



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. If more space is needed continue your response on page 16.		

SECTION 2: RELATIVES

13. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> • 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 16. 					
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		

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

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		DATES OF RELATIONSHIP	
HOME PHONE		CELL PHONE	EMAIL		
N/A	G. MOTHER-IN-LAW				
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE		OCCUPATION		DATES OF RELATIONSHIP	
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	
UNDER AGE 18				EMAIL	
B) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
M		WORK PHONE		OCCUPATION	
F		HOME PHONE		CELL PHONE	
UNDER AGE 18				EMAIL	
C) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
M		WORK PHONE		OCCUPATION	
F		HOME PHONE		CELL PHONE	
UNDER AGE 18				EMAIL	

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

SECTION 2: RELATIVES *Continued*

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

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		
F) 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 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

SECTION 3: REFERENCES: List 5 people who know you well, such as social and family friends, co workers, military acquaintances. DO NOT list 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?	

SECTION 4: EDUCATION

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

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

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

SECTION 5: RESIDENCE

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	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:						
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

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

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								

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

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)

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

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)			REASON FOR WANTING TO LEAVE		
1)		2)			

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

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
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37. Have you ever been warned by an employer about your drinking or drug habits and their impact on your performance?	YES	NO
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WHEN?	NAME OF EMPLOYER
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PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

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 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)					

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)					

39. Are you required to register for the Selective Service?								YES	NO
If yes, have you registered?								YES	NO
If no, explain:								YES	NO
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

SECTION 7: MILITARY EXPERIENCE *Continued*

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

If you have answered “YES” to Questions 43 - 45, explain (include, when, where and circumstances):

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.**

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)?

YES NO

If yes explain each incident in the spaces below, If more space is needed continue your response on page 16.

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

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?	YES	NO
If yes, please provide the person's full name, relationship, frequency of contact and charges convicted of, in the space provided.		
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):

Empty space for providing explanations for "YES" answers to questions 47-57.

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 <u>NOT</u> 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

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	ACTION TAKEN (CIRCLE ALL THAT APPLY)		
	MONTH YEAR	NOT GUILTY	FINED	TRAFFIC SCHOOL DISMISSED
B) ORIGINAL NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN (CIRCLE ALL THAT APPLY)		
	MONTH YEAR	NOT GUILTY	FINED	TRAFFIC SCHOOL DISMISSED
C) ORIGINAL NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
	DATE VIOLATION OCCURRED	ACTION TAKEN (CIRCLE ALL THAT APPLY)		
	MONTH YEAR	NOT GUILTY	FINED	TRAFFIC SCHOOL DISMISSED
D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (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	LAW ENFORCEMENT AGENCY		INJURY NON-INJURY
	YES NO			
B) DATE		LOCATION (NUMBER /STREET/APT)	CITY	STATE ZIP
	POLICE REPORT	LAW ENFORCEMENT AGENCY		INJURY NON-INJURY
	YES NO			
C) DATE		LOCATION (NUMBER /STREET/APT)	CITY	STATE ZIP
	POLICE REPORT	LAW ENFORCEMENT AGENCY		INJURY NON-INJURY
	YES NO			

PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT

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 MONTH YEAR	LOCATION (NUMBER /STREET/APT) CITY STATE ZIP
---------------------------------------	---

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 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

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:

SECTION 11: CERTIFICATION

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.

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. Copy of 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

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 can be submitted online using eVetRecs at <https://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				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	

6. PLEASE LIST LAST FOUR DUTY STATIONS, IF KNOWN: 1. _____ 2. _____ 3. _____ 4. _____

7. IS THIS PERSON DECEASED? NO YES - **MUST** provide Date of Death if veteran is deceased: _____

8. 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 Form 214 or equivalent: Year(s) in which form(s) issued to veteran (Date of Separation): _____
 This form contains information used to verify military service. An UNDELETED DD Form 214 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 dates of time lost. Please note – recent veterans may be able to request a DD Form 214 through milConnect by visiting: <https://www.va.gov/records/get-military-service-records/>
 An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Official Military Personnel File (OMPF): The OMPF may include duty stations and assignments, training and qualifications, awards and decorations received, disciplinary actions, administrative remarks, enlistment and/or discharge information (including DD Form 214, Report of Separation, or equivalent), and other personnel actions. Detailed information about the veteran's participation in battles and their military engagements is NOT contained in the record.

Medical Records: Includes health (outpatient), extended ambulatory, and dental records. If inpatient/hospitalization records are requested, please specify below.
 I request inpatient/hospitalization records from _____ (facility), last treated in _____ (year). (NOTE: Fields are required)
 If available, you may receive copies of inpatient narrative summaries, operative reports, discharge summaries, etc. contained in the record.

Dental Records: Please check this box if ONLY dental records are needed from the medical record.

Other (Please Specify): _____

2. PURPOSE: (Providing information about the purpose of the request is 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 Programs Medical Genealogy Correction Personal Other (explain)

Explain here: PRE-EMPLOYMENT BACKGROUND INVESTIGATION

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. RELATIONSHIP TO VETERAN: _____

3. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section 1, above.
 I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2a on instruction sheet.)

4. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)
 NEVADA DPS STATE POLICE - BACKGROUND INVESTIGATION UNIT
 Name
 555 WRIGHT WAY
 Street Address Apt. #
 CARSON CITY NV 89701
 City State ZIP Code
 (775) 684-4836
 Daytime Phone Fax Number

5. 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 3 is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on the accompanying instructions 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 is required if the request is for archival records.)

Signature Required – Do not print _____ Date _____

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

BACKGROUND@DPS.STATE.NV.US
 Email Address



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
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.

Applicant:

Initial

Date

