

Brian Sandoval  
Governor



James M. Wright  
Director

## Background Investigation Unit

555 Wright Way  
Carson City, Nevada 89711  
Telephone (775) 684-4836 • Fax (775) 684-4845  
www.dps.nv.gov

Patrick Conmay  
Acting Deputy Director

### CIVILIAN APPLICANT BACKGROUND INVESTIGATION PROCEDURES

Dear Applicant:

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

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

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

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

In an effort to determine your ability to meet these job dimensions, an extensive background investigation will be conducted. This background investigation is intended to help us verify the information you provide in your Personal History Statement (PHS). **Be thorough, legible, accurate and honest in completing your PHS. Omissions, inaccuracies, or incomplete information can be cause for rejection from the background process.** Please be sure to have your **fingerprint cards** completed at your local law enforcement agency or **LiveScan** (see instructions for further information) vendor and fill in your pertinent information in **blue ink**. 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.

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.

Complete the **Personal History Statement** on your own and return **all** the accompanying documents within two weeks (sooner if possible) or by the date established by the hiring manager. The completed PHS should be submitted to:

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

NOTE: Your background investigation will be closed if you fail to respond to your assigned Background Investigator's attempts to contact you within 10 days.

**State of Nevada Department of Public Safety**  
**SELECTION CRITERIA**  
**CIVILIAN APPLICANT**

1. **Automatic Rejection Elements:** Factors discovered during an applicant background by interview or investigation.
  - A. Any violation of public trust while previously employed in law enforcement or other public service.
  - B. Intentional falsification, deception, or omission of information during the application and background investigation process.
  
2. **Possible Rejection Elements:** The following factors will be considered on a case by case basis and may serve as the basis for rejection.
  - A. A conviction of a felony in this State or a conviction in another state which would be a felony if committed in this State.
  - B. A conviction of any offense involving the illegal use, sale, or manufacture of controlled substances.
  - C. Conviction of one D.U.I. within the last five (5) years, or two (2) D.U.I. convictions in a lifetime.
  - D. Has a documented history of physical violence.
  - E. Has a domestic violence conviction.
  - F. Any illegal use of a controlled substance within one year of the date of application.
  - G. The discovery of an undisclosed crime that would adversely affect the applicant's work performance.
  - H. Convictions of gross misdemeanor in this State or any offense in another State which would be considered as such if committed in this State.
  - I. Conviction of an offense resulting in incarceration.
  - J. Suspension, revocation or cancellation of a driver's license within three (3) years of the date of application, or two (2) or more suspensions, revocations or cancellations.
  - K. Three (3) or more hazardous traffic violations within three (3) years of the date of application.
  - L. Fraudulent use of employment or sick leave within ten (10) years of the date of application.
  - M. Termination for cause from a previous employer.

- N. Separation from the United States Armed Forces under less than “honorable” conditions having a basis in misconduct.
  - O. Unfavorable recommendations from past or present references, employers, or landlords.
  - P. A history of sporadic or inconsistent employment.
  - Q. A history of alcohol or controlled substance abuse, which has hampered job performance within five (5) years of the date of application.
  - R. Any affiliation with and/or support of any organization or group which advocates the violent overthrow of the State or United States government, or whose professed goals are contrary to the interest of the public safety and welfare.
  - S. Any conclusion by an appointing authority that the applicant is unsuitable for work in a law enforcement environment.
  - T. Any factor or combination of factors, which would limit or prohibit the applicant from functioning successfully as a member of the Department of Public Safety, or would be detrimental to the Department.
3. The Director, or his designee, may at his/her discretion override any of the criteria set forth above.

## **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. Be sure to sign the page title Drug Use Questionnaire, Continued even if not applicable. Ensure that you read and understand the Penalty and Certification clause on the last page of the Personal History Statement before signing.
4. Answer **ALL** questions completely. Be sure to include full addresses, zip codes, area codes, etc. If the question does not apply to you, enter “**N/A**” (not applicable) in the appropriate space. If you do not know the answer to the question, enter “**UNK**” (unknown) in the appropriate space. It is **imperative** that you reply to every question in the Personal History Statement. Do not leave blanks. Again, failure to complete the Personal History Statement may cause rejection.
5. If you require more space to answer a question completely, a continuation page has been provided. If this page is not sufficient, attach additional 8-1/2 x 11 inch, white sheets of paper to the back of the Personal History Statement. Be sure to identify which question you are answering by its correct number.
6. Print (do not use cursive) all of your answers in **blue ink**.
7. The original Personal History Statement will not be returned to you. Retain a copy for your records.

### **Disclosure of Medically-Related Information**

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability related information about themselves in response to questions on this form or to any other inquiry made prior to receiving a conditional offer of employment.

**PERSONAL HISTORY STATEMENT – 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		APT/UNIT
NUMBER/STREET		
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

- 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	<b>A. FATHER</b>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
NAME					
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
N/A	<b>B. STEP-FATHER</b>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
NAME					
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
N/A	<b>C. MOTHER</b>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
NAME					
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
N/A	<b>D. STEP-MOTHER</b>	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
NAME					
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		

**PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT**

**SECTION 2: RELATIVES** *Continued*

13. IMMEDIATE FAMILY *continued*

N/A	E. SPOUSE / REGISTERED DOMESTIC PARTNER / SIGNIFICANT OTHER				
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
N/A	F. FATHER-IN-LAW				
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
N/A	G. MOTHER-IN-LAW				
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
N/A	H. FORMER SPOUSE(S) / FORMER REGISTERED DOMESTIC PARTNERS(S) / FORMER SIGNIFICANT OTHERS				
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
WORK PHONE		OCCUPATION			
HOME PHONE		CELL PHONE	EMAIL		
N/A	I. BROTHERS AND SISTERS – List all living siblings, including half-siblings, step-siblings, foster siblings, etc.				
1) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
M		WORK PHONE	OCCUPATION		
F		HOME PHONE	CELL PHONE	EMAIL	
UNDER AGE 18					
2) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
M		WORK PHONE	OCCUPATION		
F		HOME PHONE	CELL PHONE	EMAIL	
UNDER AGE 18					
3) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
M		WORK PHONE	OCCUPATION		
F		HOME PHONE	CELL PHONE	EMAIL	
UNDER AGE 18					

**PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT**

**SECTION 2: RELATIVES** *Continued*

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

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

N/A J. CHILDREN

List all of your living children, including 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.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)			
	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
		CONTACT NUMBER	EMAIL		



**PERSONAL HISTORY STATEMENT – 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? ..... 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	<b>PRESENT</b>
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER					CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL			
NAME OF THOSE WITH WHOM YOU LIVED:						
REASON FOR MOVING:						
B) FORMER ADDRESS (NUMBER/STREET/APT)				FROM (MO/YR)	TO (MO/YR)	
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER			
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER					CONTACT NUMBER	
CITY	STATE	ZIP	EMAIL			
NAME OF THOSE WITH WHOM YOU LIVED:						
REASON FOR MOVING:						

**PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT**

**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				
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					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				
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					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				
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					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			
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 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			
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 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			
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 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			
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 1) _____ 2) _____					REASON FOR WANTING TO LEAVE		
N) PERIOD OF UNEMPLOYMENT						FROM (MO/YR)	TO (MO/YR)
CIRCLE APPLICABLE:    STUDENT    BETWEEN JOBS    LEAVE OF ABSENCE    TRAVEL    OTHER							
24. Have you ever been disciplined at work? (This includes written warnings, 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. Were you ever 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 of 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, when, where and circumstances):							
35. Have you ever missed days or been late to work due to drug or alcohol consumption? .....						YES	NO
If yes, how often?							
36. Has your work performance ever been affected by your use of drugs or alcohol? .....						YES	NO
WHEN?		NAME OF EMPLOYER					
37. Have you ever been warned by an employer about your drinking or drug habits and their impact of your performance? .....						YES	NO
WHEN?		NAME OF EMPLOYER					

**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 <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					

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					

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					

**SECTION 7: MILITARY EXPERIENCE**

39. Are you required to register for the Selective Service? ..... YES NO

If yes, have you registered? ..... YES NO

If no, explain: .....

40. BRANCH OF SERVICE	41. DATES OF SERVICE FROM (MO/YR) TO (MO/YR)
-----------------------	---

41. TYPE OF DISCHARGE:	ENTRY LEVEL	HONORABLE	GENERAL	OTH (OTHER THAN HONORABLE)	BAD CONDUCT	DISHONORABLE
RE-ENTRY CODE (1-4) IF APPLICABLE – REFER TO YOUR DD-214:						

**PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT**

**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. Were you ever 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 or have you ever had any association with persons convicted/charged with crimes categorized as a felony? ..... If yes, please provide the person's full name, relationship, frequency of contact and charges convicted of, in the space provided.	YES	NO
53. Have you ever been the subject of an emergency protective order, restraining order or stay-away order? .....	YES	NO
54. Have you settled any 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 other state or federal assistance? .....	YES	NO
56. Have you ever filed a false insurance or worker's compensation claim? .....	YES	NO

If you have answered "YES" to Questions 24 - 34, explain (include, when, where and circumstances):

**SECTION 9: DRUG USE**

**Questions 57 and 58** 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 <b>NOT</b> 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

57. **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:

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

59. 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 period's and circumstances:

**PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT**

**SECTION 10: MOTOR VEHICLE OPERATION**

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

61. 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

62. 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):

63. Has your driver's license ever been suspended or revoked? ..... YES NO  
 If you have answered "YES", explain (include when, where and circumstances):

64. List all traffic citations, excluding parking citations; you have received in the past ten (10) years. If more space is needed, continue your response on page 16.

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

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Circle all that apply)  
 FAILURE TO APPEAR                      FAILURE TO COMPLETE TRAFFIC SCHOOL                      FAILURE TO PAY THE REQUIRED FINE  
 If circled, explain circumstances:

65. 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:

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

**PERSONAL HISTORY STATEMENT – CIVILIAN APPLICANT**

66. 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				

67. Have you ever driven a vehicle without automobile insurance as required by law? .....		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:

**SECTION 11: OTHER TOPICS**

68. Have you ever been refused a permit to carry a concealed weapon? .....	YES	NO
69. 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
70. 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
71. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or violent act?.....	YES	NO
72. Have you ever hit or physically overpowered a spouse or romantic partner? .....	YES	NO

If you have answered "YES" to any of Questions 68-72, give details including dates and circumstances; identify the corresponding question being referenced:

**SECTION 11: CERTIFICATION**

73. 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. Las Vegas Metro Police Department (LVMPD) Waiver – *Notarized* (Complete this form whether or not you have applied with the LVMPD).
- \_\_\_ 3. 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).
- \_\_\_ 4. 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).
- \_\_\_ 5. Fingerprint Background Waiver – Complete and Sign the Form.
- \_\_\_ 6. Birth Certificate or other official proof of birth.
- \_\_\_ 7. Copy High School Diploma or Transcripts
- \_\_\_ 8. Copy of College Diploma or Transcripts
- \_\_\_ 9. Military Discharge Long Form DD-214 (if applicable).
- \_\_\_ 10. 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.
- \_\_\_ 11. Copy of any active Temporary Restraining Order or Temporary Protection Order issued on your behalf or filed against you.
- \_\_\_ 12. 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



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 \_\_\_\_\_ (Agency). I, \_\_\_\_\_ (Applicant Name)

do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

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

RELEASE OF INFORMATION

I authorize, for a period of two (2) years from the date of signature on this document, any person or entity contacted by the State of Nevada, the Department of Public Safety, its agents or employees, during the course of my background investigation, to furnish to said persons or entities, any and all information that they may have concerning me, including, but not limited to, written examinations, physical agility tests, interviews, background investigations, polygraph or other lie detection device results, psychological evaluations, any confidential or privileged information, employment personnel files, any sealed data or materials, or agreed to be withheld information pursuant to any prior agreement or court proceeding involving disciplinary matters or any other information or opinions they may have.

NRS 239B STATES THAT UPON REQUEST OF A LAW ENFORCEMENT AGENCY, AN EMPLOYER SHALL PROVIDE TO THE LAW ENFORCEMENT AGENCY INFORMATION, IF AVAILABLE, REGARDING A CURRENT OR FORMER EMPLOYEE OF THE EMPLOYER WHICH IS AN APPLICANT FOR THE POSITION OF PEACE OFFICER WITH THE LAW ENFORCEMENT AGENCY. FURTHERMORE, NRS 41.755 STATES...AN EMPLOYER WHO DISCLOSES INFORMATION REGARDING AN EMPLOYEE TO A LAW ENFORCEMENT AGENCY PURSUANT TO SECTION 1 OF THIS ACT IS IMMUNE FROM CIVIL LIABILITY FOR SUCH DISCLOSURE AND ITS CONSEQUENCES.

INVESTIGATION DISCOVERY WAIVER

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

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

Signature of Person Waiving Rights

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

Signature of Notary

(Notary Seal)

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



**WAIVER OF LIABILITY AND AUTHORIZATION TO RELEASE INFORMATION**

TO LAS VEGAS METROPOLITAN POLICE DEPARTMENT:

I, \_\_\_\_\_, hereby authorize you to furnish the Nevada  
Department of Public Safety any and all information concerning my employment with LAS VEGAS  
METROPOLITAN POLICE DEPARTMENT, any information, background investigation information,  
psychological and polygraph test results (pass or fail only), that was obtained as a result of my application  
for employment with the LAS VEGAS METROPOLITAN POLICE DEPARTMENT. Information of a  
confidential or privileged nature may be included.

FURTHERMORE, I hereby release LAS VEGAS METROPOLITAN POLICE DEPARTMENT of any and all  
liability or damage which may result by furnishing the information requested by the above-named organization  
on my behalf.

DATED this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

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

\_\_\_\_\_  
Notary Public, in and for

County of \_\_\_\_\_

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

# REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
--	----------------------	------------------	-------------------

### 5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown write "unknown")
a. ACTIVE				<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

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

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

DD 214 Form or equivalent. Year(s) in which form (s) issued to veteran: \_\_\_\_\_

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out. Authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dated of time lost.

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

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

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

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

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

Explain here: PRE-EMPLOYMENT BACKGROUND INVESTIGATION

## SECTION III - RETURN ADDRESS AND SIGNATURE

### 1. REQUESTER NAME: \_\_\_\_\_

2.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I above.  I am the VETERAN'S LEGAL GUARDIAN (MUST submit copy of Court Appointment) or AUTHORIZED REPRESENTATIVE (MUST submit copy of Authorization Letter or Power of Attorney)

I am the DECEASED VETERAN'S NEXT-OF-KIN (MUST submit Proof of Death. See item 2A on instructions sheet.)

\_\_\_\_\_  
(Relationship to deceased Veteran)

\_\_\_\_\_  
(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



### Background Investigation Unit

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

### FINGERPRINT REQUEST FORM

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

**APPLICANT INFORMATION:**

APPLICANT NAME: (LAST, FIRST, MI)

\_\_\_\_\_

APPLICANT ADDRESS:

\_\_\_\_\_

CITY, STATE, ZIP CODE:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

ACCOUNT NUMBER (MNU): NUF947 ORI: NVDPS0000

REASON FINGERPRINTED: CRIMINAL JUSTICE APPLICANT

SUBMIT FINGERPRINT ELECTRONIC LIVESCAN: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**FINGERPRINT SITE INFORMATION:**

TCN: \_\_\_\_\_

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.

\_\_\_\_\_  
SIGNATURE OF OFFICIAL TAKING PRINTS

\_\_\_\_\_  
DATE

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

Appointment Point of Contact for Northern and Southern Nevada

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

Northern Nevada Fingerprint Unit  
General Services  
Fingerprint Unit  
(775) 684-6262  
333 West Nye Lane  
Carson City, Nevada 89706

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

Background Investigation Unit  
555 Wright Way  
Carson City, Nevada 89701



## FINGERPRINT BACKGROUND WAIVER

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

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

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

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

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

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

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

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

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

Applicant's Name:

*PLEASE PRINT*

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

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

\_\_\_\_\_ Middle

Address: \_\_\_\_\_

*PLEASE PRINT*

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

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

Submitting Agency:

Nevada Department of Public Safety – Background Investigation Unit

Address: \_\_\_\_\_

555 Wright Way Carson City, Nevada 89701

Agency representative:

Johnson,

Gina

M.

*PLEASE PRINT*

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

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

\_\_\_\_\_ Middle

Agency Representative's Signature: \_\_\_\_\_

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