



Nevada Department of
Public Safety
Dedication Pride Service

Background Investigation Unit

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

CIVILIAN CANDIDATE

FULL

MODIFIED

CONDENSED

(Please Print)

Date: _____

Applicant Name: _____

Position: _____

Division/Region: _____

Appointing Auth.: _____

App. Auth. Phone: _____

App. Auth. Email: _____

FULL INVESTIGATION – If candidate left DPS employment over 1 year prior, or has never been employed with DPS

MODIFIED INVESTIGATION – If candidate left DPS employment between 30 days and 1 year prior

CONDENSED INVESTIGATION – If candidate left DPS employment less than 30 days prior, or is an intern/temporary/contract

PERSONAL HISTORY STATEMENT – CIVILIAN 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. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)		8. BIRTHDATE	9. SOCIAL SECURITY NUMBER - -
10. DRIVER'S LICENSE		11. PHYSICAL DESCRIPTION	
NO	STATE	EXP	HEIGHT WEIGHT HAIR COLOR EYE COLOR
12. Tattoos; scars; other identifying marks; carefully describe the nature/subject; color and location of the tattoo.			



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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 _____



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Fingerprint Request Form

Please provide this form to the fingerprint technician/official at the time your fingerprints are taken to ensure all fields contain the required/authorized information needed for processing. Save the original hardcopy as you may be asked for it at a later time.

Call (775) 684-4836 for the account number (MNU) and ORI prior to making your appointment.

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): _____

ORI: _____

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.

Below are locations within Nevada where you can have your fingerprints taken at no charge.
Call (775) 684-4836 for the account number (MNU) and ORI prior to making your appointment.

NORTHERN NEVADA

Records, Communications & Compliance Division

Fingerprint Unit

(775) 684-6262

333 West Nye Lane

Carson City, Nevada 89706

Parole and Probation Office

(775) 684-2300 | pnpr-reno-rfi@dps.state.nv.us

475 Valley Road

Reno, Nevada 89512

Special Instruction: Appointment Required – NO CHILDREN ALLOWED

SOUTHERN NEVADA

Parole & Probation – DONS Unit

(702) 486-5176

215 East Bonanza Road

Las Vegas, NV 89101

RURAL AND NON-NEVADA RESIDENTS

If you reside outside the state of Nevada or cannot make it to one of the above-mentioned locations, please visit your local law enforcement agency. Note that there may be a charge for this service. Send the hard copy (card provided by the law enforcement agency) to the following address-**MUST BE ADDRESSED EXACTLY FOR PROPER ROUTING:**

Nevada DPS – Background Unit

555 Wright Way

Carson City, Nevada 89701



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Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by Nevada DPS – Background Unit _____ (*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. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI and/or the Central Repository for Nevada Records of Criminal History may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI and/or Central Repository for Nevada Records of Criminal History, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record. The procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

Initial

Date

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. 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.
9. I hereby authorize Nevada DPS – Background Unit (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.
10. 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

Applicant's Signature: _____

Date: _____

Agency Account #: _____

Agency Representative: _____
PLEASE PRINT Last Name First Name Middle

Agency Representative Signature: _____

Date: _____

N-DEx Consent Form

This document outlines the consent of your information to be used within the N-DEx system for employment within DPS or as a contracted vendor.

1. The purpose for requesting this information is to conduct a complete background investigation pertaining to your fitness to serve as an employee of DPS or a contracted vendor. This background investigation may include inquiries pertaining to your employment, education, medical history, credit history, criminal history, and any information relevant to your character and reputation. By signing this form, you are acknowledging you have received notice and have provided consent for Department of Public Safety Background Investigation Unit to use this information to conduct such a background investigation, which may include the searching of the N-DEx System.
2. I authorize any employee or representative of Department of Public Safety Background Investigation Unit to search the N-DEx System to obtain information regarding my qualifications and fitness to serve as an employee of DPS or a contracted vendor. I understand the N-DEx System is an electronic repository of information from federal, state, local, tribal, and regional criminal justice entities. This national information sharing system permits users to search and analyze data from the entire criminal justice cycle, including crime incident and investigation reports; arrest, booking, and incarceration reports; and probation and parole information. This release is executed with full knowledge, understanding, and consent that any information discovered in the N-DEx System may be used for the official purpose of conducting a complete employment background investigation. I also understand any information found in the N-DEx System will not be disclosed to any other person or agency unless authorized and consistent with applicable law. I release from Department of Public Safety Background Investigation Unit any liability or damage which may result from the use of information obtained from the N-DEx System.

Signature: _____

Date: _____