

Brian Sandoval
Governor



James M. Wright
Director

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HUMAN RESOURCES
Background Investigation Unit
555 Wright Way
Carson City, NV 89701
(775) 684-4832
www.dps.nv.gov

SWORN APPLICANT
BACKGROUND INVESTIGATION PROCEDURES

Dear Applicant:

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 the attributes or job dimensions that must be met before an applicant may be appointed to a position within our Department. The job dimensions for the position you have applied for 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**

Revised October 14, 2013

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. When your background investigation begins an investigator will contact you. 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, legible, accurate and honest in the completion of the Personal History Statement. Omissions, inaccuracies, or incomplete information WILL BE cause for rejection from the background 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.

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, all information we obtain during the course of the investigation will not be released to you at any time.

An exception to this confidentiality will be made 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. Las Vegas Metro Waiver
5. Military Waiver
6. Nevada Department of Corrections Waiver
7. Required Document List

Complete the **personal history** statement in your own hand writing using **blue ink** and return **all** of these documents to the recruiter at DPS Personnel.

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 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 – Your signature must be Notarized
- _____ 2. Even if not applicable, the Child Support Information Form must be completed with legible signature of witness.
- _____ 3. Las Vegas Metro Waiver – Notarized (complete this form whether or not you have applied with the LV Metro Police Department).
- _____ 4. Birth Certificate or other official proof of birth.
- _____ 5. **Certified** copy of High School transcripts or G.E.D. Scores
- _____ 6. College Diploma or College Transcripts.
- _____ 7. Marriage Certificate for each marriage.
- _____ 8. Divorce Decree/Annulment for each incident.
- _____ 9. Bankruptcy Discharge **with** all Schedules for each bankruptcy.
- _____ 10. Military Discharge Long Form DD-214 (if applicable).
- _____ 11. Request Pertaining to Military Records Standard Form 180 (**Mandatory** - complete this form whether or not you have served in the U.S. Military).
- _____ 12. Proof of Automotive Liability Insurance.
- _____ 13. Motor Vehicle Accident reports in which you were listed as a driver (within the last ten years).
- _____ 14. Complete Police reports in which you were arrested, convicted or not convicted. If you were convicted of a crime, include court documentations (judgment and sentencing).
- _____ 15. P.O.S.T. Certificate(s) (if applicable).
- _____ 16. A copy, within the last **30 days**, of your credit report from one of the following: TransUnion, Equifax or Experian.
- _____ 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.
- _____ 19. Naturalization Certification (if applicable).
- _____ 20. You **must** complete the Authorization for Release of Information Form from NDOC.

CERTIFICATION

I hereby certify that I have read and understood the above information. I further understand that failure to provide the necessary 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.

A free credit report is available at www.annualcreditreport.com.

<u>Credit Bureaus</u>	<u>Website</u>	<u>Phone #</u>	<u>Address</u>
TransUnion	www.transunion.com	1-800-888-4213	2 Baldwin Place 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	1-800-493-1058	P.O. Box 9701 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 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, written examinations, physical agility tests, interviews, background investigations, polygraph or other lie detection device results, psychological evaluations, 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.

NRS 239B STATES THAT UPON REQUEST OF A LAW ENFORCEMENT AGENCY, AN EMPLOYER SHALL PROVIDE TO THE LAW ENFORCEMENT AGENCY INFORMATION, IF AVAILABLE, REGARDING A CURRENT OR FORMER EMPLOYEE OF THE EMPLOYER WHICH IS AN APPLICANT FOR THE POSITION OF PEACE OFFICER WITH THE LAW ENFORCEMENT AGENCY. FURTHERMORE, NRS 41.755 STATES...AN EMPLOYER WHO DISCLOSES INFORMATION REGARDING AN EMPLOYEE TO A LAW ENFORCEMENT AGENCY PURSUANT TO SECTION 1 OF THIS ACT IS IMMUNE FROM CIVIL LIABILITY FOR SUCH DISCLOSURE AND ITS CONSEQUENCES.

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 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. Be sure to sign the page title Drug Use Questionnaire, Continued even if not applicable. Ensure that you read and understand the Penalty and Certification clause on the last page of the Personal History Statement before signing.
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. Retain a copy for your records.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act , at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

INSTRUCTIONS FOR REQUIRED FORMS

1. A Pre-Employment Waiver and Liability Release form, a Child Support Information form, Las Vegas Metro Waiver, NDOC Waiver and Military Waiver forms are attached with this packet. You must read and completely understand these forms. Both you and a notary public must sign the Pre-Employment waiver and Las Vegas Metro waiver. The Child Support Information Form must be completed with the legible signature of a witness. The background investigation **will not** occur if these forms are not properly completed and submitted with the Personal History Statement.
2. You **MUST** complete the Standard Form 180 “Request Pertaining to Military Records” with signature and submit with your background packet even if you did not serve in the U.S. Military. Fill out Section I, boxes 1-4 and sign in Section III, box 3. If you did serve in the U.S. Military fill out Section I, boxes 1-5, Section II, box 1 and sign in Section III, box 3.
3. Ensure that you read the instructions at the top of the Required Document List form. Follow these instructions carefully and completely. Some of these documents may require a substantial amount of time to acquire. If you cannot 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 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. **NOTE:** Do not have transcripts sent directly to this agency, transcripts must be submitted by the applicant.
4. You **MUST** complete the Authorization for Release of Information form for Nevada, Department of Corrections and submit this form with your completed background.
5. Only submit copies, unless otherwise specified, of the required documents. These copies will not be returned to you. If an illegible copy is received, we will request a legible one.
6. Ensure that you read and fully understand the certification clause at the end of the required document list. Print your name, sign, and date the form.

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 1: PERSONAL			
1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER / STREET			APT / UNIT
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME	WORK	EXT	OTHER
		CELL	FAX PAGER
6. EMAIL ADDRESS			
7. Are you a U.S. citizen?..... Yes No			
If you were born outside of the United States, are you a naturalized U.S. citizen?..... Yes No			
8. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER
			- -
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT
		WEIGHT	HAIR COLOR
		EYE COLOR	
13. Tattoos; scars; other identifying marks; carefully describe the nature/subject, color and location of tattoos. If more space is needed continue your response on page 24.			

SECTION 2: RELATIVES AND REFERENCES
14. IMMEDIATE FAMILY
<ul style="list-style-type: none"> • Provide all applicable information in the spaces below. • Mark "N/A" if a category is not applicable. • If more space is needed continue your response on page 24.

N/A	A. Father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		

N/A	B. Step-father				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		

N/A	C. Mother				
NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		

Initial this page to indicate that you have provided complete and accurate information _____

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY *continued*

N/A		D. Step-mother			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		

N/A		E. Spouse / Registered Domestic Partner / Significant Other			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
YEARS OF MARRIAGE	Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No				

N/A		F. Father-in-law			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		

N/A		G. Mother-in-law			
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		

N/A		H. Former Spouse(s) / Former Registered Domestic Partner(s) / Former Significant Other(s)			
1) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No				

2) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
YEAR OF DISSOLUTION	Is there, or has there been, a restraining or stay-away order in effect for this individual? Yes No				

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY *continued*

N/A		I. Brothers and Sisters – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.			
1) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
2) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
3) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
4) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
5) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
6) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
M F UNDER AGE 18	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		

N/A		J. Children			
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.					
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
		CONTACT NUMBER	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
		CONTACT NUMBER	EMAIL		

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 2: RELATIVES AND REFERENCES *continued*

14. IMMEDIATE FAMILY (Section J. Children) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER		EMAIL	
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER		EMAIL	
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER		EMAIL	
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
		CONTACT NUMBER		EMAIL	

15. REFERENCES

List 5–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
B) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
C) NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
	HOME PHONE	OCCUPATION			
	WORK PHONE	CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 2: RELATIVES AND REFERENCES (Section 15. References) *continued*

D) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER / STREET / APT) CITY STATE ZIP			
HOME PHONE		OCCUPATION			
WORK PHONE		CELL PHONE	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

16. Check applicable: High School Diploma from an accredited U.S. institution GED High School Proficiency Certificate

17. List high schools attended:

A) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	
CITY		STATE		
B) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	
CITY		STATE		

18. List all colleges or universities attended:

A) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	TOTAL UNITS EARNED	DEGREE EARNED
CITY		STATE			
B) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	TOTAL UNITS EARNED	DEGREE EARNED
CITY		STATE			
C) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	TOTAL UNITS EARNED	DEGREE EARNED
CITY		STATE			

19. List any trade, vocational, or business schools/institutes attended:

A) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
B) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	
TYPE OF SCHOOL OR TRAINING	CITY		STATE	
C) NAME		FROM (MO./YEAR)	TO (MO./YEAR)	
TYPE OF SCHOOL OR TRAINING	CITY		STATE	

20. Have you ever attended or are you attending a **POST** Basic Academy?..... Yes No
 If yes, provide the following information:

A) ACADEMY NAME		FROM (MO./YEAR)	TO (MO./YEAR)	DID YOU GRADUATE? Y N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
B) ACADEMY NAME		FROM (MO./YEAR)	TO (MO./YEAR)	DID YOU GRADUATE? Y N
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	

SECTION 3: EDUCATION *continued*

21. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? Yes No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

22. LIST OF RESIDENCES

- List all residences during the last ten years or since age 15, in descending order. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. **DO NOT LIST** military barracks mates unless you shared individual quarters.
- If more space is needed continue your response on page 24.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (MO./YEAR)	TO Present
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 4: RESIDENCE *continued*

22. LIST OF RESIDENCES *continued*

D) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
E) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
F) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				
G) FORMER ADDRESS (NUMBER / STREET / APT)			FROM (MO./YEAR)	TO (MO./YEAR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT)			CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL	
Names of those with whom you lived:				
Reason for moving:				

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 4: RESIDENCE *continued*

23. Provide contact information for all housemates listed in Question 22 with whom you have resided during the past 10 years, or since the age of 15. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 24.

A) NAME		CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
B) NAME		CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
C) NAME		CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
D) NAME		CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
E) NAME		CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL
F) NAME		CONTACT NUMBER
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APT CITY STATE ZIP)		
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL

24. Have you ever been evicted or asked to leave a residence?	Yes	No
25. Have you ever left a residence owing rent?	Yes	No

If you ANSWERED yes to **Questions 24 and/or 25**, explain (include when, where and circumstances):

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. JOB EXPERIENCE

- List **ALL** jobs you have had during the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 24.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days during the last ten years.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)	REASON FOR WANTING TO LEAVE		
Would there be a problem if we contact your current employer? Yes No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT					FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: Student Between jobs Leave of absence Travel Other						

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)	REASON FOR LEAVING		

D) PERIOD OF UNEMPLOYMENT					FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: Student Between jobs Leave of absence Travel Other						

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)	REASON FOR LEAVING		

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other	FROM (MO./YEAR)	TO (MO./YEAR)
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G) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO./YEAR)	TO (MO./YEAR)
--------------------------------------	-----------------	---------------

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER		EXT	
JOB TITLE			EMAIL			
DUTIES / ASSIGNMENTS				F-T	P-T	Temp
				Self-employed	Volunteer	
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING		

H) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other	FROM (MO./YEAR)	TO (MO./YEAR)
---	-----------------	---------------

I) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO./YEAR)	TO (MO./YEAR)
--------------------------------------	-----------------	---------------

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER		EXT	
JOB TITLE			EMAIL			
DUTIES / ASSIGNMENTS				F-T	P-T	Temp
				Self-employed	Volunteer	
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING		

J) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other	FROM (MO./YEAR)	TO (MO./YEAR)
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K) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO./YEAR)	TO (MO./YEAR)
--------------------------------------	-----------------	---------------

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER		EXT	
JOB TITLE			EMAIL			
DUTIES / ASSIGNMENTS				F-T	P-T	Temp
				Self-employed	Volunteer	
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING		

L) PERIOD OF UNEMPLOYMENT Check applicable: Student Between jobs Leave of absence Travel Other	FROM (MO./YEAR)	TO (MO./YEAR)
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PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

26. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: Student Between jobs Leave of absence Travel Other					

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT				FROM (MO./YEAR)	TO (MO./YEAR)
Check applicable: Student Between jobs Leave of absence Travel Other					

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM (MO./YEAR)	TO (MO./YEAR)
ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS				F-T Self-employed	P-T Temp Volunteer
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS 1)		2)		REASON FOR LEAVING	

27. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	Yes	No
28. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?	Yes	No
29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	Yes	No

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

30. Have you ever quit without giving proper notice?	Yes	No
31. Have you ever resigned in lieu of termination?	Yes	No
32. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	Yes	No
33. Were you ever the subject of a written complaint at work?	Yes	No
34. Have you ever been counseled at work due to lateness or absences?	Yes	No
35. Did you ever receive an unsatisfactory performance review?	Yes	No
36. Have you ever sold, released, or given away legally confidential information?	Yes	No
37. Have you ever called in sick when you were neither sick nor caring for a sick family member?	Yes	No
If yes, how many sick days have you used in the past five years which were not due to illness?		

If you answered yes to any of **Questions 27–37**, explain (include when, where and circumstances; indicate corresponding number). If more space is needed continue your response on page 24:

38. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?	Yes	No
If yes, how often?		

39. Has your work performance ever been affected by your use of alcohol or drugs?			Yes	No
WHEN?	NAME OF EMPLOYER			

40. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?					Yes	No
WHEN?	NAME OF EMPLOYER					

41. Have you ever applied to any other law enforcement agency (city, county, state or federal)?.....		Yes	No
<ul style="list-style-type: none"> • If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses). • All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. • If more space is needed continue your response on page 24. 			

A) NAME OF AGENCY			DATE APPLIED (MO./YEAR)	
ADDRESS (NUMBER / STREET)			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified				

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

41. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY			DATE APPLIED (MO./YEAR)	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified				

C) NAME OF AGENCY			DATE APPLIED (MO./YEAR)	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR			EMAIL	
Check each step in the process that you completed, and your status: STEPS: Application Written Physical ability Oral Polygraph/CVSA Background Chief's oral Conditional job offer STATUS: Hired On List Withdrawn Disqualified				

SECTION 6: MILITARY EXPERIENCE

42. Did you register for Selective Service as required by Federal law? Yes No
 What is your Selective Service number and registration date? _____
 Selective Service number and registration date is available at www.sss.gov/ReqVer/wfVerification.aspx.

43. BRANCH OF SERVICE	44. DATES OF SERVICE FROM (MO./YEAR) TO (MO./YEAR)
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45. TYPE OF DISCHARGE: Entry Level Honorable General OTH (Other than Honorable) Bad Conduct Dishonorable
 Re-entry Code (1–4) if applicable – *refer to your DD-214:*

46. Are you currently participating in one of the following? Military Reserve National Guard	If checked, date obligation ends:
--	-----------------------------------

47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? Yes No

48. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? Yes No

49. Have you ever been reduced in rank as punishment? Yes No

If you answered "No" to **Question 42**, or if you answered "Yes" to **Questions 47, 48 and/or 49**, explain (include dates and circumstances):

SECTION 7: FINANCIAL

50. INCOME AND EXPENSES

For each of the following questions fill in the amounts to the nearest dollar.

A) From your employer(s), what is your take-home monthly income?	\$	per month
B) Take-home monthly income of spouse or significant other?	\$	per month
C) Do you have income other than from your salary or wages?	Yes	No
If yes, fill in amount:	\$	per month
Explain:		
D) How much do you spend each month?	\$	per month
<i>Estimate your monthly living expenses; include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc., as well as any other obligation(s) you may have.</i>		

51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes	No
52. Have any of your bills ever been turned over to a collection agency?	Yes	No
53. Have you ever had purchased goods repossessed?.....	Yes	No
54. Have your wages ever been garnished?.....	Yes	No
55. Have you ever been delinquent on income or other tax payments?	Yes	No
56. Have you ever failed to file income tax or cheated/lied on an income tax form?	Yes	No
57. Have you ever had an employment bond refused?	Yes	No
58. Have you ever avoided paying any lawful debt by moving away?.....	Yes	No
59. Have you ever defaulted on (failed to pay) a loan?	Yes	No
60. Have you ever borrowed money to pay for a gambling debt?	Yes	No
If yes, do you currently have any outstanding debts as a result of gambling?.....	Yes	No
61. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	Yes	No
62. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?.....	Yes	No
63. Have you ever knowingly written a bad check?.....	Yes	No

If you answered yes to any of **Questions 51–63**, explain (include when, where, and why; indicate corresponding number): If more space is needed continue your response on page 24.

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

This section requires you to report detentions, arrests, and convictions, including diversion programs that were not successfully completed, and in some cases, offenses that may have been pardoned. As a peace officer applicant, you are required to disclose this information, unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**

64. **Either as an adult or a juvenile, have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** Yes No

If yes, explain each incident. If more space is needed continue your response on page 24.

A) APPROXIMATE DATE (MO./YEAR)		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE (MO./YEAR)		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE (MO./YEAR)		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

65. Have you ever been placed on court probation as an adult?	Yes	No
66. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	Yes	No
67. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?	Yes	No
68. Have the police ever been called to your home for any reason?	Yes	No
69. Have you or your spouse/partner ever been referred to Child Protective Services?	Yes	No
70. Do you currently or have you had any association with persons convicted/charged with crimes that are categorized as a felony? .	Yes	No

SECTION 8: LEGAL *continued*

71. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?	Yes	No
72. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	Yes	No
73. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	Yes	No
74. Have you ever filed a false insurance or workers' compensation claim?	Yes	No
If you answered yes to any of Questions 65–74 , explain (include court case or document, dates, and circumstances; indicate corresponding number): If more space is needed continue your response on page 24.		

75. INVOLVEMENT IN CRIMINAL ACTS – PART 1

Have you ever committed or been accused any of the following misdemeanors? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

A) Annoying / obscene phone calls	Yes	No
B) Battery (use of force or violence upon another)	Yes	No
C) Brandishing a weapon (any type of weapon)	Yes	No
D) Carrying a concealed weapon without a permit	Yes	No
E) Contributing to the delinquency of a minor	Yes	No
F) Theft (not paying for food or room at a hotel/motel)	Yes	No
G) Driving under the influence of alcohol and/or drugs	Yes	No
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)	Yes	No
I) Hit & run collision (no injuries)	Yes	No
J) Hunting/fishing without a license	Yes	No
K) Illegal gambling	Yes	No
L) Impersonating a peace officer (pretending to be a police officer)	Yes	No
M) Indecent exposure (including flashing or mooning)	Yes	No
N) Joyriding (using a car or other vehicle without owner's permission)	Yes	No
O) Theft (including shoplifting/switching price tags)	Yes	No
P) Possession of alcohol as a minor	Yes	No

SECTION 8: LEGAL *continued*

75. INVOLVEMENT IN CRIMINAL ACTS – PART 1 *continued*

Q) Possession of falsified or altered identification, including use of another person's ID (for any reason)	Yes	No
R) Possession of stolen property (including vehicles)	Yes	No
S) Prostitution or soliciting a prostitute	Yes	No
T) Resisting arrest (including running from the police)	Yes	No
U) Trespassing.....	Yes	No
V) Vandalism (including "tagging," malicious mischief and/or property damage)	Yes	No
W) Intentionally writing a bad check.....	Yes	No
X) Filing a false police report.....	Yes	No
Y) Any other act amounting to a misdemeanor within the past seven years	Yes	No

If you answered yes to **any** item(s) in **Question 75**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (75-A, etc.) for each explanation.

76. INVOLVEMENT IN CRIMINAL ACTS – PART 2

At any time in your life have you **ever** committed or been accused of any of the following? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest, or conviction that arose from it.**

A) Arson (intentionally destroying property by setting a fire).....	Yes	No
B) Assault with a deadly weapon	Yes	No
C) Theft of a vehicle and/or vehicle parts	Yes	No
D) Burglary (entering a structure or vehicle to commit theft or other crime)	Yes	No
E) Child molestation (performing unlawful acts with a child)	Yes	No
F) Accessing and/or possessing child pornography	Yes	No

SECTION 8: LEGAL (Question 76) continued

G) Elder abuse/neglect.....	Yes	No
H) Embezzlement (theft of money or other valuables entrusted to you).....	Yes	No
I) Felony drunk driving (involving injuries).....	Yes	No
J) Forcible rape or other act of unlawful intercourse.....	Yes	No
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.).....	Yes	No
L) Hit & run (with injuries).....	Yes	No
M) Hate crime.....	Yes	No
N) Insurance fraud.....	Yes	No
O) Felony larceny.....	Yes	No
P) Murder, homicide, or attempted murder.....	Yes	No
Q) Perjury (lying under oath).....	Yes	No
R) Possession of an explosive/destructive device.....	Yes	No
S) Robbery (theft from another person using a weapon, force, or fear).....	Yes	No
T) Stalking.....	Yes	No
U) Blackmail or extortion.....	Yes	No
V) Any other act amounting to a felony.....	Yes	No

If you answered yes to any item(s) in **Question 76**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (76-A, etc.) for each explanation.

SECTION 8: LEGAL *continued*

Questions 77 and 78 ask about your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|---|---|--|
| - Amphetamines / Methamphetamines
(<i>Uppers, Speed, Crank, etc</i>) | - Glue | - Mescaline |
| - Barbiturates (<i>Downers</i>) | - Hallucinogens
(<i>Peyote, LSD, Mushrooms</i>) | - Morphine |
| - Cocaine / Crack Cocaine | - Hashish / Hashish Oil | - PCP / Angel Dust |
| - Designer Drugs
(<i>Ecstasy, Synthetic Heroin, etc.</i>) | - Heroin / Opium | - Quaaludes |
| - GHB (<i>Date Rape Drug</i>) | - Marijuana | - Steroids |
| | - Pharmaceutical drugs NOT
prescribed for you | - Tetrahydrocannabinol (THC) |
| | | - Other Illegal or controlled substances |

77. **In your lifetime**, have you used any drug(s) as indicated above?..... Yes No

If yes, give details, including drug(s) used, dates used, and circumstances:

78. I have **never** used any drugs. Yes No

79. Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- | | | |
|--------------|-----------|-----------------------------|
| Sold | Purchased | Cultivated |
| Manufactured | Furnished | Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

80. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

81. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

82. Have you ever been refused a driver's license by any state? Yes No

If yes, explain (include when, where, and circumstances):

83. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain (include when, where, and circumstances):

84. List your current liability insurance on your vehicle(s):

A)	TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE/STATE
	INSURANCE COMPANY	POLICY NUMBER		EXPIRES
	ADDRESS (NUMBER / STREET CITY STATE ZIP	CONTACT NUMBER		
B)	TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE/STATE
	INSURANCE COMPANY	POLICY NUMBER		EXPIRES
	ADDRESS (NUMBER / STREET CITY STATE ZIP	CONTACT NUMBER		
C)	TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE/STATE
	INSURANCE COMPANY	POLICY NUMBER		EXPIRES
	ADDRESS (NUMBER / STREET CITY STATE ZIP	CONTACT NUMBER		
D)	TYPE OF COVERAGE Insured Bonded Cash Deposit	VEHICLE MAKE	YEAR	VEHICLE LICENSE/STATE
	INSURANCE COMPANY	POLICY NUMBER		EXPIRES
	ADDRESS (NUMBER / STREET CITY STATE ZIP	CONTACT NUMBER		

PERSONAL HISTORY STATEMENT – DPS OFFICER

Nevada DPS

SECTION 9: MOTOR VEHICLE OPERATION *continued*

85. List all traffic citations, excluding parking citations, you have received since the age of 18. If more space is needed, continue your response on page 23.

A) NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	Not Guilty	Fined	Traffic School	Dismissed
B) NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	Not Guilty	Fined	Traffic School	Dismissed
C) NATURE OF VIOLATION		LOCATION (STREET)		CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN			
Month	Year	Not Guilty	Fined	Traffic School	Dismissed

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)
 Failed to appear Failed to complete traffic school Failed to pay the required fine

If checked, explain circumstances:

86. Have you been involved as the driver in a motor vehicle accident within the past ten years? Yes No
 If yes, give details.

A) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY			INJURY NON-INJURY
B) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY			INJURY NON-INJURY
C) DATE	LOCATION (NUMBER / STREET / APT)	CITY	STATE	ZIP
POLICE REPORT YES NO	LAW ENFORCEMENT AGENCY			INJURY NON-INJURY

87. Have you ever driven a vehicle without auto insurance, as required by law? Yes No

IF YES, GIVE REASON:

DATE LOCATION (NUMBER / STREET / APT) CITY STATE ZIP
 Month Year

88. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON: INSURANCE COMPANY

DATE LOCATION (NUMBER / STREET / APT) CITY STATE ZIP
 Month Year

SECTION 9: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 10: OTHER TOPICS

- 89. Have you ever been refused a permit to carry a concealed weapon? Yes No
- 90. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 91. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? Yes No
- 92. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?..... Yes No
- 93. Have you ever hit or physically overpowered a spouse or romantic partner?..... Yes No

If you answered yes to any of **Questions 89–93**, give details including dates and circumstances; indicate corresponding number.

SECTION 11: CERTIFICATION

94. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

SIGNATURE IN FULL	DATE
-------------------	------

ADDITIONAL SPACE

- Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Identify the corresponding question and specific item number being referenced.



STATE OF NEVADA
COMMISSION ON PEACE OFFICERS' STANDARDS AND TRAINING
Records and Certification Section
5587 Wa Pai Shone Avenue
Carson City, NV 89701
(775) 687-7678 *Fax (775) 687-4911

CHILD SUPPORT INFORMATION

Pursuant to NRS 289.570 and NRS 425.520, you are required to disclose the following information:

Please mark the appropriate response (*Failure to mark one of the three will result in denial of the application*).

- I am not subject to a court order for the support of one or more children.
- I am subject to a court order for the support of one or more children and I am in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number _____ - _____ - _____

Applicant's Name _____
Print or Type Name Last First MI

Signature of Applicant _____ Date ____/____/____

Witness / Agency Representative _____
Print or type name

Signature of Witness / Agency Representative _____ Date ____/____/____

WAIVER OF LIABILITY AND AUTHORIZATION TO RELEASE INFORMATION

TO LAS VEGAS METROPOLITAN POLICE DEPARTMENT:

I, _____, hereby authorize you to furnish the Nevada Department of Public Safety 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 hire 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 work at, they may recommend you to another 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.

Preferred DPS Divisions:

- Highway Patrol Investigations Capitol Police Parole & Probation
 State Fire Marshal

Geographic locations you will accept – check one or more:

- | | | |
|---|---|---|
| <input type="checkbox"/> Alamo | <input type="checkbox"/> Hawthorne | <input type="checkbox"/> Primm |
| <input type="checkbox"/> Battle Mountain / Austin | <input type="checkbox"/> Indian Springs | <input type="checkbox"/> Reno |
| <input type="checkbox"/> Beatty | <input type="checkbox"/> Jackpot | <input type="checkbox"/> Tonopah |
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Las Vegas | <input type="checkbox"/> Wells |
| <input type="checkbox"/> Elko | <input type="checkbox"/> Laughlin | <input type="checkbox"/> Wendover |
| <input type="checkbox"/> Ely | <input type="checkbox"/> Lovelock | <input type="checkbox"/> Winnemucca / Orovada |
| <input type="checkbox"/> Eureka | <input type="checkbox"/> Moapa / Glendale | <input type="checkbox"/> Yerington |
| <input type="checkbox"/> Fallon | <input type="checkbox"/> Pahrump | |
| <input type="checkbox"/> Fernley | <input type="checkbox"/> Pioche | |

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

BOARD OF COMMISSIONERS
BRIAN SANDOVAL
GOVERNOR
CATHERINE CORTEZ MASTO
ATTORNEY GENERAL
ROSS MILLER
SECRETARY OF STATE



STATE OF NEVADA
DEPARTMENT OF CORRECTIONS



JAMES G. COX
DIRECTOR

**Northern
Administration**
P.O. Box 7011
5500 Snyder Avenue
Carson City, NV 89701
Phone: (775) 887-3216

**Southern
Administration**
3955 W. Russell Road
Las Vegas, NV 89118
(702) 486-9991

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request an IAB Clearance Letter; this letter should contain information regarding any internal investigations where I was the subject. This information will include investigations that are currently open or have been closed. I understand I may not have yet received notification of current investigations pursuant to NRS 289.060.

I understand this information will be forwarded via US Mail within 3-5 business days.

Signature

Date

Print Name

Work Location

Emp. ID Number

Mail request to following address:

Nevada Department of Public Safety
Background Investigation Unit
555 Wright Way
Carson City, Nevada 89701

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
 - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
 - DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission **must** be provided:
- Other** (Specify): _____

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal
- Other, explain: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (**Must provide proof of death**).
Show relationship: _____
(See item 2a on accompanying instructions.)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____
 555 Wright Way _____
 Street _____ Apt. _____
 Carson City NV 89701 _____
 City State Zip Code

Signature Required - Do not print

 ()
 Date of this request Daytime phone

 Email address _____