Mos.	DUTIES: See directions above.		
Monthly Salary				
Min	Max	Last		
Total hrs. Per WEEK		Hrs.		
Reason for Leaving				
Length of Employment		Firm Name	Address	City and State
From: Mo.	Yr.			
To: Mo.	Yr.	Type of Business	Your Title	Name and Title of Immediate Supervisor
Total: Yrs.	Mos.	DUTIES: See directions above.		
Monthly Salary				
Min	Max	Last		
Total hrs. Per WEEK		Hrs.		
Reason for Leaving				

RETIREMENT:

1. Are you now or have you ever been a member of the New York State Employees' Retirement System?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your Retirement Registration Number? \_\_\_\_\_  
How Many Years have you been in the Retirement System? \_\_\_\_\_  
How long has it been since you last reported? \_\_\_\_\_  
What tier are you? \_\_\_\_\_

EMPLOYMENT AGREEMENT

THIS APPLICATION MUST BE VERIFIED BY THE APPLICANT, IF THE APPLICANT WILLFULLY MAKES A FALSE ANSWER OR STATEMENT IN THIS APPLICATION, HE SHALL BE GUILTY OF PERJURY AND MAY BE SUBJECT TO A FINE OR IMPRISONMENT OR BOTH. SUCH FALSE ANSWER WILL ALSO RESULT IN DENIAL OF LICENSE **OR SUBJECT ANY LICENSE ISSUED HEREUNDER TO REVOCATION.**

I GRANT PERMISSION FOR THIS COMPANY TO INVESTIGATE AND VERIFY ANY AND ALL INFORMATION PROVIDED BY ME AND RELEASE SAID COMPANY AND ALL PERSONS WHO RESPOND TO ITS INQUIRIES FROM ANY AND ALL LIABILITY RESULTING FROM SUCH INVESTIGATION.

I UNDERSTAND THAT IF I AM EMPLOYED BY THIS COMPANY, I MAY BE REQUIRED TO WORK ROTATING SHIFTS OR CHANGE MY REGULAR SHIFT, UPON REASONABLE NOTICE AND IN CONFORMANCE WITH UNION AGREEMENTS, AT ANY TIME WHEN DEEMED NECESSARY.

I UNDERSTAND THAT MY EMPLOYMENT IS DEPENDANT UPON SATISFACTORY ATTENDANCE AT EMPLOYEE ORIENTATION AND SATISFACTORY COMPLETION OF A 1-YEAR PROBATIONARY PERIOD.

SHOULD I BE EMPLOYED BY THIS COMPANY, I AGREE TO ABIDE BY THE POLICIES, PROCEDURES AND RULES OF THE COMPANY AND OTHER AGREEMENTS, POLICIES AND PROCEDURES WHICH MAY BE IN EFFECT.

THE CAPITAL DISTRICT REGIONAL OFF-TRACK BETTING CORPORATION DOES NOT DISCRIMINATE IN THE HIRING OR EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN OR ANCESTRY, SEX, AGE, HANDICAP, MARITAL STATUS, ECONOMIC STATUS, PHYSICAL CHARACTERISTICS SEXUAL ORIENTATION, OR POLITICAL BELIEFS. NO QUESTIONS ON THIS APPLICATION ARE INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

UPON MY TERMINATION, I AUTHORIZE THE RELEASE OF REFERENCE INFORMATION ON MY WORK.

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

\_\_\_\_\_  
Signature of Applicant