



## Background Investigation Unit

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

### SWORN 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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### **SWORN APPLICANT** **BACKGROUND INVESTIGATION PROCEDURES**

Dear Applicant:

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

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

- |                                     |  |
|-------------------------------------|--|
| 1. Communication skills             | 8. Interpersonal sensitivity           |
| 2. Problem solving ability          | 9. Desire for self-improvement         |
| 3. Learning ability                 | 10. Dependability                      |
| 4. Judgment under pressure          | 11. Integrity/honesty                  |
| 5. Observational skills             | 12. Physical Ability                   |
| 6. Willingness to confront problems | 13. Operation of a Motor Vehicle       |
| 7. Interest in people               | 14. Credible Witness in a Court of Law |

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation is 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 WILL 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.

# CREDIT REPORT INSTRUCTIONS

As an applicant for a position with the Nevada Department of Public Safety you will be required to provide **ONE** copy of your full current credit report. Listed below are the three major credit reporting agencies. You, as an applicant, must contact one of these agencies to obtain a full copy of your credit report. The copy of your credit report is to be included with the other required documentation that accompanies your Personal History Statement. Be advised the credit reporting agencies may charge a small fee.

A free credit report is available at [www.annualcreditreport.com](http://www.annualcreditreport.com).

CREDIT BUREAU	WEBSITE	PHONE	ADDRESS
Equifax	<a href="http://www.equifax.com">www.equifax.com</a>	(800) 685-1111	PO Box 740241 Atlanta, GA 30374-0241
Experian	<a href="http://www.experian.com">www.experian.com</a>	(800) 493-1058	PO Box 9701 Allen, TX 75013
TransUnion	<a href="http://www.transunion.com">www.transunion.com</a>	(800) 888-4213	2 Baldwin Place PO Box 1000 Chester, PA 19022

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 1 OF 23

1. YOUR FULL NAME											
LAST			FIRST				MIDDLE				
2. OTHER NAMES, INCLUDING NICKNAMES YOU HAVE USED OR BEEN KNOWN BY											
3. ADDRESS WHERE YOU RESIDE			NUMBER/STREET				APT/UNIT				
CITY			STATE				ZIP				
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE											
5. CONTACT NUMBERS											
HOME			WORK		EXT		OTHER		CELL FAX PAGER		
6. EMAIL ADDRESS											
7. Are you a U.S. Citizen? .....								YES	NO		
If you were born outside of the United States, are you are naturalized U.S. citizen? .....								YES	NO		
8. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)					9. BIRTHDATE		10. SOCIAL SECURITY NUMBER				
11. DRIVER'S LICENSE					12. PHYSICAL DESCRIPTION						
NO		STATE		EXP		HEIGHT		WEIGHT		HAIR COLOR	EYE COLOR
13. Tattoos; scars; other identifying marks; carefully describe the nature/subject; color and location of the tattoo. If more space is needed continue your response on page 16.											
14. 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 22.</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 – SWORN APPLICANT

PAGE 2 OF 23

## 14. IMMEDIATE FAMILY *continued*

N/A	E. SPOUSE / REGISTERED DOMESTIC PARTNER / SIGNIFICANT OTHER (CIRCLE ONE)				
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
	WORK PHONE	OCCUPATION		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		
	YEAR OF DISSOLUTION	Is there, or has there ever been, a restraining or stay-away order in effect for this individual?			YES NO
NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
	WORK PHONE	OCCUPATION		DATES OF RELATIONSHIP	
	HOME PHONE	CELL PHONE	EMAIL		
	YEAR OF DISSOLUTION	Is there, or has there ever been, a restraining or stay-away order in effect for this individual?			YES NO
N/A	I. BROTHERS AND SISTERS – List all living siblings and their relation to you, including half-siblings, step-siblings, foster siblings, etc.				
A) NAME	HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
M	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					

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 3 OF 23

14. IMMEDIATE FAMILY (Section I. Brothers and Sisters) <i>continued</i>										
C) NAME			HOME ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP	
M F UNDER AGE 18	WORK PHONE		OCCUPATION							
	HOME PHONE		CELL PHONE			EMAIL				
D) NAME			HOME ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP	
M F UNDER AGE 18	WORK PHONE		OCCUPATION							
	HOME PHONE		CELL PHONE			EMAIL				
E) NAME			HOME ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP	
M F UNDER AGE 18	WORK PHONE		OCCUPATION							
	HOME PHONE		CELL PHONE			EMAIL				
N/A	J. CHILDREN									
List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.										
A) NAME			CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)							
RELATION	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)							
RELATION	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)							
RELATION	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)							
RELATION	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)							
RELATION	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)							
RELATION	CHILD'S AGE	M	F	ADDRESS (NUMBER/STREET/APT)		CITY		STATE		ZIP
			CONTACT NUMBER			EMAIL				

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 4 OF 23

## 15. REFERENCES

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

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

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 5 OF 23

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

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

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

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

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

16. LIST HIGH SCHOOLS ATTENDED:

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

17. LIST ALL COLLEGES ATTENDED OR UNIVERSITIES ATTENDED:

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

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

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

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 6 OF 23

B) NAME				FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
TYPE OF SCHOOL OR TRAINING		CITY		STATE		
C) NAME				FROM (MO/YR)	TO (MO/YR)	TOTAL UNITS EARNED
TYPE OF SCHOOL OR TRAINING		CITY		STATE		
20. Have you ever attended or are you currently attending a <b>POST</b> Basic Academy? ..... YES NO If you answered "YES", provide the following information:						
A) ACADEMY NAME				FROM (MO/YR)	TO (MO/YR)	DID YOU GRADUATE? YES NO
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER		
B) ACADEMY NAME				FROM (MO/YR)	TO (MO/YR)	DID YOU GRADUATE? YES NO
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER		
21. Have you ever been placed on academic discipline/probation, suspended or expelled from any high school, college/university, business or trade school? (Circle the one that applies to you)..... YES NO  If you answered "YES", describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s) and explanation of circumstances.						
20. LIST OF RESIDENCES: • List all residences <b>during the last 10 years</b> or since the age of 15, in descending order. Provide <i>complete</i> 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. <b>DO NOT LIST</b> Military barrack mates unless you shared individual quarters. • If more space is needed continue your responses on page 22.						
A) CURRENT ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)	PRESENT
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER		
CITY		STATE	ZIP	EMAIL		
NAME OF THOSE WITH WHOM YOU LIVED:						
B) FORMER ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)	
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER				CONTACT NUMBER		
CITY		STATE	ZIP	EMAIL		
NAME OF THOSE WITH WHOM YOU LIVED:						
REASON FOR MOVING:						

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 7 OF 23

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

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 8 OF 23

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

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

24. Have you ever been evicted or asked to leave a residence? ..... YES NO

25. Have you ever left a residence owing rent? ..... YES NO

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

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 9 OF 23

## 26. JOB EXPERIENCE

- List **ALL** jobs you have had during the last TEN years. Including part-time, temporary, self-employment and volunteer work. Begin with your most current employment. If more space is needed continue your response on page 22.
- If you have military experience, including Reserve duty, enter your military base, assignments or unit of assignment.
- List **ALL** periods of unemployment during the last **TEN** years.

A) NAME OF EMPLOYER OR MILITARY UNIT						FROM (MO/YR)	TO (MO/YR)
ADDRESS (NUMBER / STREET OR BASE)					SUPERVISOR (REQUIRED)		
CITY			STATE	ZIP	CONTACT NUMBER		EXT
JOB TITLE				EMAIL			
DUTIES / ASSIGNMENTS						F-T    P-T    TEMP SELF-EMPLOYED    VOLUNTEER	
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS & EMAILS (REQUIRED)					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 – SWORN APPLICANT

PAGE 10 OF 23

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)								REASON FOR WANTING TO LEAVE					
1)				2)									
H) PERIOD OF UNEMPLOYMENT										FROM (MO/YR)		TO (MO/YR)	
CIRCLE APPLICABLE:    STUDENT    BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER													
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)								REASON FOR WANTING TO LEAVE					
1)				2)									
J) PERIOD OF UNEMPLOYMENT										FROM (MO/YR)		TO (MO/YR)	
CIRCLE APPLICABLE:    STUDENT    BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER													
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)								REASON FOR WANTING TO LEAVE					
1)				2)									
L) PERIOD OF UNEMPLOYMENT										FROM (MO/YR)		TO (MO/YR)	
CIRCLE APPLICABLE:    STUDENT    BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER													

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 11 OF 23

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										FROM (MO/YR)		TO (MO/YR)			
CIRCLE APPLICABLE:      STUDENT      BETWEEN JOBS      LEAVE OF ABSENCE      TRAVEL      OTHER															
O) NAME OF EMPLOYER OR MILITARY UNIT										FROM (MO/YR)		TO (MO/YR)			
ADDRESS (NUMBER / STREET OR BASE)								SUPERVISOR (REQUIRED)							
CITY						STATE		ZIP		CONTACT NUMBER		EXT			
JOB TITLE								EMAIL							
DUTIES / ASSIGNMENTS								F-T    P-T    TEMP SELF-EMPLOYED    VOLUNTEER							
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS & EMAILS (REQUIRED)								REASON FOR WANTING TO LEAVE							
1)				2)											
P) PERIOD OF UNEMPLOYMENT										FROM (MO/YR)		TO (MO/YR)			
CIRCLE APPLICABLE:      STUDENT      BETWEEN JOBS      LEAVE OF ABSENCE      TRAVEL      OTHER															
Q) NAME OF EMPLOYER OR MILITARY UNIT										FROM (MO/YR)		TO (MO/YR)			
ADDRESS (NUMBER / STREET OR BASE)								SUPERVISOR (REQUIRED)							
CITY						STATE		ZIP		CONTACT NUMBER		EXT			
JOB TITLE								EMAIL							
DUTIES / ASSIGNMENTS								F-T    P-T    TEMP SELF-EMPLOYED    VOLUNTEER							
NAMES OF CO-WORKERS & DAYTIME PHONE NUMBERS & EMAILS (REQUIRED)								REASON FOR WANTING TO LEAVE							
1)				2)											
27. Have you ever been disciplined at work? (This includes verbal/written warnings, informal/formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions) .....														YES	NO
28. Have you ever been fired, released from probation, or asked to resign from any place of employment? .....														YES	NO
29. Have you ever been involved in a physical or verbal altercation with a supervisor, co-worker, or customer? .....														YES	NO

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 12 OF 23

30. Have you ever quit without giving proper notice? .....		YES	NO
31. Have you ever resigned in lieu of termination? .....		YES	NO
32. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? .....		YES	NO
33. Have you ever been the subject of a written complaint at work? .....		YES	NO
34. Have you ever been counseled at work due to tardiness or absences? .....		YES	NO
35. Have you ever received an unsatisfactory performance review? .....		YES	NO
36. Have you ever sold, released, or given away legally confidential information? .....		YES	NO
37. Have you ever called in sick when you were neither sick nor caring for a sick family member? ..... If Yes, how many sick days have you used in the past five (5) years which were not due to illness?		YES	NO
If you have answered “YES” to Questions 27 - 37, explain (include when, where and circumstances). If more space is needed continue your response on page 22:			
38. In the past three (3) years, have you ever missed days or been late to work due to drug or alcohol consumption? ..... If yes, how often?		YES	NO
39. Has your work performance ever been affected by your use of drugs or alcohol? .....		YES	NO
WHEN?	NAME OF EMPLOYER		
40. Have you ever been warned by an employer about your drinking or drug habits and their impact of your performance? .....		YES	NO
WHEN?	NAME OF EMPLOYER		
41. Have you <b>ever</b> applied to any other law enforcement agency (city, county, state or federal)? ..... <ul style="list-style-type: none"> <li>If yes, list <b>every</b> agency you have applied to, starting with the most recent. Give complete and accurate addresses.</li> <li>All agencies must be listed regardless of the outcome or current status. Circle the steps/status as they apply for each agency.</li> <li>If more space is needed, continue your response on page 22.</li> </ul>		YES	NO
A) NAME OF AGENCY		DATE APPLIED (MO/YR)	
ADDRESS (NUMBER / STREET)		BACKGROUND INVESTIGATOR’S NAME (IF KNOWN)	
CITY	STATE	ZIP	CONTACT NUMBER
POSITION APPLIED FOR		EXT	
EMAIL			
Check each step in the process you have <b>COMPLETED</b> and your current status			
STEPS:	APPLICATION	WRITTEN EXAM	PHYSICAL ABILITY EXAM
STATUS:	HIRED	ON LIST	WITHDRAWN
			DISQUALIFIED (DESCRIBE THE REASON FOR THE DISQUALIFICATION)
			ORAL BOARD
			POLYGRAPH/ CVSA
			BACKGROUND INVESTIGATION
			CHIEF’S ORAL
			CONDITIONAL JOB OFFER

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 13 OF 23

41. Have you <b>ever</b> applied to any other law enforcement agency... <i>Continued</i>									
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)					
42. Did you register for the Selective Service as required by Federal Law? ..... YES NO									
What is your Selective Service number and registration date? _____									
Selective Service number and registration date is available at <a href="https://www.sss.gov/Registration/Check-a-Registration/Verification-Form">https://www.sss.gov/Registration/Check-a-Registration/Verification-Form</a>									
43. BRANCH OF SERVICE							44. DATES OF SERVICE FROM (MO/YR) TO (MO/YR)		
45. TYPE OF DISCHARGE	ENTRY LEVEL	HONORABLE	GENERAL	OTH (OTHER THAN HONORABLE)			BAD CONDUCT	DISHONORABLE	
RE-ENTRY CODE (1-4) IF APPLICABLE – REFER TO YOUR DD-214:									
46. Are you currently participating in one of the following? Military Reserve National Guard					Date your obligation ends:				
47. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, and/or company punishment)? .....								YES	NO
48. Were you ever denied security clearance or have you had your clearance revoked, suspended or downgraded? .....								YES	NO
49. Have you ever been reduced in rank as punishment? .....								YES	NO
If you have answered "NO" to <b>Question 42</b> , or if you answered "YES" to Questions 47, and/or 49, explain (include dates and circumstances). If more space is needed continue your response on page 22:									

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 14 OF 23

50. INCOME AND EXPENSE: For each of the following questions fill in the amounts to the nearest dollar.		
A) From your employer(s), what is your <b>TAKE-HOME</b> monthly income? .....	\$	Per Month
B) What is the <b>TAKE-HOME</b> monthly income of your spouse or significant other? .....	\$	Per Month
C) Do you have any other income other than your salary or wages? .....	YES	NO
If “YES” fill in the amount:.....	\$	Per Month
Explain:		
D) How much do you spend each month? .....	\$	Per Month
Estimate your monthly living expenses; include housing, utilities, credit cards or other loan repayments, food, gas, car maintenance, entertainment, etc. as well as, any other obligations you may have.		
51. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? .....	YES	NO
52. Have any of your bills ever been turned over to a collection agency? .....	YES	NO
53. Have you ever had any purchased goods repossessed? .....	YES	NO
54. Have your wages ever been garnished? .....	YES	NO
55. Have you ever been delinquent on income or other tax payments? .....	YES	NO
56. Have you ever failed to file income tax or cheated/lie on an income tax form? .....	YES	NO
57. Have you ever had an employment bond refused? .....	YES	NO
58. Have you ever avoided paying a lawful debt by moving away? .....	YES	NO
59. Have you ever defaulted (failed to pay) on a loan? .....	YES	NO
60. Have you ever borrowed money to pay for a gambling debt? .....	YES	NO
If yes, do you currently have any outstanding debts as a result of gambling? .....	YES	NO
61. Have you ever spent money for illegal purposes (e.g. illegal drugs, prostitution, purchase of fraudulent documents, etc.)? .....	YES	NO
62. Have you ever failed to make or been late on a court-ordered payment (e.g. child support, alimony, restitution, etc.)? .....	YES	NO
63. Have you ever knowingly written a bad check? .....	YES	NO
<p>If you have answered “YES” to any of Questions 51-63 explain (include when, where and why; indicate corresponding question #). If more space is needed continue your response on page 22:</p>		

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 15 OF 23

## DISCLOSURES OF ARRESTS AND CONVICTIONS

This section requires you to report detentions, arrests and convictions, including diversion programs that were not successfully completed and in some cases offenses which may have been pardoned. **It is strongly recommended you consult with an attorney before omitting any information.**

64. Have you ever been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the uniform code of Military Justice)? ..... YES NO

If yes explain each incident in the spaces below, If more space is needed continue your response on page 22.

A) APPROXIMATE DATE (MO/YR)		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROXIMATE DATE (MO/YR)		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROXIMATE DATE (MO/YR)		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
65. Have you ever been placed on court probation as an adult? ..... YES NO			
66. Have you ever been required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ..... YES NO			
67. Have you ever been a party in a civil lawsuit (e.g. divorce, small claims actions, child/spousal support, etc.)? ..... YES NO			
68. Have the police ever been called to your home for any reason? ..... YES NO			
69. Have you or your spouse/partner ever been referred to Child Protective Services? ..... YES NO			
70. Do you currently have or have you ever had any association with persons convicted/charged with crimes categorized as a felony? ..... YES NO If yes, please provide the person's full name, relationship, frequency of contact and charges convicted of, in the space provided.			
71. Have you ever been the subject of an emergency protective order, restraining order or stay-away order? ..... YES NO			
72. Have you settled a civil suit in which you, your insurance company, or anyone else on your behalf was required to make a payment to another party? ..... YES NO			
73. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or any other state or federal assistance? ..... YES NO			

74. Have you ever filed a false insurance or worker's compensation claim? .....			YES	NO
<p>If you answered "YES" to any of <b>Questions 65-74</b>, explain (include court case or document(s), dates and circumstances; indicated corresponding question #). If more space is needed continue your response on page 22:</p>				
75. INVOLVEMENT IN CRIMINAL ACTS – PART 1				
<p>Have you ever committed or been accused of the following misdemeanors? <b>NOTE: You may not withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you from reporting the detention, arrest or conviction that arose from it.</b></p>				
A) Animal abuse and/or neglect .....			YES	NO
B) Annoying, obscene, or harassing contacts by telephone or other electronic communication device (email, text messages, messaging services, etc.) .....			YES	NO
C) Battery (use of force or violence upon another) .....			YES	NO
D) Brandishing a weapon (any type of weapon) .....			YES	NO
E) Carrying a concealed weapon without a permit .....			YES	NO
F) Contributing to the delinquency of a minor .....			YES	NO
G) Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) .....			YES	NO
H) Driving under the influence of alcohol and/or drugs .....			YES	NO
I) Drunk in Public (being so intoxicated in a public place you are not able to care for yourself) .....			YES	NO
J) Filed a false police report, made false statements to a police officer or 911 operator .....			YES	NO
K) Hit & Run collision (no injuries) .....			YES	NO
L) Gambled illegally .....			YES	NO
M) Hunting or fishing illegally (example: out of season or without a license) .....			YES	NO
N) Impersonated (pretended to be) a police officer or government official .....			YES	NO
O) Indecent exposure (including flashing or mooning) and/or lewd or obscene conduct .....			YES	NO
P) Intentionally wrote a bad check .....			YES	NO
Q) Joyriding (using a car or other vehicle without owner's permission).....			YES	NO
R) Petty larceny (value up to \$650, including shoplifting/switching price tags).....			YES	NO
S) Possessed or consumed alcohol as a minor .....			YES	NO
T) Possession of falsified or altered identification, including use of another person's ID (for any reason) .....			YES	NO
U) Possession of stolen property (including, but not limited to, vehicles, credit/debit cards) .....			YES	NO
V) Prostitution or solicitation of prostitution (including, patronizing illegal massage parlors) .....			YES	NO
W) Reckless driving .....			YES	NO
X) Resisted arrest and/or delayed or obstructed an officer (including, but not limited to, running from the police) .....			YES	NO
Y) Trespassed .....			YES	NO

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 17 OF 23

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

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

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

## 76. INVOLVEMENT IN CRIMINAL ACTS – PART 2

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

A) Arson (Intentionally destroying property by setting a fire) .....	YES	NO
B) Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death) ....	YES	NO
C) Blackmail or extortion.....	YES	NO
D) Burglary (entering a structure or vehicle to commit theft or other crime) .....	YES	NO
E) Child molestation (performing unlawful acts with a child, inappropriate touching of a child) .....	YES	NO
F) Downloading, viewing and/or possessing child pornography .....	YES	NO
G) Elder abuse and/or neglect (physical and/or financial) .....	YES	NO
H) Embezzlement (theft of money or other valuables entrusted to you) .....	YES	NO
I) Felony drunk driving (involving injuries or three or more convictions in a lifetime) .....	YES	NO
J) Forcible rape of other act of unlawful intercourse .....	YES	NO
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.) .....	YES	NO
L) Fraudulent use of a credit, ATM, debit, and/or check card? .....	YES	NO
M) Grand theft (value of \$651 or more, or any firearm) .....	YES	NO
N) Hit & run (with injuries) .....	YES	NO
O) Hate crime .....	YES	NO
P) Illegal sex acts .....	YES	NO
Q) Insurance fraud .....	YES	NO
R) Murder or homicide, including attempted .....	YES	NO
S) Perjury (lying under oath) .....	YES	NO
T) Possession of an explosive, destructive and/or distraction device .....	YES	NO
U) Robbery (theft from another person using a weapon, force or fear) .....	YES	NO
V) Stalking .....	YES	NO

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

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

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

**Questions 77 and 78** relate to your current and past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription or over-the-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

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

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

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

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

SOLD

PURCHASED

CULTIVATED

MANUFACTURED

FURNISHED

CARRIED OF HELD FOR ANOTHER

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

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

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

STATE OF ISSUE	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED AND NUMBER IF KNOWN

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

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

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

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

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

A) TYPE OF COVERAGE		VEHICLE MAKE		YEAR	VEHICLE LICENSE/STATE	
INSURED BONDED CASH DEPOSIT						
INSURANCE COMPANY				POLICY NUMBER		EXPIRATION DATE
ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP	CONTACT NUMBER	
B) TYPE OF COVERAGE		VEHICLE MAKE		YEAR	VEHICLE LICENSE/STATE	
INSURED BONDED CASH DEPOSIT						
INSURANCE COMPANY				POLICY NUMBER		EXPIRATION DATE
ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP	CONTACT NUMBER	
C) TYPE OF COVERAGE		VEHICLE MAKE		YEAR	VEHICLE LICENSE/STATE	
INSURED BONDED CASH DEPOSIT						
INSURANCE COMPANY				POLICY NUMBER		EXPIRATION DATE
ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP	CONTACT NUMBER	

# PERSONAL HISTORY STATEMENT – SWORN APPLICANT

PAGE 20 OF 23

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

A) NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN (CIRCLE ALL THAT APPLY)		
MONTH	YEAR	NOT GUILTY	FINED	TRAFFIC SCHOOL
		DISMISSED		
B) 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) 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:

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

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

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

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

If you have answered "YES", give reason:

DATE VIOLATION OCCURRED		LOCATION (NUMBER /STREET/APT)	CITY	STATE	ZIP
MONTH	YEAR				
87. Have you ever been refused automobile liability insurance or a bond or had them cancelled? ..... YES NO					
If you have answered "YES", give reason:				INSURANCE COMPANY	
DATE VIOLATION OCCURRED		LOCATION (NUMBER /STREET/APT)	CITY	STATE	ZIP
MONTH	YEAR				

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

## PERSONAL HISTORY STATEMENT – SWORN APPLICANT

**PAGE 21 OF 23**

88. Do you currently have a concealed weapon permit?.....	YES	NO
89. Have you ever been refused a concealed weapon permit? .....	YES	NO
90. Are you now or have you ever been, a member or associate of a criminal enterprise, street gang or any other group which advocated violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability? .....	YES	NO
91. Do you have, or have you ever had, a tattoo signifying membership in or affiliation with a criminal enterprise, street gang or any other group which advocated violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability? .....	YES	NO
92. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or violent act?.....	YES	NO
93. Have you ever hit or physically overpowered a spouse or romantic partner? .....	YES	NO
If you have answered "YES" to any of Questions 88-93, give details including dates and circumstances; identify the corresponding question being referenced:		
93. I hereby certify I have personally completed each page of this form and any supplemental page(s) attached and all statements made are true and complete to the best of my knowledge and belief. I understand any misstatement of material fact may subject me to disqualification or if I have been appointed, may disqualify me from continued employment.		
SIGNATURE IN FULL		DATE

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.

**PAGE 23 OF 23**

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

DATE \_\_\_\_\_

## **REQUIRED DOCUMENT AGREEMENT-SWORN**

All Agreements and Documents are required. If any documentation cannot be obtained, you must provide a full explanation in writing of the effort made to obtain and why you did not. By failing to do so, you may be disqualified from further consideration.

### **All Agreements listed are required – for eSOPH users, upload into the Agreements section**

1. **Pre-Employment Waiver and Liability** – Notary Required
  2. **Nevada Dept. of Corrections Waiver** – Notary Required
    - 2 pages. If you were not employed by NDOC, then you only Sign, Date, and Print Name on page 1, then have page 2 notarized. If you are/were employed by NDOC, complete the full form. DO NOT FAX THIS WAIVER.
  3. **Military Waiver** – You **must** complete Name, SSN, Date of Birth, Place of Birth and Signature
    - If you were or currently are in the military, complete the entire form
  4. **Child Support Waiver** – POST ID is only applicable if you are already Nevada POST Certified
  5. **Fingerprint Request Form** – Completed and Signed by the official person taking prints.
    - If you live outside the state of Nevada – Mail the hard copy fingerprint cards to:  
Nevada DPS-Backgrounds | 555 Wright Way | Carson City, Nevada 89701
  6. **Fingerprint Background Waiver** – 2 pages
  7. **Required Document List** (this form)
- 

### **All Documents listed are required – for eSOPH users, upload into the Documents section**

**\*\*Name the following Documents as underlined when uploading into eSOPH\*\***

1. **BIRTH CERTIFICATE** – Upload an original copy of your birth certificate or other official proof of birth
  2. **ICIMS** – Refer to the agreement in eSOPH titled “Accessing ICIMS Application Instructions” for assistance. If not using eSOPH, contact your DPS Human Resource Technician for assistance. The Background Unit cannot assist with accessing this system.
  3. **AUTO INSURANCE** – Declaration page(s) providing coverage details and all covered drivers for the vehicle. This is NOT the card carried in the vehicle. Contact your agent for assistance in obtaining this document.
  4. **CREDIT REPORT** – A full credit report, to include all payment history. Obtain a free copy of your full credit report at [www.annualcreditreport.com](http://www.annualcreditreport.com)
  5. **HS TRANSCRIPT** – Certified high school or GED transcript from all schools attended, regardless of duration. Must be sent by the school or distributor to [background@dps.state.nv.us](mailto:background@dps.state.nv.us), or mailed directly to: Nevada DPS-Backgrounds | 555 Wright Way | Carson City, Nevada 89701 (this will be uploaded by the Background Unit)
- 

### **All Images listed are required – for eSOPH users, upload into the Images section**

1. **HEADSHOT** – Clear headshot, directly facing camera. Must be taken in last 24 hours.
  2. **TATTOO(s)** – Clear photos of EACH tattoo and/or branding you have.
-

**Additional Documents – for eSOPH users, upload into the Documents section**

**\*\*Name the following Documents as underlined when uploading into eSOPH\*\***

**The following documents may not apply to you; however, if you fail to provide any of the following documents and it is discovered that they do apply, you may be disqualified from further consideration.**

1. **NATURALIZATION** – Original copy of Naturalization Certificate/Document
2. **COLLEGE TRANSCRIPT** – Certified college transcript from all schools attended, regardless of duration. Must be sent by the school or distributor to [background@dps.state.nv.us](mailto:background@dps.state.nv.us), or mailed directly to: Nevada DPS-Backgrounds | 555 Wright Way | Carson City, Nevada 89701 (this will be uploaded by the Background Unit)
3. **HS DIPLOMA/GED** – Copy of high school diploma or GED Certificate (only if you have access to it)
4. **COLLEGE DIPLOMA** – Copy of college diplomas or degrees (only if you have access to it)
5. **SELECTIVE SERVICE** – Proof of registration, generally required for male citizens or immigrants living in the US. Visit [www.sss.gov](http://www.sss.gov) and click “Check Registration” to obtain this.
6. **DD214** – If you served in the military
7. **POST** – If you are POST certified in this state, or any other jurisdiction
8. **MARRIAGE** – Marriage certificate for each marriage
9. **DIVORCE** – Dissolution/Annulment documents for each divorce
10. **POLICE** – All reports where you are named in any capacity (victim, suspect, person of interest, or similar). If previously employed in law enforcement, do not provide reports where you are named in relation to your legitimate, official duties of a non-negative manner.
11. **COURT** – All records where you are named in any capacity (victim, suspect, person of interest, or similar). If previously employed in law enforcement, do not provide reports where you are named in relation to your legitimate, official duties of a non-negative manner.
12. **LICENSE** – All professional licenses/permits (private investigator, security guard, or similar), including CCW.
13. **TPO** – Copy of any Order issued or filed against you (Emergency, Protection, Restraining, Stay Away, or similar)
14. **BANKRUPTCY** – Discharge paperwork for each bankruptcy filed
15. **BUS TAX** – Forms 1065 and Schedule K-1 for any business type you have/had ownership in the past 10 years.
16. **OTHER** – Any other documentation, including certificates, awards, commendations, or similar.

---

**CERTIFICATION**

I certify that I have read, understand, and have not omitted any information as required above.

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 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

City

NV

State

89701

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

Email Address



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

**VETERAN STATUS, CHILD SUPPORT STATEMENT AND PERSONAL AFFIRMATION**

- This document must be retained on file by the employing agency for inspection and must include the social security number of the applicant (NRS 289.560)
- Make a copy of this document and **redact the first 5 numbers of the social security number** showing only the last 4 digits of the social security number and **submit as an attachment** to the Basic Certificate Application (Formatta form).

**Veteran Status**

Are you a Military Veteran? YES ☐ NO ☐

**Statement Regarding Payment of Child Support**

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

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

**Personal Affirmation**

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

Applicant's Social Security Number \_\_\_\_\_ POST ID# \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Type or Print Name First MI Last Suffix

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

BOARD OF  
COMMISSIONERS  
STEVE SISOLAK  
Governor  
BARBARA CEGAVSKE  
Secretary of State  
ADAM PAUL LAXALT  
Attorney General



# STATE OF NEVADA DEPARTMENT OF CORRECTIONS

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

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



Steve Sisolak  
Governor  
James Dzurenda  
Director

**Please fax request to 702-486-9955**

## AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

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

Signature

Date

Print Name

Work Location

Emp. ID Number

**Name of Law Enforcement Agency/Agent:**

Nevada Department of Public Safety-Backgrounds

**Mail request to following address:**

555 Wright Way, Carson City, Nevada 89701

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

background@dps.state.nv.us

## WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under and all causes of legal action, the State of Nevada, the Department of Corrections, its agents or employees, and any and all persons or entities in the pursuance of my background investigation.

## RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, the State of Nevada, Department of Corrections, its agents or employees, during the course of my background investigation, to furnish **NEVADA DEPARTMENT OF PUBLIC SAFETY – BACKGROUND INVESTIGATION UNIT**, any and all information that they may have concerning me, including, but not limited to, any confidential or privileged information, employment personnel files, any sealed data or materials, or agreed to be withheld information pursuant to any prior agreement or court proceeding involving disciplinary matters or any other information or opinions they may have.

## INVESTIGATION DISCOVERY WAIVER

Pursuant to NAC 284.718 and NAC 284.726, confidentiality is imperative. Therefore, I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever, that may accrue to myself, my heirs, or my personal representative(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Waiving Rights

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary (Notary Seal)

Notary public in and for said county of \_\_\_\_\_

State of \_\_\_\_\_



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 ( ): \_\_\_\_\_ : \_\_\_\_\_

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.

Applicant:

                      
*Initial*

                      
*Date*

6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize Nevada DPS – Background Unit (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

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

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

Applicant's Name:

PLEASE PRINT

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Account #: \_\_\_\_\_

Agency Representative:

PLEASE PRINT

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_