



## 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



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### **CIVILIAN APPLICANT** **BACKGROUND INVESTIGATION PROCEDURES**

Dear Applicant:

**Congratulations!** You have successfully completed the interview stage for a position with the Department of Public Safety. You will now advance to the next phase of our selection process, the background investigation.

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

We have identified 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             | 7. Interest in people          |
| 2. Problem solving ability          | 8. Interpersonal sensitivity   |
| 3. Learning ability                 | 9. Desire for self-improvement |
| 4. Judgment under pressure          | 10. Dependability              |
| 5. Observational skills             | 11. Integrity/honesty          |
| 6. Willingness to confront problems |                                |

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation is intended to help us verify the information you provide in your Personal History Statement (PHS). **Be thorough, legible, accurate and honest in completing your PHS. Omissions, inaccuracies, or incomplete information can be cause for rejection from the background process.** Please be sure to have your **fingerprint cards** completed at your local law enforcement agency or **LiveScan** (see instructions for further information). Your background investigation cannot be completed without the processing of your fingerprint cards or LiveScan results.

Pursuant to Nevada Administrative Code 284.718 and Nevada Administrative Code 284.726, confidentiality is imperative. Therefore, the findings of the background investigation will only be used to determine your suitability for employment with the Department of Public Safety.

## **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 in which you have applied.
3. Any deliberate omission, lie, falsification or fraudulent response will automatically and irrevocably result in your rejection from the background investigation process and you will not be considered for placement. Ensure that you read and understand the Penalty and Certification clause on the last page of the Personal History Statement before signing.
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, you must detail what steps you took, including the telephone number(s) and the name(s) of the person(s) you contacted, in your attempt to obtain that information. 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. **The information gathered from you, obtained from third-party sources (references, employers, co-workers, etc.), or discovered during the investigation will not be released to other persons or agencies unless they present this Department with a signed, notarized release from you. In addition, all information we obtain during the course of the investigation will not be released to you at any time. An exception to this confidentiality will be made if it is discovered you are currently involved in criminal activity or have committed an undiscovered felony. The law enforcement agency having jurisdiction will be notified.**
6. For questions, please contact the Background Investigation Unit at (775) 684-4836, or email at [background@dps.state.nv.us](mailto:background@dps.state.nv.us).
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 – CIVILIAN APPLICANT

PAGE 1 OF 17

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. If more space is needed continue your response on page 16.												
13. IMMEDIATE FAMILY												
<ul style="list-style-type: none"> <li>Provide all applicable information in the spaces below</li> <li>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.</li> <li>If more space is needed continue your response on page 16.</li> </ul>												
N/A		<b>A. FATHER</b>				HOME ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP
NAME												
		WORK PHONE				OCCUPATION						
		HOME PHONE				CELL PHONE			EMAIL			
N/A		<b>B. STEP-FATHER</b>				HOME ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP
NAME												
		WORK PHONE				OCCUPATION						
		HOME PHONE				CELL PHONE			EMAIL			
N/A		<b>C. MOTHER</b>				HOME ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP
NAME												
		WORK PHONE				OCCUPATION						
		HOME PHONE				CELL PHONE			EMAIL			
N/A		<b>D. STEP-MOTHER</b>				HOME ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP
NAME												
		WORK PHONE				OCCUPATION						
		HOME PHONE				CELL PHONE			EMAIL			

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 2 OF 17

## SECTION 2: RELATIVES *Continued*

### 13. 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		DATES OF RELATIONSHIP	
	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		DATES OF RELATIONSHIP	
	HOME PHONE	CELL PHONE	EMAIL		
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	WORK PHONE	OCCUPATION		DATES OF RELATIONSHIP	
	HOME PHONE	CELL PHONE	EMAIL		
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	WORK PHONE	OCCUPATION			
F	HOME PHONE	CELL PHONE	EMAIL		
UNDER AGE 18					
B) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
M	WORK PHONE	OCCUPATION			
F	HOME PHONE	CELL PHONE	EMAIL		
UNDER AGE 18					
C) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
M	WORK PHONE	OCCUPATION			
F	HOME PHONE	CELL PHONE	EMAIL		
UNDER AGE 18					

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 3 OF 17

## SECTION 2: RELATIVES *Continued*

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

D) NAME			HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
M	WORK PHONE		OCCUPATION			
F	HOME PHONE		CELL PHONE	EMAIL		
UNDER AGE 18						
E) NAME			HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
M	WORK PHONE		OCCUPATION			
F	HOME PHONE		CELL PHONE	EMAIL		
UNDER AGE 18						
F) NAME			HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
M	WORK PHONE		OCCUPATION			
F	HOME PHONE		CELL PHONE	EMAIL		
UNDER AGE 18						
N/A	J. CHILDREN					
List all of your living children, including biological, 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)			
RELATIONSHIP	CHILD'S AGE	M F	ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
			CONTACT NUMBER	EMAIL		
B) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
RELATIONSHIP	CHILD'S AGE	M F	ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
			CONTACT NUMBER	EMAIL		
C) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
RELATIONSHIP	CHILD'S AGE	M F	ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
			CONTACT NUMBER	EMAIL		
D) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
RELATIONSHIP	CHILD'S AGE	M F	ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
			CONTACT NUMBER	EMAIL		
E) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
RELATIONSHIP	CHILD'S AGE	M F	ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
			CONTACT NUMBER	EMAIL		
F) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
RELATIONSHIP	CHILD'S AGE	M F	ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP			
			CONTACT NUMBER	EMAIL		

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 4 OF 17

## SECTION 3: REFERENCES: List 5 people who know you well, such as social and family friends, co-workers, military acquai

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?	
15. CHECK APPLICABLE: <input type="checkbox"/> High School Diploma from an accredited U.S. Institution <input type="checkbox"/> GED <input type="checkbox"/> 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		
C) NAME		FROM (MO/YR)		TO (MO/YR)		DEGREE EARNED
		CITY		STATE		

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 5 OF 17

## SECTION 4: EDUCATION *Continued*

### 17. LIST COLLEGES 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	

### 18. LIST TRADE SCHOOLS ATTENDED:

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

19. 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

### 20. LIST OF RESIDENCES:

- List all residences during the last 5 years or since the age of 18, 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 16.

A) ADDRESS WHERE YOU LIVE NOW (NUMBER/STREET/APT)				FROM (MO/YR)	TO	<b>PRESENT</b>
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:						
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:						



# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 6 OF 17

## SECTION 5: 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:					
21. Have you ever been evicted or asked to leave a residence? ..... YES NO					
22. Have you ever left a residence owing rent? ..... YES NO					
If you have answered "YES" to Questions 21 and/or 22, explain (include, when, where and circumstances):					

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 7 OF 17

## SECTION 6: EXPERIENCE AND EMPLOYMENT

### 23. 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 16.
- 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)					REASON FOR WANTING TO LEAVE			
1)			2)					
Would there be a problem if we contact your current employer?		IF YES, EXPLAIN:						
YES   NO								
B) PERIOD OF UNEMPLOYMENT					FROM (MO/YR)		TO (MO/YR)	
CIRCLE APPLICABLE:   STUDENT   BETWEEN JOBS   LEAVE OF ABSENCE   TRAVEL   OTHER								
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)					REASON FOR WANTING TO LEAVE			
1)			2)					
D) PERIOD OF UNEMPLOYMENT					FROM (MO/YR)		TO (MO/YR)	
CIRCLE APPLICABLE:   STUDENT   BETWEEN JOBS   LEAVE OF ABSENCE   TRAVEL   OTHER								
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)					REASON FOR WANTING TO LEAVE			
1)			2)					
F) PERIOD OF UNEMPLOYMENT					FROM (MO/YR)		TO (MO/YR)	
CIRCLE APPLICABLE:   STUDENT   BETWEEN JOBS   LEAVE OF ABSENCE   TRAVEL   OTHER								

**PAGE 8 OF 17**

SECTION 6: EXPERIENCE AND EMPLOYMENT <i>Continued</i>											
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)	

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 9 OF 17

## 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				<div style="text-align: center;"> F-T    P-T    TEMP  SELF-EMPLOYED    VOLUNTEER </div>			
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS & EMAILS (REQUIRED)				REASON FOR WANTING TO LEAVE			
1)		2)					
N) PERIOD OF UNEMPLOYMENT						FROM (MO/YR)	TO (MO/YR)
CIRCLE APPLICABLE:      STUDENT      BETWEEN JOBS      LEAVE OF ABSENCE      TRAVEL      OTHER							
24. 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
25. Have you ever been fired, released from probation or asked to resign from any place of employment? .....						YES	NO
26. Have you ever been involved in a physical or verbal altercation with a supervisor, co-worker or customer? .....						YES	NO
27. Have you ever quit without giving proper notice? .....						YES	NO
28. Have you ever resigned in lieu of termination? .....						YES	NO
29. 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
30. Have you ever been the subject of a written complaint at work? .....						YES	NO
31. Have you ever been counseled at work due to tardiness or absences? .....						YES	NO
32. Have you ever received an unsatisfactory performance review? .....						YES	NO
33. Have you ever sold, released or given away legally confidential information? .....						YES	NO
34. Have you ever called in sick when you were neither sick nor caring for a sick family member? .....						YES	NO
If Yes, how many sick days have you used in the past five (5) years which were not due to illness?							
If you have answered "YES" to Questions 24 - 34, explain (include the date, the name of your employer and the circumstances):							
35. Have you ever missed days or been late to work due to drug or alcohol consumption? .....						YES	NO
If yes, how often?							
36. Has your work performance ever been affected by your use of drugs or alcohol? .....						YES	NO
WHEN?		NAME OF EMPLOYER					
37. Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance? .....						YES	NO
WHEN?		NAME OF EMPLOYER					

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 10 OF 17

38. 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 16.

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 <b>COMPLETED</b> 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)					

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 <b>COMPLETED</b> 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 <b>COMPLETED</b> 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)				

39. Are you required to register for the Selective Service? ..... YES NO								
If yes, have you registered? ..... YES NO								
If no, explain: .....								
40. BRANCH OF SERVICE					41. DATES OF SERVICE FROM (MO/YR) TO (MO/YR)			
41. 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:								

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 11 OF 17

42. Are you currently participating in one of the following?    Military Reserve    National Guard	Date your obligation ends:	
43. 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
44. Were you ever denied security clearance or have you had your clearance revoked, suspended or downgraded? .....	YES	NO
45. Have you ever been reduced in rank as punishment? .....	YES	NO
<p>If you have answered "YES" to Questions 43 - 45, explain (include, when, where and circumstances):</p>		
<b>DISCLOSURES OF ARRESTS AND CONVICTIONS</b>  <p>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. <b>It is strongly recommended you consult with an attorney before omitting any information.</b></p>		
<p>46. 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)? .....</p>		
		YES                      NO
<p>If yes explain each incident in the spaces below, If more space is needed continue your response on page 16.</p>		
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	

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 12 OF 17

## SECTION 8: LEGAL *Continued*

47. Have you ever been placed on court probation as an adult? .....	YES	NO
48. 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
49. Have you ever been a party in a civil lawsuit (e.g. divorce, small claims actions, child/spousal support, etc.)? .....	YES	NO
50. Have the police ever been called to your home for any reason? .....	YES	NO
51. Have you or your spouse/partner ever been referred to Child Protective Services? .....	YES	NO
52. 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
53. Have you ever been the subject of an emergency protective order, restraining order or stay-away order? .....	YES	NO
54. 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
55. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or any other state or federal assistance? .....	YES	NO
56. Have you ever filed a false insurance or worker's compensation claim? .....	YES	NO
57. Have you ever committed any theft whether by taking an item without paying for it, returning an item fraudulently or receiving stolen property, regardless of if you were caught?.....	YES	NO

If you have answered "YES" to Questions 47-57, explain (include, when, where and circumstances):

# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 13 OF 17

## SECTION 9: DRUG USE

Questions 58 and 59 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-counter drugs. 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

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

If you answered "YES" to question 58, give details, including drug(s) used, dates used and the circumstances involved:

59. I have **never** used any drugs..... YES NO

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

SOLD

PURCHASED

CULTIVATED

MANUFACTURED

FURNISHED

CARRIED OR HELD FOR ANOTHER

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



# PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

PAGE 14 OF 17

## SECTION 10: MOTOR VEHICLE OPERATION

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

62. 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

63. Have you ever been refused a driver's license by another state? ..... YES NO

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

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

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

65. List all traffic citations you have received in the past ten (10) years. 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 16.

A) ORIGINAL 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) ORIGINAL 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) ORIGINAL 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:

66. 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
-------------------------	------------------------	--------	------------

**PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT****PAGE 15 OF 17**

67. 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		LOCATION (NUMBER /STREET/APT)		CITY	STATE	ZIP
MONTH	YEAR					
68. 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		LOCATION (NUMBER /STREET/APT)		CITY	STATE	ZIP
MONTH	YEAR					
Use this space for additional information you would like to include regarding your driving record:						
69. Do you currently have a concealed weapon permit? .....					YES	NO
70. Have you ever been refused a concealed weapon permit?.....					YES	NO
71. 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
72. Do you have, or have you ever had, a tattoo signifying membership in or an 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
73. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or violent act? .....					YES	NO
74. Have you ever hit or physically overpowered a spouse or romantic partner? .....					YES	NO
If you have answered "YES" to any of Questions 69-74, give details including dates and circumstances; identify the corresponding question being referenced:						
75. 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.

## PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

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?”

[illegible]

**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

### CIVILIAN 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 a check mark in the spaces provided to the left of this form to verify the required documents have been obtained. If a particular document does not apply to you, 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.**

- \_\_\_\_\_ 1. Original Waiver of Liability and Release Form – *Notarized*.
- \_\_\_\_\_ 2. 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 "Section 1" and this form must be signed "Section 3." If you have served in the military please check the appropriate boxes).
- \_\_\_\_\_ 3. Fingerprint Request Form – Must be completed and returned completed & signed by agency taking fingerprints (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).
- \_\_\_\_\_ 4. Fingerprint Background Waiver – Complete and Sign the Form.
- \_\_\_\_\_ 5. Birth Certificate or other official proof of birth.
- \_\_\_\_\_ 6. Copy High School Diploma or Transcripts
- \_\_\_\_\_ 7. Copy of College Diploma or Transcripts
- \_\_\_\_\_ 8. Military Discharge Long Form DD-214 (if applicable).
- \_\_\_\_\_ 9. 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. 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.
- \_\_\_\_\_ 10. Copy of any active Temporary Restraining Order or Temporary Protection Order issued on your behalf or filed against you.
- \_\_\_\_\_ 11. 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.

### 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



Nevada Department of  
Public Safety  
DEDICATION PRIDE SERVICE  
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 \_\_\_\_\_

## 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

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				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

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

### 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

### 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.) ☐ OTHER  
(Relationship to deceased Veteran) (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

\* 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.\*

Daytime Phone Fax Number



Nevada Department of  
**Public Safety**  
Dedication Pride Service

## 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](mailto: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

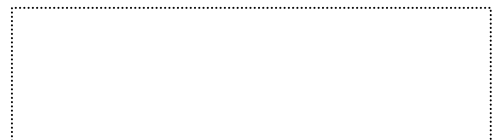


Nevada Department of  
**Public Safety**  
Dedication Pride Service

## 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.



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: \_\_\_\_\_