

HUMAN RESOURCES
Background Investigations Unit
555 Wright Way
Carson City, NV 89701
(775) 684-4694
www.dps.nv.gov

SWORN APPLICANT
BACKGROUND INVESTIGATION PROCEDURES

Dear Applicant:

Congratulations! You have successfully passed the interview stage for the position of DPS Officer with the Department of Public Safety. You now advance to the next phase of our selection process; the Background Investigation.

The Department of Public Safety seeks to employ only those individuals who are most qualified. Towards this effort, we insist upon impeccable moral character, uncompromising integrity, and the possession of certain attributes common to all successful applicants.

We have identified those attributes, or job dimensions, which must be met before an applicant may be appointed to a position within our Department. The job dimensions for the position for which you have applied are:

1. **Communication Skills**
2. **Problem Solving Ability**
3. **Learning Ability**
4. **Judgment Under Pressure**
5. **Observational Skills**
6. **Willingness To Confront Problems**
7. **Interest In People**
8. **Interpersonal Sensitivity**
9. **Desire For Self Improvement**
10. **Dependability**
11. **Physical Ability**
12. **Integrity/Honesty**
13. **Operation Of A Motor Vehicle**
14. **Credibility As A Witness In A Court Of Law**

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation is a very lengthy process that will verify the information that you provide in your Personal History Statement. A background investigator will contact you, **approximately** six to eight weeks after your completed background packet has been received by the background investigations unit. At that time the investigator will review with you the contents of your completed background packet and then determine if an extensive background investigation will be conducted. **Be thorough and accurate in the completion of the Personal History Statement; omissions, inaccuracies and/or incomplete information may be cause for rejection from the application process.** Please be sure to have your **fingerprint cards** completed at your local law enforcement agency and fill in your pertinent information in **black ink**. Your background packet can not be processed without completed fingerprint cards.

Pursuant to NAC 284.718 and NAC 284.726, confidentiality is imperative. Therefore, the findings of the background investigation will only be used to determine your suitability for placement within the Department.

The information provided by you, obtained from third party sources (references, employers, co-workers, etc.), or discovered during the investigation will not be released to other persons or agencies unless they present this Department with a signed, notarized release from you. In addition, information we obtain from third party subjects during the course of the investigation will not be released to you at any time.

An exception to this confidentiality exists: if it is discovered that you are currently involved in a criminal activity or have committed an undiscovered felony, the law enforcement agency having jurisdiction will be notified.

Enclosed with this correspondence you will find:

1. Pre-Employment Waiver and Liability Release form
2. Child Support Information form
3. Personal History Statement
4. Required Document List
5. Two (2) Fingerprint Cards

Complete the **personal history** statement using **blue ink** and return **all** of these documents within four weeks of the date that you receive them to:

Department of Public Safety
Backgrounds Unit
2101 Snyder Avenue
Carson City, NV 89701

REQUIRED DOCUMENT LIST
SWORN POSITIONS

The below listed documents are to be provided by the applicant. These documents, along with this checklist, must be turned in with the Personal History Statement. Place a check mark in the spaces provided to the left of this form to verify that the required documents have been obtained. If a particular document does not apply to you, enter "N/A" in the space provided. **YOU MUST OBTAIN ALL REQUIRED DOCUMENTS OR EXPLAIN IN WRITING WHY YOU DID NOT. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.**

- ____ 1. Waiver of Liability and Release Form - Notarized
- ____ 2. Child Support Information Form
- ____ 3. Las Vegas Metro Waiver – Notarized (complete this form whether or not you have applied with the LV Metro Police Dept.)
- ____ 4. Two (2) fingerprint cards
- ____ 5. Birth Certificate, or other official proof of birth
- ____ 6. High School Diploma/G.E.D. or High School transcripts
- ____ 7. College Diploma or College transcripts
- ____ 8. Marriage Certificate for each marriage
- ____ 9. Divorce Decree/Annulment for each incident
- ____ 10. Bankruptcy Documents
- ____ 11. Military Discharge Form DD-214
- ____ 12. Proof of Automotive Liability Insurance (if you are a Nevada resident)
- ____ 13. Motor Vehicle Accident reports in which you were listed as a driver (within the last ten years)
- ____ 14. Police reports in which you were arrested, convicted or not convicted
- ____ 15. P.O.S.T. Certificate(s) (if applicable)
- ____ 16. A current copy of your credit report
- ____ 17. Other Certificates, Awards or Commendations that you would like to be considered
- ____ 18. Any Temporary Restraining Order or Temporary Protection Order issued on your behalf or against you.

CERTIFICATION

I hereby certify that I have read and understood the above information. I further understand that failure to provide the necessary requested documents or offering fictitious/erroneous statements may result in the rejection of my application.

Applicant's name (print)

Applicant's signature

Date

**State of Nevada
Department of Public Safety**

SELECTION CRITERIA

**LEVEL I
PEACE OFFICER**

1. **Automatic Rejection** elements discovered during a Peace Officer applicant background by interview or investigation.
 - A. A conviction of a felony in this State or a conviction in another state which would be a felony if committed in this State.
 - B. A conviction of any offense involving the illegal sale or manufacture of controlled substances.
 - C. Conviction of one D.U.I. within the last five (5) years, or two (2) D.U.I. convictions in a lifetime.
 - D. Has a Domestic Violence conviction.
 - E. Any illegal use of a controlled substance within one year of the date of application including prescription drugs not prescribed to you.
 - F. Intentional falsification, deception, or omission of information during the application and background investigation process.
2. **Possible Rejection elements.** The following factors will be considered on a case by case basis and may serve as the basis for rejection.
 - A. The discovery of an undisclosed crime that would adversely affect the applicant's work performance.
 - B. Convictions of a gross misdemeanor in this State or any offense in another State which would be considered as such if committed in this State.
 - C. Conviction of an offense resulting in incarceration.
 - D. Conviction for D.U.I more than five (5) years from the date of application.
 - E. Suspension, revocation or cancellation of a driver's license within three (3) years of the date of application or has had two or more suspensions, revocations, or cancellations.

- F. Three (3) or more hazardous traffic violations within three (3) years of the date of application.
 - G. Fraudulent use of unemployment or sick leave within ten (10) years of the date of application.
 - H. Termination for cause from a previous employer.
 - I. Separation from the United States Armed Forces under less than “honorable” conditions having a basis in misconduct.
 - J. Unfavorable recommendations from past or present references, employers, creditors, or landlords.
 - K. A demonstrated lack of financial responsibility.
 - L. A history of sporadic or inconsistent employment.
 - M. A conclusion by a physician, psychiatrist, or psychologist which questions suitability to perform the duties of a Peace Officer.
 - N. A history of alcohol or controlled substance abuse which has hampered job performance within five (5) years of the application date.
 - O. Deceptive results on a Polygraph or Voice Stress Analysis.
 - P. Any affiliation with, and/or support of , any organization or group which advocates the violent overthrow of the State or the United States Government, or whose professed goals are contrary to the interest of the public safety and welfare.
 - Q. Any conclusion by an oral interview panel that the applicant is unsuitable for police work.
 - R. Any factor, or combination of factors, which would limit or prohibit the applicant from functioning successfully as a member of the Department of Public Safety, or would be detrimental to the Department.
3. The Director, or his designee, may at his/her discretion override any of the criteria set forth above.



HUMAN RESOURCES
555 WRIGHT WAY
CARSON CITY, NV 89701
(775)684-4694

CREDIT REPORT INSTRUCTIONS

As an applicant for a position with the Nevada Department of Public Safety you will be required to provide a credit report. Listed below are the three major credit reporting agencies. You, as an applicant, must contact one of these agencies to obtain a copy of your credit report. The copy of your credit report is to be included with the other required documentation that accompanies your Personal History Statement. Be advised that the credit reporting agencies may charge a small fee.

<u>Credit Bureaus</u>	<u>Website</u>	<u>Phone #</u>	<u>Address</u>
TransUnion	www.transunion.com	1-800-888-4213	P.O. Box 1000 Chester, PA 19022
Equifax	www.equifax.com	1-800-685-1111	P.O. Box 740241 Atlanta, GA 30374-0241
Experian	www.experian.com	1-888-397-3742	P.O. Box 2104 Allen, TX 75013



Human Resources
555 Wright Way
Carson City, NV 89701

PRE-EMPLOYMENT WAIVER AND LIABILITY RELEASE

In consideration for the processing of my application for the position of _____,
I, _____, do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under and all causes of legal action, the State of Nevada, the Department of Public Safety, its agents or employees, and any and all persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, any person or entity contacted by the State of Nevada, the Department of Public Safety, its agents or employees, during the course of my background investigation, to furnish to said persons or entities, any and all information that they may have concerning me, including, but not limited to, any confidential or privileged information, employment personnel files, any sealed data or materials, or agreed to be withheld information pursuant to any prior agreement or court proceeding involving disciplinary matters or any other information or opinions they may have.

INVESTIGATION DISCOVERY WAIVER

Pursuant to NAC 284.718 and NAC 284.726, confidentiality is imperative. Therefore, I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever, that may accrue to myself, my heirs, or my personal representative(s).

Dated this _____ day of _____, _____

Signature of Person Waiving Rights

Subscribed and Sworn before me this _____ day of _____, _____

Signature of Notary

(Notary Seal)

Notary public in and for said county of _____

State of _____

**INSTRUCTIONS FOR COMPLETING THE
ADDITIONAL REQUIRED FORMS**

1. A Pre-Employment Waiver and Liability Release form and a Child Support Information form are attached with this packet. You must read and completely understand these forms. Both you and a notary public must then sign the pre-employment waiver. The background investigation will not occur if these forms are not properly completed and submitted with the Personal History Statement.
2. Two (2) fingerprint cards are attached with this packet. You must provide all information requested on the cards and have your fingerprints taken by a Law Enforcement Agency. The completed cards will then be submitted with the Personal History Statement.
3. Ensure that you read the instructions at the top of the Required Document List form. Follow these instructions completely. Some of these documents may require a substantial amount of time to acquire. If you can not submit all the required documents on or before the date that your Personal History Statement is due, you must notify us in writing of the action you have taken to acquire the document(s). If the delay is minimal and the missing documents are few, it is possible that the background investigation can be initiated while waiting for the arrival of the required documents. All applicable required documents must eventually be provided. Failure to do so will result in rejection from consideration for placement.
4. Only submit copies, not the original form, of the required documents. These copies will not be returned to you. If an illegible copy is received, we will request a legible one.
5. Ensure that you read and fully understand the certification clause at the end of the required document list. Print your name then sign and date the form.

INSTRUCTIONS FOR COMPLETING THE PERSONAL HISTORY STATEMENT

1. The completion of the Personal History Statement is **mandatory**. Please read all instructions carefully. The ability to follow instructions in an accurate, thorough and timely manner is part of the background investigation process. Rejection from this process may occur if the Personal History Statement is not completed properly.
2. Answer all questions truthfully and completely. Those factors in your background which could be considered negative will be evaluated based on the specific circumstances and facts surrounding the incident. All factors will be scrutinized to determine their degree of relevance to the job dimensions for the position for which you have applied.
3. Any deliberate omission, lie, falsification or fraudulent response will automatically and irrevocably result in your rejection from the background investigation process and you will not be considered for placement. Ensure that you read and understand the Penalty and Certification clause on the last page of the Personal History Statement before signing it.
4. Answer **ALL** questions completely. Be sure to include full addresses, zip codes, area codes, etc. If the question does not apply to you, enter “N/A” (not applicable) in the appropriate space. If you do not know the answer to the question, enter “UNK” (unknown) in the appropriate space. It is **imperative** that you reply to every question in the Personal History Statement. Do not leave blanks. Again, failure to complete the Personal History Statement may cause rejection.
5. If you require more space to answer a question completely, a continuation page has been provided. If this page is not sufficient, attach additional 8-1/2 x 11 inch, white sheets of paper to the back of the Personal History Statement. Be sure to identify which question you are answering by its correct number.
6. Print (do not use cursive) all of your answers in **blue ink**.
7. The original Personal History Statement will not be returned to you. Keep a copy for yourself for future reference.



State of Nevada
Applying Position _____

*Sworn Applicant
Personal History Statement*

PERSONAL	
NAME: (Last, First, Middle)	DATE OF BIRTH
OTHER NAMES YOU HAVE BEEN KNOWN BY: (Nicknames, Maiden Names)	SOCIAL SECURITY NUMBER : (Disclosure is voluntary, used for identification purposes)
PLACE OF BIRTH: (City and State)	SCARS-MARKS-TATOOS: (Identification purpose)
HEIGHT AND WEIGHT: (Identification Purpose)	HAIR COLOR AND EYE COLOR: (Identification purpose)
ADDRESSES	
HOME ADDRESS: (Personal residence)	MAILING ADDRESS: (P.O. Box if applicable)
CITY STATE ZIP	CITY STATE ZIP
PHONE NUMBERS	
HOME PHONE:	WORK/MESSAGE PHONE: (cell phone. Pager)
CURRENT MARITAL STATUS	SPOUSE NAME
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Name:
	Address:
	Telephone Number:
	Occupation (phone/address):

FORMER SPOUSE(S)		
Name: Address: Phone Number:	Name: Address: Phone Number:	
Name: Address: Phone Number:	Name: Address: Phone Number:	
LIST ALL OF YOUR CHILDREN (Including stepchildren and adopted)		
NAME:	AGE:	ADDRESS:
FAMILY HISTORY		
FATHER:	ADDRESS:	TELEPHONE:
		OCCUPATION:
MOTHER:	ADDRESS:	TELEPHONE:
		OCCUPATION:
FATHER-IN-LAW:	ADDRESS:	TELEPHONE:
		OCCUPATION:
MOTHER-IN-LAW	ADDRESS:	TELEPHONE:
		OCCUPATION:
STEP-FATHER	ADDRESS:	TELEPHONE:
		OCCUPATION:
STEP-MOTHER	ADDRESS:	TELEPHONE:
		OCCUPATION:

FAMILY HISTORY CONTINUED		
BROTHER OR SISTER: (Include step-brothers and sisters)	ADDRESS:	TELEPHONE:
1.		OCCUPATION:
2.	ADDRESS:	TELEPHONE:
		OCCUPATION:
3.	ADDRESS:	TELEPHONE:
		OCCUPATION:
4.	ADDRESS:	TELEPHONE:
		OCCUPATION:
5.	ADDRESS:	TELEPHONE:
		OCCUPATION:
6.	ADDRESS:	TELEPHONE:
		OCCUPATION:
PERSONAL REFERENCES (Please list 5 references who are not relatives)		
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:
NAME:	ADDRESS:	TELEPHONE:
		OCCUPATION:

RESIDENCE(S) AND CO-HABITANT(S) (List all residences for the last 10 years)			
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:	
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:	
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:	
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:	
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:	
ASSOCIATION WITH PERSONS CONVICTED/CHARGED WITH CRIMES THAT ARE CATEGORIZED AS A FELONY List any family members, friends and acquaintances that you know to be a felon, ex felon or involved in any criminal activity.			
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
EDUCATION (College, Technical, and High School)			
HIGH SCHOOL NAME:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:

EDUCATION (College, Technical, and High School-Continued)			
COLLEGE:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
TECHNICAL SCHOOL:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
OTHER:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:

I possess a **4-year** college degree (must attach certified copy) Major/Name of School: _____

I possess a **2-year** college degree (must attach certified copy) Major/Name of School: _____

I possess a **Masters** degree (must attach certified copy) Major/Name of School: _____

I possess/possessed a **P.O.S.T. Certificate** (must attach certified copy). If so:

What state: _____ Date issued: _____ Category: _____

Status: Active or Inactive

Other professional training certificate(s): Type: _____ Issued by: _____ Date Issued: _____

Have you ever been expelled or suspended from a high school or post-secondary school (after high school)? YES NO ***If yes,**
please provide details of any incidents: _____

MILITARY EXPERIENCE

Selective Service Number: _____ *(18 to 26 year old males must register, per the U.S. Selective Service)
Date and Address at time of
Registration _____

Have you ever served in the **Armed Forces, National Guard or Military Reserves**? YES No
(*If yes, please answer the information below)

Branch of Service: _____ Service Number: _____
Dates of active duty service: _____ Requirement dates after active duty: _____
Type of Discharge: Honorable General Medical Less than honorable ***(Must provide a DD-214)**

Did you ever receive any judicial or non-judicial discipline while in the military? Yes No
***If yes, please explain in detail any and all incidents:** _____

EMPLOYMENT

*Beginning with your most current employment, list all jobs you have held in the past 10 years. **Part-time, volunteer and temporary work should also be included. Periods of unemployment must also be identified.**

CURRENT EMPLOYER		
NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

EMPLOYMENT CONTINUED		
NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

EMPLOYMENT CONTINUED		
NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER (current):
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:	CO-WORKER/ADDRESS/PHONE #:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____		

EMPLOYMENT CONTINUED

May we contact your present employer during the course of the background investigation? YES NO

*If no, when should contact be made? _____

Have you ever been **fired** or **asked to resign** from any place of employment? YES NO

*If yes, please give details to include when, name of employer and why? _____

Have you ever received any **documented reprimands** or **write-ups** from an employer? YES NO

*If yes, please list when, circumstances and employer (if additional space is required please attach to this application) _____

IF APPLYING FOR A POSITION IN LAW ENFORCEMENT, PLEASE LIST ALL LAW ENFORCEMENT AGENCIES YOU HAVE APLIED TO AND HAVE BEEN A SUCCESSFUL OR UNSUCCESSFUL CANDIDATE.

*If you **have never** applied to a law enforcement agency please check this box: NO

AGENCY/LOCATION	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
AGENCY/LOCATION	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
AGENCY/LOCATION	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
AGENCY/LOCATION	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:

LEGAL

*If you have **ever** been **arrested, taken into physical custody or convicted of any crime as an adult or juvenile**, please indicate this below in the boxes provided. **Exclude traffic citations.**

DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSTION:
DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSTION:
DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSTION:

Have you been placed on court probation as an adult? YES No *If yes, list all details: _____

LEGAL CONTINUED

Have you ever been involved as a plaintiff or defendant in a civil court action? YES NO

*If Yes, please give details to include date, name of court and circumstances: _____

Have you ever been served a Temporary Restraining Order? YES NO

*If Yes, please give details: _____

**MOTOR VEHICLE OPERATION
 DRIVER'S LICENSE INFORMATION**

An investigation of all applicants who have applied for a position with this agency will have a records check conducted regarding their driving history. Please supply the following information:

CURRENT DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:

Please list other states in which you have been licensed to operate a motor vehicle:

DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:

DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:

DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:

Please list all vehicles registered to you and/or your spouse:

YEAR:	MAKE:	MODEL:	LICENSE NUMBER/STATE:	VEHICLE I.D. NUMBER (VIN):

Have you ever been refused a driver's license by any state? YES NO *If yes, please explain: _____

Has your driver's license ever been suspended or revoked or placed in a negligent operator's probation or restriction? YES NO

*If yes, please explain _____

INSURANCE

Nevada law requires (NRS 485.185) that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self-Insurance with the Department of Motor Vehicles. Therefore, please list the current liability insurance coverage that you have on your motor vehicle(s).

COMPANY:	ADDRESS:	POLICY #:	EXPIRATION DATE:
COMPANY:	ADDRESS:	POLICY #:	EXPIRATION DATE:

Have you ever been refused auto insurance for any reason other than failure to pay a premium? YES NO
 *If yes, please give details including company name, date and reason: _____

Please list all **traffic citations** you have received as an adult (after the age of 18):

NATURE OF VIOLATION:	LOCATION/AGENCY NAME (CITY):	DATE:	DISPOSITON (FINE, COURT):
NATURE OF VIOLATION:	LOCATION/AGENCY NAME (CITY):	DATE:	DISPOSITON (FINE, COURT):
NATURE OF VIOLATION:	LOCATION/AGENCY NAME (CITY):	DATE:	DISPOSITON (FINE, COURT):
NATURE OF VIOLATION:	LOCATION/AGENCY NAME (CITY):	DATE:	DISPOSITON (FINE, COURT):
NATURE OF VIOLATION:	LOCATION/AGENCY NAME (CITY):	DATE:	DISPOSITON (FINE, COURT):
NATURE OF VIOLATION:	LOCATION/AGENCY NAME (CITY):	DATE:	DISPOSITON FINE, COURT):

Please list all **motor vehicle accidents** in which you have been involved as a driver that occurred within the last ten years.

DATE:	LOCATION (CITY):	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	LOCATION (CITY):	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO

MOTOR VEHICLE OPERATION (CONTINUED)

DATE:	LOCATION (CITY):	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	LOCATION (CITY):	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL

<u>CURRENT MONTHLY INCOME</u>		<u>CURRENT MONTHLY EXPENDITURES</u>	
MONTHLY SALARY:	\$	RENT OR MORTGAGE :	\$
SPOUSE'S SALARY:	\$	OTHER MONTHLY PAYMENTS:	\$
OTHER INCOME:	\$	MISCELLANEOUS:	\$
		COLLEGE:	\$
		AUTOMOBILE:	\$
		CREDIT CARDS:	\$
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENDITURES	\$
<u>CURRENT ASSETS</u>		<u>CURRENT LIABILITIES</u>	
SAVINGS:	\$	MORTGAGES:	\$
CHECKING:	\$	LONG TERM LOANS:	\$
REAL ESTATE:	\$	CHARGE ACCOUNTS:	\$
STOCKS AND BONDS:	\$	OTHER LIABILITIES:	\$
AUTOMOBILES	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

FINANCIAL INSTITUTIONS (Bank, Loan Company)

INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: (Checking , Savings, Loan)
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: (Checking , Savings, Loan)
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INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: (Checking , Savings, Loan)

FINANCIAL LIABILITIES CONTINUED (Charge Accounts, Contracts)

NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:
NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:
NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:

Have you ever filed for or **declared bankruptcy** or **filed for the Wage Earner's plan**? YES NO ***If yes, please provide paperwork and an explanation:** _____

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? Yes NO
***If yes, please give details and documentation regarding any collections to include when, where and why:** _____

Within the last seven (7) years, have you ever had purchased goods repossessed? YES NO ***If yes, please give details of the circumstances to include when, where and why:** _____

Within the last seven (7) years, have your wages ever been garnished? YES NO ***If yes, please give details to include when, where and why:** _____

Do you currently pay child support? YES NO ***If yes, please give details to include when, where and why:** _____

Have you ever been delinquent on child support, income tax or other tax payments? YES NO ***If yes, please give details to include when, where and why:** _____

GENERAL INFORMATION

Have you ever applied for a permit to carry a concealed firearm (CCW permit) or any other weapon? YES NO

*If yes, please provide the name of the Law Enforcement Agency: _____

Date granted: _____

Purpose for permit: _____

ARE YOU WILLING TO WORK ALL HOURS OF THE DAY, ALL DAYS OF THE WEEK, HOLIDAYS AND OVERTIME WHEN ASSIGNED? YES NO

DRUG USE QUESTIONNAIRE

Have you ever used, tried, experimented, injected, ingested or in anyway introduced into your body any illegal controlled substance?

YES NO

TYPE OF DRUG	YES OR NO	DATE FIRST USED	DATE LAST USED	APPROX. TIMES USED
Marijuana	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Hash, Hashish Oil	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Cocaine	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Crack, Rock, Ice	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Barbiturates, Hypnotics, or other "Downers"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Amphetamines (Cross-tops, Whites, Bennies, "Uppers")	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Methamphetamines (Speed, Crank)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
LSD or other Hallucinogens	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PCP (Angel Dust, Sherm)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Heroin or other opiates	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Steroids	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Pharmaceutical drugs not prescribed for you	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other controlled substances	<input type="checkbox"/> YES <input type="checkbox"/> NO			

DRUG USE QUESTIONNAIRE (CONTINUED)

1. Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body? YES NO
2. Have you introduced into your body a substance, which you thought was an illegal drug and then found out it was not? YES NO
3. Have you ever injected an illegal drug into your body? YES NO
4. Have you ever sold or purchased any illegal drug? YES NO
5. Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance? YES NO
6. Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?
 YES NO
7. Have you ever acted as a middle man, go-between, or “done a favor for a friend” by becoming involved in any illegal drug transaction? YES NO
8. Have you ever told anyone where to purchase illegal drugs? YES NO
9. Have you ever temporarily stored or “held” any illegal drug, narcotic, or controlled substance? YES NO
10. Have you ever had illegal drugs in you possession while at work? YES NO
11. Have you ever bought or sold any illegal drugs at work? YES NO
12. Are any illegal drugs presently in you home or car? YES NO

If you answered yes to any of the above questions, please give details and circumstances on the next page of this personal history statement.

WAIVER OF LIABILITY AND AUTHORIZATION TO RELEASE INFORMATION

TO LAS VEGAS METROPOLITAN POLICE DEPARTMENT:

I, _____, hereby authorize you to furnish the _____ any and all information concerning my employment with LAS VEGAS METROPOLITAN POLICE DEPARTMENT, any information, background investigation information, psychological and polygraph test results (pass or fail only), that was obtained as a result of my application for employment with the LAS VEGAS METROPOLITAN POLICE DEPARTMENT. Information of a confidential or privileged nature may be included.

FURTHERMORE, I hereby release LAS VEGAS METROPOLITAN POLICE DEPARTMENT of Any and all liability or damage which may result by furnishing the information requested by the above-named organization on my behalf.

DATED this ____ day of _____, _____.

(Signature)

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

Notary Public, in and for

County of _____ State of _____

DPS OFFICER I AND II ASSIGNMENTS AND LOCATIONS

The Nevada Department of Public Safety offers a wide variety of duty assignments and locations. The Department has five sworn divisions that are recruiting for DPS Officer I and DPS Officer II. They are Highway Patrol, Parole and Probation, Investigations, Fire Marshal and Capitol Police. However, not all Divisions currently have openings, or may only have openings in a specific location. The available position locations and openings at the time of your application submission may change while you are proceeding through the hiring process.

Applicants will be asked throughout the hiring process which Division they would prefer to work for; however, you should not limit your options unless you are prepared to lose an opportunity with another one of our Divisions.

If you are successful through the background investigation phase, your listed preferred Division Liaison will contact you to talk about duty station availability at that time. If that Division does not have an opening in a location you are willing to start at, they may recommend you to another liaison for a Division that does have an opening in the location you desire.

Job offers are made with the expectation that a candidate will remain with the hiring Division for a minimum of two years. Consideration for a transfer to another Division, prior to two years, will generally not be entertained unless exigent circumstances exist. Transfers are considered on a case by case basis and are not guaranteed. Public service and the good of the Department are primary considerations.

Thank you for your interest in the Nevada Department of Public Safety, and good luck throughout this hiring process.