

Brian Sandoval
Governor



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

CIVILIAN, SENSITIVE APPLICANT
BACKGROUND INVESTIGATION PROCEDURES

Dear Applicant:

Having successfully completed the initial application/testing required for a civilian position within the Nevada Department of Public Safety, you now advance to the next phase of our selection process; the Background Investigation.

The Nevada 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 And Performance Under Pressure**
5. **Observational Skills**
6. **Interest In People**
7. **Interpersonal Sensitivity**
8. **Desire For Self Improvement**
9. **Dependability**
10. **Integrity/Honesty**

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation will verify the information that you provide in the Personal History Statement. **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.**

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. Should an offer of employment be accepted, the background investigation will be added to the employee's personnel file. This file, in its entirety, may be reviewed by management for personnel related issues at any time such an action is deemed necessary.

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. Personal History Statement
3. Required Document List
4. Two (2) Fingerprint Cards

Complete and return **all** of these documents within two weeks of the date that you receive them (or the date specified during your initial testing) to the Nevada Department of Public Safety, Background Investigations Unit, 555 Wright Way, Carson City, NV 89711.

REQUIRED DOCUMENT LIST
CIVILIAN, SENSITIVE 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
- _____ 2. Two (2) fingerprint cards
- _____ 3. Birth Certificate or other official proof of birth
- _____ 4. High School Diploma/G.E.D. or High School transcripts
- _____ 5. College Diploma or College transcripts
- _____ 6. Marriage Certificate for each marriage
- _____ 7. Divorce Decree/Annulment for each incident
- _____ 8. Bankruptcy Documents
- _____ 9. Proof of Automotive Liability Insurance (if you are a Nevada Resident)
- _____ 10. Motor Vehicle Accident reports in which you were listed as a driver (within the last Ten years)
- _____ 11. Police reports in which you were arrested, convicted or not convicted
- _____ 12. A current copy of your credit report
- _____ 13. Other Certificates, Awards or Commendations that you would like to be considered

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 II and III
Sensitive/Standard**

1. **Automatic Rejection** elements discovered during a Peace Officer applicant background by interview or investigation.
 - A. Any violation of public trust while previously employed in law enforcement or other public service.
 - B. 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. 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 use, 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 documented history of physical violence.
 - E. Has a Domestic Violence conviction.
 - F. Any illegal use of a controlled substance within one year of the date of application.
 - G. The discovery of an undisclosed crime that would adversely affect the applicant's work performance.
 - H. 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.
 - I. Conviction of an offense resulting in incarceration.

- J. 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.
 - K. Three (3) or more hazardous traffic violations within three (3) years of the date of application.
 - L. Fraudulent use of unemployment or sick leave within ten (10) years of the date of application.
 - M. Termination for cause from a previous employer.
 - N. Separation from the United States Armed Forces under less than "honorable" conditions having a basis in misconduct.
 - O. Unfavorable recommendations from past or present references, employers, creditors, or landlords.
 - P. A demonstrated lack of financial responsibility.
 - Q. A history of sporadic or inconsistent employment.
 - R. A history of alcohol or controlled substance abuse which has hampered job performance within five (5) years of the application date.
 - S. 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.
 - T. Any conclusion by an oral interview panel that the applicant is unsuitable for work in a law enforcement environment.
 - U. 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.



PERSONNEL SERVICES
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 |



State of Nevada
Applying Position _____

Civilian, Sensitive 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 | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | SIGNIFICANT OTHER OR SPOUSE NAME Name: Address: Telephone Number: Occupation (phone/address): |

| FORMER SPOUSE(S) OR SIGNIFICANT OTHER(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 CON'T. | | |
|---|-----------------|--------------------|
| BROTHER OR SISTER: (Include step-brothers and sisters) | ADDRESS: | TELEPHONE: |
| 1. | | OCCUPATION: |
| 2. | ADDRESS: | TELEPHONE: |
| 3. | | OCCUPATION: |
| 4. | ADDRESS: | TELEPHONE: |
| 5. | | 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: |

| 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 #: |

| EDUCATION (College, Technical, and High School) | | | |
|--|-----------------|---|---------------------------|
| HIGH SCHOOL NAME: | ADDRESS: | YEARS ATTENDED: FROM: TO: | SCHOOL REFERENCES: |
| COLLEGE: | ADDRESS: | YEARS ATTENDED: FROM: TO: | SCHOOL REFERENCES: |
| 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: _____
- Other professional training certificate(s): Type: _____ Issued by: _____ Date Issued: _____

EDUCATION cont.

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

| | | |
|---|---|---|
| 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: _____ _____ | | |

| | | |
|---|---|---|
| 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: _____ _____ | | |

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) _____

LEGAL

***If you have ever been arrested, taken in physical custody or convicted of any crime**, 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 in a civil court action? YES NO

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

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 low 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: |

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: |

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.

| | |
|--|---|
| DRIVERS LICENSE NUMBER AND STATE: | NAME UNDER WHICH LICENSE WAS ISSUED: |
| | |
| DRIVERS LICENSE NUMBER AND STATE: | NAME UNDER WHICH LICENSE WAS ISSUED: |
| | |
| DRIVERS 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): |
| YEAR: | MAKE: | MODEL: | LICENSE NUMBER/STATE: | VEHICLE I.D. NUMBER (VIN): |
| 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: _____

Please list all traffic citations and parking citations you have received as an adult (after the age of 18).

| | | | |
|-----------------------------|-------------------------|--------------|---------------------------------------|
| NATURE OF VIOLATION: | LOCATION: (CITY) | DATE: | DISPOSITION: (FINE, COURT) |
| NATURE OF VIOLATION: | LOCATION: (CITY) | DATE: | DISPOSITION: (FINE, COURT) |
| NATURE OF VIOLATION: | LOCATION: (CITY) | DATE: | DISPOSITION: (FINE, COURT) |
| NATURE OF VIOLATION: | LOCATION: (CITY) | DATE: | DISPOSITION: (FINE, COURT) |
| NATURE OF VIOLATION: | LOCATION: (CITY) | DATE: | DISPOSITION: (FINE, COURT) |
| NATURE OF VIOLATION: | LOCATION: (CITY) | DATE: | DISPOSITION: (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 |
| 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 |

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: _____

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



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 two (2) years 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 _____