Steve Sisolak
Governor

George Togliatti
Director

Sheri Brueggemann
Deputy Director

Nevada Department of
Public Safety
DEDICATION PRIDE SERVICE

Background Investigation Unit

555 Wright Way
Carson City, Nevada 89701-0525
Telephone (775) 684-4836 • Fax (775) 684-4845

Background Investigation Cover Sheet

☐ Civilian Full Investigation
For Civilian Applicants who have never worked for DPS or were previous DPS Employees and left DPS employment over one (1) year prior

☐ Civilian Modified Investigation
For Civilian Applicants who were previous DPS Employees and left DPS employment more than 30 days prior but less than one (1) year

☐ Civilian Condensed Investigation
For Civilian temporary/contract employees, interns and previous DPS employees who left DPS employment less than 30 days prior

☒ Sworn Full Investigation
For Sworn Applicants who have never worked for DPS or were previous DPS Employees and left DPS employment over one (1) year prior

☐ Sworn Modified Investigation
For Sworn Applicants who were previous DPS Employees and left DPS employment more than 30 days prior but less than one (1) year

☐ Sworn Condensed Investigation
For Sworn temporary/contract employees, interns and previous DPS employees who left DPS employment less than 30 days prior

(Please Print)

Date: _____

Applicant Name: _____

Position: _____

Division/Region: _____

App. Auth.: _____

App. Auth. Phone: _____

App. Auth. Email: _____

Steve Sisolak
Governor

George Togliatti
Director

Sheri Brueggemann
Deputy Director

Nevada Department of
Public Safety
DEDICATION PRIDE SERVICE

Background Investigation Unit
555 Wright Way
Carson City, NV 89701 (775) 684-4836
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**

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, coworkers, 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. Las Vegas Metro Police Department (LVMPD) Waiver
3. Request Pertaining to Military Records Standard Form 180
4. Veteran Status, Child Support Statement and Personal Affirmation Waiver
5. NDOC Authorization for Release of Info (DOC 1098)
6. Fingerprint Application
7. Fingerprint Background Waiver
8. Personal History Statement

Complete the **personal history** statement in your own hand writing using **blue ink** and return **all** of these documents to:

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

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. 3. The Director, or his designee, may at his/her discretion override any of the criteria set forth above.

CREDIT REPORT INSTRUCTIONS

As an applicant for a position with the Nevada Department of Public Safety you will be required to provide **ONE** copy of your full current credit report. Listed below are the three major credit reporting agencies. You, as an applicant, must contact one of these agencies to obtain a full 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 the credit reporting agencies may charge a small fee.

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

Credit Bureaus	**Website**	**Phone #**	**Address**
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

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.

PERSONAL HISTORY STATEMENT – SWORN APPLICANT

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 Sates, are you are naturalized U.S. citizen? ……..... YES NO

8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)	9. BIRTHDATE	10. SOCIAL SECURITY NUMBER - -

11. DRIVER'S LICENSE NO STATE EXP	12. PHYSICAL DESCRIPTION HEIGHT WEIGHT HAIR COLOR EYE COLOR

13. Tattoos; scars; other identifying marks; carefully describe the nature/subject; color and location of the tattoo. If more space is needed continue your response on page 16.

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below
- Circle "N/A" if a category is not applicable or if the individual is deceased. If the individual is deceased, please list his or her name.
- If more space is needed continue your response on page 22.

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

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

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

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

SECTION 2: RELATIVES AND REFERENCES *Continued*

14. IMMEDIATE FAMILY *continued*

N/A E. SPOUSE / REGISTERED DOMESTIC PARTNER / SIGNIFICANT OTHER (CIRCLE ONE)

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

N/A F. FATHER-IN-LAW

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

N/A G. MOTHER-IN-LAW

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

N/A H. FORMER SPOUSE(S) / FORMER REGISTERED DOMESTIC PARTNERS(S) / FORMER SIGNIFICANT OTHERS (CIRCLE ONE)

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

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

N/A I. BROTHERS AND SISTERS – List all living siblings and their relation to you, including half-siblings, step-siblings, foster siblings, etc.

A) NAME	HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP	
M F UNDER AGE 18 WORK PHONE	OCCUPATION	
HOME PHONE	CELL PHONE	EMAIL

B) NAME	HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP	
M F UNDER AGE 18 WORK PHONE	OCCUPATION	
HOME PHONE	CELL PHONE	EMAIL

SECTION 2: RELATIVES AND REFERENCES *Continued*

14. IMMEDIATE FAMILY (Section I. Brothers and Sisters) *continued*

C) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP	
M F UNDER AGE 18	WORK PHONE	OCCUPATION				
	HOME PHONE	CELL PHONE	EMAIL			
D) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP	
M F UNDER AGE 18	WORK PHONE	OCCUPATION				
	HOME PHONE	CELL PHONE	EMAIL			
E) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP	
M F UNDER AGE 18	WORK PHONE	OCCUPATION				
	HOME 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.

A) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
B) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
C) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
D) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
E) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
F) 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 – SWORN APPLICANT

15. REFERENCES
List 8-10 people who know you well, such as social and family friends, co-workers, military acquaintances. **DO NOT INCLUDE** relatives, employers, housemates, co-workers, or any other individuals listed in another section.

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

SECTION 2: RELATIVES AND REFERENCES (Question 15. References) *Continued*

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

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

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

SECTION 3: EDUCATION

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

15. CHECK APPLICABLE: ☐ High School Diploma from an accredited U.S. Institution ☐ GED ☐ High School Proficiency Certificate

16. LIST HIGH SCHOOLS ATTENDED:

A) NAME	FROM (MO/YR)	TO (MO/YR)	DEGREE EARNED
CITY		STATE	
B) NAME	FROM (MO/YR)	TO (MO/YR)	DEGREE EARNED
CITY		STATE	

17. LIST ALL COLLEGES ATTENDED OR UNIVERSITIES ATTENDED:

A) NAME	FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
CITY		STATE	
B) NAME	FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
CITY		STATE	
C) NAME	FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
CITY		STATE	

18. LIST TRADE, VOCATIONAL OR BUSINESS SCHOOLS/INSTITUTES ATTENDED:

A) NAME	FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

SECTION 3: EDUCATION (Question 18. List Trade, Vocational or Business School/Institutes attended) *Continued*

B) NAME	FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

C) NAME	FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

20. Have you ever attended or are you currently attending a **POST** Basic Academy? …… YES NO

If you answered "YES", provide the following information:

A) ACADEMY NAME	FROM (MO/YR)	TO (MO/YR)	DID YOU GRADUATE?
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER	**YES NO**

B) ACADEMY NAME	FROM (MO/YR)	TO (MO/YR)	DID YOU GRADUATE?
LOCATION (CITY / STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER	**YES NO**

21. Have you ever been placed on academic discipline/probation, suspended or expelled from any high school, college/university, business or trade school? (Circle the one that applies to you)……..……... YES NO

If you answered "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

20. LIST OF RESIDENCES:

- List all residences **during the last 10 years** or since the age of 15, in descending order. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and the unit or apartment number). Do not use P.O. Boxes.
- If the residence is a Military Base, identify the name of the base in the address line, include nearest city, state and zip code. **DO NOT LIST** Military barrack mates unless you shared individual quarters.
- If more space is needed continue your responses on page 22.

A) CURRENT ADDRESS (NUMBER/STREET/APT)	FROM (MO/YR)	TO (MO/YR) **PRESENT**

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER			CONTACT NUMBER
CITY	STATE	ZIP	EMAIL
NAME OF THOSE WITH WHOM YOU LIVED:			

B) FORMER ADDRESS (NUMBER/STREET/APT)	FROM (MO/YR)	TO (MO/YR)

CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER			CONTACT NUMBER
CITY	STATE	ZIP	EMAIL
NAME OF THOSE WITH WHOM YOU LIVED:			
REASON FOR MOVING:			

SECTION 4: RESIDENCE *Continued*

C) FORMER ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAME OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

D) FORMER ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAME OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

E) FORMER ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAME OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

F) FORMER ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAME OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

G) FORMER ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL		
NAME OF THOSE WITH WHOM YOU LIVED:					
REASON FOR MOVING:					

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 22.

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 have answered "YES" to Questions 24 and/or 25, explain (include when, where and circumstances). If more space is needed continue your response on page 22:

SECTION 6: 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 work. Begin with your most current employment. If more space is needed continue your response on page 22.
- If you have military experience, including Reserve duty, enter your military base, assignments or unit of assignment.
- List **ALL** periods of unemployment during the last **TEN** years.

A) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 & EMAILS (REQUIRED) 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 CIRCLE APPLICABLE:	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER	FROM (MO/YR)	TO (MO/YR)

C) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 & EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

D) PERIOD OF UNEMPLOYMENT CIRCLE APPLICABLE:	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER	FROM (MO/YR)	TO (MO/YR)

E) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 & EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

F) PERIOD OF UNEMPLOYMENT CIRCLE APPLICABLE:	STUDENT	BETWEEN JOBS	LEAVE OF ABSENCE	TRAVEL	OTHER	FROM (MO/YR)	TO (MO/YR)

SECTION 6: EXPERIENCE AND EMPLOYMENT *Continued*

G) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 &EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

H) PERIOD OF UNEMPLOYMENT CIRCLE APPLICABLE: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER	FROM (MO/YR)	TO (MO/YR)
I) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 &EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

J) PERIOD OF UNEMPLOYMENT CIRCLE APPLICABLE: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER	FROM (MO/YR)	TO (MO/YR)
K) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 &EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

L) PERIOD OF UNEMPLOYMENT CIRCLE APPLICABLE: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER	FROM (MO/YR)	TO (MO/YR)

SECTION 6: EXPERIENCE AND EMPLOYMENT *Continued*

M) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 &EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

N) PERIOD OF UNEMPLOYMENT CIRCLE APPLICABLE: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER	FROM (MO/YR)	TO (MO/YR)
O) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 & EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

P) PERIOD OF UNEMPLOYMENT CIRCLE APPLICABLE: STUDENT BETWEEN JOBS LEAVE OF ABSENCE TRAVEL OTHER	FROM (MO/YR)	TO (MO/YR)
Q) NAME OF EMPLOYER OR MILITARY UNIT	FROM (MO/YR)	TO (MO/YR)

ADDRESS (NUMBER / STREET OR BASE)			SUPERVISOR (REQUIRED)	
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 & EMAILS (REQUIRED) 1) 2)			REASON FOR WANTING TO LEAVE	

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

SECTION 6: 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. Have you ever been the subject of a written complaint at work? ……...	YES	NO
34. Have you ever been counseled at work due to tardiness or absences? ……...	YES	NO
35. Have you ever received 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? ..... If Yes, how many sick days have you used in the past five (5) years which were not due to illness?	YES	NO

If you have answered "YES" to Questions 27 - 37, explain (include when, where and circumstances). If more space is needed continue your response on page 22:

38. In the past three (3) years, have you ever missed days or been late to work due to drug or alcohol consumption? …….. If yes, how often?	YES	NO
39. Has your work performance ever been affected by your use of drugs or alcohol? …….	YES	NO

WHEN?	NAME OF EMPLOYER

40. Have you ever been warned by an employer about your drinking or drug habits and their impact of 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

- 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. Circle the steps/status as they apply for each agency.
- If more space is needed, continue your response on page 22.

A) NAME OF AGENCY	DATE APPLIED (MO/YR)

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 you have **COMPLETED** and your current status

STEPS:	APPLICATION	WRITTEN EXAM	PHYSICAL ABILITY EXAM	ORAL BOARD	POLYGRAPH/ CVSA	BACKGROUND INVESTIGATION	CHIEF'S ORAL	CONDITIONAL JOB OFFER
STATUS:	HIRED	ON LIST	WITHDRAWN	DISQUALIFIED (DESCRIBE THE REASON FOR THE DISQUALIFICATION)				

SECTION 6: EXPERIENCE AND EMPLOYMENT *Continued*

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

B) NAME OF AGENCY	DATE APPLIED (MO/YR)

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 you have **COMPLETED** and your current status

STEPS:	APPLICATION	WRITTEN EXAM	PHYSICAL ABILITY EXAM	ORAL BOARD	POLYGRAPH/ CVSA	BACKGROUND INVESTIGATION	CHIEF'S ORAL	CONDITIONAL JOB OFFER
STATUS:	HIRED	ON LIST	WITHDRAWN	DISQUALIFIED (DESCRIBE THE REASON FOR THE DISQUALIFICATION)				

C) NAME OF AGENCY	DATE APPLIED (MO/YR)

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 you have **COMPLETED** and your current status

STEPS:	APPLICATION	WRITTEN EXAM	PHYSICAL ABILITY EXAM	ORAL BOARD	POLYGRAPH/ CVSA	BACKGROUND INVESTIGATION	CHIEF'S ORAL	CONDITIONAL JOB OFFER
STATUS:	HIRED	ON LIST	WITHDRAWN	DISQUALIFIED (DESCRIBE THE REASON FOR THE DISQUALIFICATION)				

SECTION 7: MILITARY EXPERIENCE

42. Did you register for the 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 https://www.sss.gov/Registration/Check-a-Registration/Verification-Form

43. BRANCH OF SERVICE	44. DATES OF SERVICE FROM (MO/YR) TO (MO/YR)

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 | Date your 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, and/or company punishment)? …….. YES NO

48. Were you ever denied security clearance or have you had your clearance revoked, suspended or downgraded? …… YES NO

49. Have you ever been reduced in rank as punishment? …… YES NO

If you have answered "NO" to **Question 42,** or if you answered "YES" to Questions 47, and/or 49, explain (include dates and circumstances). If more space is needed continue your response on page 22:

SECTION 7: FINANCIAL

50. INCOME AND EXPENSE: 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) What is the **TAKE-HOME** monthly income of your spouse or significant other? …….…….	$	Per Month
C) Do you have any other income other than your salary or wages? …….	YES	NO
If "YES" fill in the amount:……..	$	Per Month
Explain:		
D) How much do you spend each month? …….	$	Per Month

Estimate your monthly living expenses; include housing, utilities, credit cards or other loan repayments, food, gas, car maintenance, entertainment, etc. as well as, any other obligations you may have.

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 any 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 a lawful debt by moving away? ……..	YES	NO
59. Have you ever defaulted (failed to pay) on 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 have answered "YES" to any of Questions 51-63 explain (include when, where and why; indicate corresponding question #). If more space is needed continue your response on page 22:

SECTION 8: LEGAL

DISCLOSURES 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 which may have been pardoned. **It is strongly recommended you consult with an attorney before omitting any information.**

64. 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 in the spaces below, If more space is needed continue your response on page 22.

A) APPROXIMATE DATE (MO/YR)	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

B) APPROXIMATE DATE (MO/YR)	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

C) APPROXIMATE DATE (MO/YR)	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

65. Have you ever been placed on court probation as an adult? ……..	YES	NO
66. Have you ever been 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. divorce, small claims actions, child/spousal 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 have or have you ever had any association with persons convicted/charged with crimes categorized as a felony? …… If yes, please provide the person's full name, relationship, frequency of contact and charges convicted of, in the space provided.	YES	NO
71. Have you ever been the subject of an emergency protective order, restraining order or stay-away order? ……..…	YES	NO
72. Have you settled a civil suit in which you, your insurance company, or anyone else on your behalf was required to make a payment to another party? ….....	YES	NO
73. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or any other state or federal assistance? ……..	YES	NO

SECTION 8: LEGAL *Continued*

74. Have you ever filed a false insurance or worker's compensation claim? …….….	YES	NO

If you answered "YES" to any of **Questions 65-74**, explain (include court case or document(s), dates and circumstances; indicated corresponding question #). If more space is needed continue your response on page 22:

75. INVOLVEMENT IN CRIMINAL ACTS – PART 1

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

A) Animal abuse and/or neglect ……..……	YES	NO
B) Annoying, obscene, or harassing contacts by telephone or other electronic communication device (email, text messages, messaging services, etc.) ……..……	YES	NO
C) Battery (use of force or violence upon another) …...……...……	YES	NO
D) Brandishing a weapon (any type of weapon) …...……...……	YES	NO
E) Carrying a concealed weapon without a permit …...……	YES	NO
F) Contributing to the delinquency of a minor …..……	YES	NO
G) Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) ..……	YES	NO
H) Driving under the influence of alcohol and/or drugs …...……	YES	NO
I) Drunk in Public (being so intoxicated in a public place you are not able to care for yourself) ……	YES	NO
J) Filed a false police report, made false statements to a police officer or 911 operator ..……	YES	NO
K) Hit & Run collision (no injuries) ….……	YES	NO
L) Gambled illegally …….……	YES	NO
M) Hunting or fishing illegally (example: out of season or without a license) …….……	YES	NO
N) Impersonated (pretended to be) a police officer or government official ……	YES	NO
O) Indecent exposure (including flashing or mooning) and/or lewd or obscene conduct ……	YES	NO
P) Intentionally wrote a bad check ……	YES	NO
Q) Joyriding (using a car or other vehicle without owner's permission)..……	YES	NO
R) Petty larceny (value up to $650, including shoplifting/switching price tags)..……...……	YES	NO
S) Possessed or consumed alcohol as a minor …...……...……	YES	NO
T) Possession of falsified or altered identification, including use of another person's ID (for any reason) ……	YES	NO
U) Possession of stolen property (including, but not limited to, vehicles, credit/debit cards) ……	YES	NO
V) Prostitution or solicitation of prostitution (including, patronizing illegal massage parlors) ……...	YES	NO
W) Reckless driving ……..……	YES	NO
X) Resisted arrest and/or delayed or obstructed an officer (including, but not limited to, running from the police) ...……	YES	NO
Y) Trespassed ……	YES	NO

SECTION 8: LEGAL *Continued*

75. INVOLVEMENT IN CRIMINAL ACTS – PART 1… *Continued*

Z) Vandalized another's property (including, but not limited to, "tagging", malicious mischief, and/or property damage ……	YES	NO
AA) Voyeurism or Peeping (including, looking through a window or opening with the intent to invade someone's privacy) … ……..	YES	NO

If you answered "YES" to **ANY** item(s) in **Question 75,** fully explain the circumstances, including date(s), names of individuals involved and resolution. Indicate the corresponding letter (75-A, etc.) for each explanation. If more space is needed continue your response on page 22:

76. INVOLVEMENT IN CRIMINAL ACTS – PART 2

Have you ever committed or been accused of the following? **NOTE: You may not withhold any information regarding your involvement in any of the following acts, even of 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 (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) ….	YES	NO
C) Blackmail or extortion……..	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, inappropriate touching of a child) ……...	YES	NO
F) Downloading, viewing and/or possessing child pornography ……..	YES	NO
G) Elder abuse and/or neglect (physical and/or financial) ……	YES	NO
H) Embezzlement (theft of money or other valuables entrusted to you) ……..	YES	NO
I) Felony drunk driving (involving injuries or three or more convictions in a lifetime) ……..	YES	NO
J) Forcible rape of other act of unlawful intercourse ……	YES	NO
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) …….	YES	NO
L) Fraudulent use of a credit, ATM, debit, and/or check card? ……	YES	NO
M) Grand theft (value of $651 or more, or any firearm) ……..	YES	NO
N) Hit & run (with injuries) ……..	YES	NO
O) Hate crime ……	YES	NO
P) Illegal sex acts ……..	YES	NO
Q) Insurance fraud ……	YES	NO
R) Murder or homicide, including attempted ……...	YES	NO
S) Perjury (lying under oath) ……	YES	NO
T) Possession of an explosive, destructive and/or distraction device ……...	YES	NO
U) Robbery (theft from another person using a weapon, force or fear) ……	YES	NO
V) Stalking ……	YES	NO

SECTION 8: LEGAL *Continued*

76. INVOLVEMENT IN CRIMINAL ACTS – PART 2… *Continued*

W) Theft of a vehicle and/or vehicle parts …… YES NO

If you answered "YES" to **ANY** item(s) in **Question 76,** fully explain the circumstances, including date(s), names of individuals involved and resolution. Indicate the corresponding letter (76-A, etc.) for each explanation. If more space is needed continue your response on page 22:

SECTION 9: DRUG USE

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

AMPHETAMINES / METHAMPHETAMINES (UPPERS, SPEED, CRANK, ETC.)	HALLUCINOGENS (PEYOTE, LSD, MUSHROOMS)	PHARMACEUTICAL DRUGS **NOT** PRESCRIBED TO YOU
BARBITURATES (DOWNERS)	HASHISH / HASHISH OIL	PCP / ANGEL DUST
COCAINE / CRACK COCAINE	HEROIN / OPIUM	QUAALUDES
DESIGNER DRUGS (ECSTASY, SYNTHETIC HEROIN, ETC.)	MARIJUANA	STEROIDS
GHB (DATE RAPE DRUG)	MESCALINE	TETRAHYDROCANNABINOL (THC)
GLUE	MORPHINE	OTHER ILLEGAL OR CONTROLLED SUBSTANCES

77. **In your lifetime**, have you used any drug(s) as indicated above? ……..…… YES NO

If you answered "YES" to question 57, give details, including drug(s) used, dates used and the circumstances involved:

78. I have **never** used any drugs…… YES NO

SECTION 9: DRUG USE *Continued*

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 OF HELD FOR ANOTHER

If you circled any of the items above, give details including drug(s) involved, over what time period's and circumstances:

SECTION 10: 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 NUMBER IF KNOWN

82. Have you ever been refused a driver's license by any state? ……. YES NO

If you have answered "YES", explain (include when, where and circumstances):

83. Has your driver's license ever been suspended or revoked? ……..….. YES NO

If you have answered "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	EXPIRATION DATE
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	EXPIRATION DATE
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	EXPIRATION DATE
ADDRESS (NUMBER / STREET)	CITY	STATE ZIP	CONTACT NUMBER

SECTION 10: MOTOR VEHICLE OPERATION *Continued*

85. List all traffic citations you have received since the age of 18. Include citations you have had amended or reduced to parking violation. Provide copies of citations or court documents for the violation. If more space is needed, continue your response on page 22.

A) NATURE OF VIOLATION	LOCATION (STREET) CITY STATE
DATE VIOLATION OCCURRED MONTH YEAR	ACTION TAKEN (CIRCLE ALL THAT APPLY) NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED
B) NATURE OF VIOLATION	LOCATION (STREET) CITY STATE
DATE VIOLATION OCCURRED MONTH YEAR	ACTION TAKEN (CIRCLE ALL THAT APPLY) NOT GUILTY FINED TRAFFIC SCHOOL DISMISSED
C) NATURE OF VIOLATION	LOCATION (STREET) CITY STATE
DATE VIOLATION OCCURRED MONTH YEAR	ACTION TAKEN (CIRCLE ALL THAT APPLY) 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? (Circle all that apply)

FAILURE TO APPEAR FAILURE TO COMPLETE TRAFFIC SCHOOL FAILURE TO PAY THE REQUIRED FINE

If circled, explain circumstances:

85. Have you been involved as the driver in a motor vehicle accident with the past ten (10) years? ……. YES NO

If yes, give details below and include any accidents reports:

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

86. Have you ever driven a vehicle without automobile insurance as required by law? …….. YES NO

If you have answered "YES", give reason:

DATE VIOLATION OCCURRED MONTH YEAR	LOCATION (NUMBER /STREET/APT) CITY STATE ZIP

87. Have you ever been refused automobile liability insurance or a bond or had them cancelled? …….. YES NO

If you have answered "YES", give reason:	INSURANCE COMPANY
DATE VIOLATION OCCURRED MONTH YEAR	LOCATION (NUMBER /STREET/APT) CITY STATE ZIP

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

SECTION 11: OTHER TOPICS

88. Do you currently have a concealed weapon permit?.....	YES	NO
89. Have you ever been refused a concealed weapon permit? …….	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 which advocated 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 which advocated 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 violent act?.....	YES	NO
93. Have you ever hit or physically overpowered a spouse or romantic partner? ……	YES	NO

If you have answered "YES" to any of Questions 88-93, give details including dates and circumstances; identify the corresponding question being referenced:

SECTION 11: CERTIFICATION

93. I hereby certify I have personally completed each page of this form and any supplemental page(s) attached and all statements made are true and complete to the best of my knowledge and belief. I understand 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

SECTION 11: 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.

Please complete this page in your own handwriting.

Question: "Why do you want this job? How do you think it will benefit you and the agency?"

PENALTY AND CERTIFICATION

I HEREBY CERTIFY THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO THE QUESTIONS. ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND FALSIFYING, WITHHOLDING OR FAILING TO ANSWER ANY AND ALL QUESTIONS COMPLETELY AND ACCURATELY MAY CAUSE REJECTION FROM CONSIDERATION FOR THE POSITION TO WHICH I AM APPLYING.

SIGNATURE _____ DATE _____

REQUIRED DOCUMENT LIST
SWORN POSITION

The below listed documents are to be provided by the applicant. These documents, along with this checklist, must be submitted with the Personal History Statement. Place your initials 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, indicate "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.**

The following Agreements are required whether or not they pertain to you. Complete and upload into the Agreements section under the specific form title in your eSOPH Applicant Profile.

_____ **1.** **Pre-Employment Waiver and Liability Release Form** – ***Notarized***.

_____ **2.** **Las Vegas Metropolitan Police Department Waiver** – ***Notarized*** (Complete this form whether or not you have applied with the LVMPD).

_____ **3.** **Military Waiver**-Request Pertaining to Military Records Standard Form 180 (**Mandatory** – This form must be completed regardless if you have served in the military or not. You must complete "Box 1-4" and this form must be signed "Section 3, Number 4." If you have served in the military please check the appropriate boxes).

_____ **4.** **NDOC Waiver**- State of Nevada Department of Corrections Authorization for Release of Information (DOC 1098) –***Notarized*** (2 pages – **Mandatory** – regardless of service. Do not fax document.)

_____ **5.** **Child Support**-Veteran Status, Child Support Statement and Personal Affirmation Waiver (**Mandatory** – Must be completed by all DPS applicants, regardless of service or child support obligations).

_____ **6.** **Required Documents** – Complete and sign the form. (3 pages)

_____ **7.** **Fingerprint Background Waiver** – Complete and sign the form. (2 pages)

_____ **8.** **Fingerprint Request Form** – Must be returned completed & signed by agency taking fingerprints. (2 pages) Note: If you live outside the state of Nevada – Mail the hard copy fingerprint cards to: DPS Background Investigation Unit 555 Wright Way Carson City, Nevada 89701.

_____ **9.** **DPS Questionnaire and Financial Table** – Complete all questions and financial table.

Upload the following Documents under the Documents section in your eSOPH Applicant Profile.

NAME THE FOLLOWING DOCUMENTS AS UNDERLINED WHEN UPLOADING

_____ **1.** **BIRTH CERTIFICATE-Certified/Verified** Birth Certificate or other official proof of birth (*Must be a certified original, or verified copy, signed by the DPS Human Resources department*).

_____ **2.** **NATURALIZATION DOC-Certified/Verified** Naturalization Certification/Documents (If applicable- *Must be a certified original, or verified copy, signed by the DPS Human Resources department*).

_____ **3.** **HS TRANSCRIPT-Certified/Verified** High School transcripts or G.E.D. Certificate. (*Must be a certified original, or verified copy, signed by the DPS Human Resources department*)

_____ **4.** **COLLEGE TRANSCRIPT-Certified/Verified** College transcripts. (If applicable- *Must be a certified original, or verified copy, signed by the DPS Human Resources department*).

_____ **5.** **DPS ESSAY-**This can be the essay you wrote during your oral board interview if it was returned to you. The essay topic is: "Why do you want this job? How do you think it will benefit you and the agency?" Once completed, scan the document and upload the essay into the Documents folder within your eSOPH Applicant Profile.

_____ **6.** **ICIMS-**Print a copy of your application from the ICIMS system. If you are unable to print your application, contact your DPS Human Resource technician.

_____ **7.** **AUTO INSURANCE-**Proof of Automobile Insurance – Provide your current insurance policy declaration page(s). (***This is not your insurance card.*** It is the documents explaining coverage and effective dates for your auto insurance policy. If you do not have the policy information, call your insurance agent and request the needed information, right away. The information can usually be emailed to you).

_____ ***8.*** **CREDIT REPORT-**Credit Report. As an applicant for a law enforcement position with the Nevada Department of Public Safety, you are required to provide a *full* credit report. The three (3) major credit reporting agencies are TransUnion, Equifax and Experian. You, as an applicant, must contact one of these agencies to obtain a copy of your full credit report. The credit report must be from one of these three (3) credit bureaus. 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 from these bureaus is available at www.annualcreditreport.com.***

_____ **9.** **SELECTIVE SERVICE-**Proof of Selective Service Registration. If you are required by law to register with the Selective Service System, you must provide proof you have registered. You can print your record online by visiting the *www.sss.gov* website, and clicking the "Check Registration" button.

_____ **10.** **HS DIPLOMA**-Copy of High School Diploma (if available) .

_____ **11.** **COLLEGE DIPLOMA-**Copy of College Diploma (if available).

_____ **12.** **DD214-**Military Discharge Long Form DD-214 (if applicable).

_____ **13.** **POST-**P.O.S.T. Certificate(s) (if applicable).

_____ **14.** **POLICE REPORTS-**Police Reports – You must provide all police reports you have been named in, or referred to by all law enforcement agencies in which you were either a victim, suspect, person of interest, or similar. If you have previously worked as a law enforcement officer or similar capacity, ***do not*** provide reports mentioning you in relation to your **legitimate, official duties of a non-negative manner**. You are responsible for obtaining and providing the reports. Your background investigator will complete multiple searches to verify you have provided all reports you have been named in.

_____ **15.** **COURT DOCS-**Court Documents – This includes all documents pertaining to all criminal and civil cases; in all courts where you have been named, regardless of your role in the incident. You are responsible for obtaining and providing the documents from the courts. Your background investigator will conduct multiple searches to verify you have provided all relevant documents you have been named in.

_____ **16.** **PRO LICENSE-**Professional Licenses – This includes security guard license or any other professional license or permit you possess, you believe relevant to the position you have applied.

_____ **17.** **RO/TPO**-Copy of any active Restraining Order or Temporary Protection Order issued on your behalf or filed against you.

_____ **18.** **MARRIAGE-**Marriage Certificate for each Marriage.

_____ **19.** **DIVORCE-**Marriage Dissolution/Annulment documents for each incident.

_____ **20.** **BANKRUPTCY**-Bankruptcy Discharge for each bankruptcy (if applicable).

_____ **21.** **BUS TAX DOC**-Business Tax Documents – Forms 1065 and Schedule K-1, for any LLC, LLP, corporation, sole proprietor, or other business entity that you have ownership in, or had ownership in, within the last ten years.

_____ **22.** **OTHER DOCS-**Any other Documents, Certificates, Awards or Commendations you believe may be located during

the background investigation process, or documents showing your skills, abilities, etc. you would like the agency to be aware of.

Upload the following photos into the Images section in your eSOPH Applicant Profile.

_____ **1.** **HEADSHOT-**Upload a clear headshot facing directly toward the camera. ***Do not*** upload a passport or driver's license picture. This picture should be recent and should be from the shoulders up.

_____ **2.** **TATTOO(s)-**Upload a clear photo of ***each*** tattoo and/or branding you have.

CERTIFICATION

I hereby certify I have read and understood the above information. I further understand 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

Once completed and signed, upload all three (3) pages of this document into eSOPH Applicant Profile, Agreements.

Nevada Department of
Public Safety
DEDICATION PRIDE SERVICE

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 _____,
(Position)

with the_____. I, _____,
(Agency) (Applicant Name)

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 _____

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 _____

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/military-service-records/
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW

SECTION I – INFORMATION NEEDED TO LOCATE RECORDS *(Furnish as much information as possible)*

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	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				☐	☐	
b. RESERVE				☐	☐	
c. STATE NATIONAL GUARD				☐	☐	

6. **IS THIS PERSON DECEASED?** ☐ NO ☐ YES – **MUST** PROVIDE Date of Death if veteran is deceased: _____

7. **DID THIS PERSON RETIRE FROM MILITARY SERVICE?** ☐ NO ☐ YES

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☒ DD **214 Form or equivalent.** Year(s) in which form (s) issued to veteran: _____

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. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out. Authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dated of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: ☐ I want a **DELETED** copy.

☐ Medical **Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. ***IF HOSPITALIZED* (inpatient)** *the FACILITY NAME and* Date (month and year) for EACH admission **MUST** be provided: _____

☒ **Other** (Specify): ALL DOCUMENTS IN OFFICIAL MILITARY PERSONNEL FILE (OMPF)

2. PURPOSE: (Providing information about the purpose of the request is **strictly voluntary**; however, it 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.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Program ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: PRE-EMPLOYMENT BACKGROUND INVESTIGATION

SECTION III – RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. ☒ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I above.

☐ I am the VETERAN'S LEGAL GUARDIAN (**MUST submit copy of Court Appointment)** or AUTHORIZED REPRESENTATIVE **(MUST submit copy of Authorization Letter or Power of Attorney)**

☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death**. See item 2A on instructions sheet.) _____ *(Relationship to deceased Veteran)*

☐ OTHER _____ *(Specify type of Other)*

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

NEVADA DPS, BACKGROUNDS INVESTIGATION UNIT
Name

555 WRIGHT WAY
Street

CARSON CITY **NV** **89701**
City State Zip Code

4. **AUTHORIZATION SIGNATURE: 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 and that I authorize the release of the requested information.** (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature id required if the request is for archived records.)

Signature Required – Do Not Print **Date**

Daytime Phone Fax Number

Email Address

* This form is available at http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf on the National Archives and Records Administration (NARA) web site.*

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

VETERAN STATUS, CHILD SUPPORT STATEMENT AND PERSONAL AFFIRMATION

➢This document must be retained on file by the employing agency for inspection and must include the social security number of the applicant (NRS 289.560)

➢Make a copy of this document and **redact the first 5 numbers of the social security number** showing only the last 4 digits of the social security number and **submit as an attachment** to the Basic Certificate Application (Formatta form).

Veteran Status

Are you a Military Veteran? YES ☐ NO ☐

Statement Regarding Payment of Child Support

Pursuant to NRS 289.570 and NRS 425.520, you are required to mark one of the following three choices.

☐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.

Personal Affirmation

I hereby affirm that I have reviewed the contents of this document and agree that the information is true and accurate. I further affirm, as the applicant for basic certification as a Nevada peace officer, that I am currently a US citizen, 21 years of age or older, and that I have met all requirements of NAC 289.110 (Standards of Appointment); and, I understand that any misrepresented information is grounds to refuse or revoke my Basic Certificate pursuant to NAC 289.290.

Applicant's Social Security Number _____ POST ID# _____

Applicant's Name: _____ _____ _____ ____
Type or Print Name First MI Last Suffix

Signature of Applicant _____ Date _____

BOARD OF COMMISSIONERS
STEVE SISOLAK
Governor

BARBARA CEGAVSKE
Secretary of State

ADAM PAUL LAXALT
Attorney General

STATE OF NEVADA DEPARTMENT OF CORRECTIONS

Northern Administration
5500 Snyder Avenue, Carson City, NV 89702
Phone: (775) 887-3285 - Fax: (775) 887-3138

Southern Administration
3955 W. Russell Road, Las Vegas, NV 89118
Phone: (702) 486-9938 - Fax: (702) 486-9961

Steve Sisolak
Governor

James Dzurenda
Director

Please fax request to 702-486-9955

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request a law enforcement clearance letter (IAB); this letter should contain information regarding any PREA/Criminal and/or Internal Investigations where I was the subject. This information will include all investigations. I understand I may not have yet received notification of current investigations pursuant to NRS 289.060. I understand I will not be able to obtain any information from Human Resources and/or the Inspector General's Office about any current investigations, where I am the subject, until the investigation has been closed.

This Authorization for Release of Information is for outside law enforcement agencies. No personal copies will be provided. Notarized waiver must be included in all release requests.

I understand this information will be forwarded to the requested law enforcement agency within 3-5 business days.

_____

Signature Date

_____

Print Name Work Location Emp. ID Number

Name of Law Enforcement Agency/Agent:

_____

Mail request to following address:

_____

E-mail request to the following address (if accepted):

_____

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 Corrections, its agents or employees, and any and all persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, the State of Nevada, Department of Corrections, its agents or employees, during the course of my background investigation, to furnish ***NEVADA DEPARTMENT OF PUBLIC SAFETY – BACKGROUND INVESTIGATION UNIT,*** 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 _____

Steve Sisolak
Governor

George Togliatti
Director

Sheri Brueggemann
Deputy Director

Nevada Department of
Public Safety
DEDICATION PRIDE SERVICE

Background Investigation Unit

555 Wright Way
Carson City, Nevada 89701-0525
Telephone (775) 684-4836 • Fax (775) 684-4845

FINGERPRINT REQUEST FORM

Please provide this form to the fingerprint technician/official at time your fingerprints are taken to ensure all fields contain the required/authorized information needed for processing. Once you have been fingerprinted upload the completed and signed form into the correct location within the Agreements folder. Save the original hardcopy as you may be asked for it at a later time.

APPLICANT INFORMATION:

APPLICANT NAME: (LAST, FIRST, MI)

_____

APPLICANT ADDRESS:

_____

CITY, STATE, ZIP CODE:

_____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SSN: _____ CITIZENSHIP: _____

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____

ACCOUNT NUMBER (MNU): NUF947 ORI: NVDPS0000

REASON FINGERPRINTED: CRIMINAL JUSTICE APPLICANT

SUBMIT FINGERPRINT ELECTRONIC LIVESCAN: YES: _____ NO: _____

FINGERPRINT SITE INFORMATION:

TCN: _____

_____ _____

SIGNATURE OF OFFICIAL TAKING PRINTS DATE

The above-named individual was fingerprinted and said prints will be sent electronically to the Central Repository for Nevada Records of Criminal History on behalf of the State of Nevada Department of Public Safety.

Fingerprinting Contact Information for the State of Nevada, Department of Public Safety Employment

Appointment Point of Contact for Northern and Southern Nevada

Southern Nevada Fingerprint Unit
Parole & Probation
DONS Unit
(702) 486-5176
215 East Bonanza Road
Las Vegas, NV 89101

Northern Nevada Fingerprint Unit
Record, Communications & Compliance Division
Fingerprint Unit
(775) 684-6262
333 West Nye Lane
Carson City, Nevada 89706

If you reside outside the state of Nevada and cannot make it to one of the abovementioned locations please visit your local law enforcement agency. You will need to present a blank copy of the Fingerprint Request to your local law enforcement agency for fingerprinting. Please request the fingerprints be submitted electronically to the prefilled agency account number **NUF947** (ORI NVDPS0000) as a criminal justice applicant. If said agency cannot facilitate an electronic submission please send the hard copies to the address listed below.

Background Investigation Unit
555 Wright Way
Carson City, Nevada 89701

Nevada Department of
Public Safety
DEDICATION PRIDE SERVICE

FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by_____*(name of requesting agency)* that your fingerprints will be used to check the criminal history records of the FBI and the state of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

   16.34- Procedure to obtain change, correction or updating of identification records. If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize_____, *(name of requesting agency)* to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

   In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the state of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
PLEASE PRINT Last Name First Name Middle

Address: _____

PLEASE PRINT _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Nevada Department of Public Safety – Background Investigation Unit

Address: 555 Wright Way Carson City, Nevada 89701

Agency representative: Baldwin Roger
PLEASE PRINT Last Name First Name Middle

Agency Representative's Signature: _____

Date: _____