

New York State Gaming Commission

NYS PUBLIC EMPLOYEE INFORMATION FORM

Last Name	First Name
SSN	Date Submitted
INSTRUCTIONS: If you are a public employee, elected public official, political party officer, regional OTB employee or police officer in <u>New York State</u> , please provide the following information:	
Position held:	Agency:
Term of your position:	How long have you held this position?
Annual Salary: \$	Full or Part time:
Duties and responsibilities of your position:	
Do your job duties relate to pari-mutuel racing activities or the taxation thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", explain below:	
Applicant's signature	Date