



Don Belcher
Chief of Police

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

6 Paiute Drive
Las Vegas, NV 89106

Phone: 702-471-0844

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Employment for Law Enforcement Officers

1. Employment Application
2. Written Examination (for non-certified applicants only)
3. Oral Board
4. Medical Examination (including drug screen)
5. Physical Agility
 - Run 300 meters in not more than 77 seconds
 - Complete not less than 18 push-ups
 - Complete not less than 15 sit-ups in 1 minute
 - Walk or run 1.5 miles in not more than 17 minutes and 17 seconds
 - Complete a vertical jump of not less than 14 inches
6. Polygraph Examination
7. Psychological Examination
8. Background Investigation

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT APPLICANT PERSONAL HISTORY QUESTIONNAIRE

READ CAREFULLY

YOUR APPLICATION IS SUBJECT TO A COMPLETE BACKGROUND REVIEW CONSISTING OF FAMILY, PERSONAL, FINANCIAL, AND EMPLOYMENT HISTORY. QUESTIONS RELATING TO AGE, HEIGHT, WEIGHT, AND PHYSICAL CHARACTERISTICS ARE FOR THE PURPOSE OF IDENTIFICATION IN OUR BACKGROUND INVESTIGATION ONLY.

ANY MISSTATEMENT OF FACT OR OMISSION OF MATERIAL INFORMATION REQUESTED IN THIS QUESTIONNAIRE WILL DISQUALIFY YOU FROM ANY EMPLOYMENT WITH THE LVPTPD. ALL RESPONSES MADE BY YOU WILL BE HELD IN THE STRICTEST CONFIDENCE.

READ INSTRUCTIONS

1. TYPE OR PRINT ALL ANSWERS IN BLACK INK.
2. ANSWER EVERY QUESTION. IF INFORMATION DOES NOT APPLY, INDICATE N/A IN THE BLANK SPACES.
3. ANSWER ALL QUESTIONS COMPLETELY. THIS INCLUDES FULL ADDRESSES, ZIP CODES, AREA CODES, ETC.
4. IF THERE IS INSUFFICIENT SPACE FOR YOUR ANSWERS, ATTACH ADDITIONAL SHEETS WITH APPROPRIATE REFERENCES TO THE QUESTION NUMBERS.
5. IF YOU ARE UNABLE TO FURNISH ANY PART OF THE INFORMATION AT THE TIME OF THE INTERVIEW, YOU WILL BE GIVEN TEN DAYS TO SUPPLY THE DATA TO THIS DEPARTMENT. FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION FROM THE SELECTION PROCEDURE.
6. DO NOT SIGN (ON THE LAST PAGE) OR HAVE THIS FORM NOTARIZED. THIS WILL BE DONE AT THE TIME OF YOUR BACKGROUND INVESTIGATION INTERVIEW.

PLEASE BRING THE FOLLOWING ORIGINAL DOCUMENTS, OR CERTIFIED COPIES, WHICH ARE APPLICABLE TO YOUR PERSONAL SITUATION. WE WILL MAKE COPIES OF YOUR DOCUMENTS AND RETURN THE ORIGINALS AT THE TIME YOU PRESENT THEM.

- | | |
|--|--|
| 1. BIRTH CERTIFICATE | 6. SOCIAL SECURITY CARD |
| 2. HIGH SCHOOL TRANSCRIPT OR GED | 7. SELECTIVE SERVICE # (MALES ONLY) |
| 3. COLLEGE DIPLOMA WITH GRADE TRANSCRIPT | 8. ALL LEGAL NAME CHANGE DOCUMENTS |
| 4. DD-214 OR STATEMENT OF SERVICE | 9. PROOF OF CITIZENSHIP (IF BORN ABROAD) |
| 5. VALID DRIVER'S LICENSE | |

IF YOU HAVE OTHER DOCUMENTS THAT REFLECT ADDITIONAL TRAINING, CERTIFICATION, EXPERIENCE, RECOMMENDATIONS, ETC., WE WOULD BE HAPPY TO CONSIDER THEM ALSO (HAVE COPIES AVAILABLE AT THE BACKGROUND INTERVIEW).

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

1. FULL NAME: _____
LAST FIRST MIDDLE
2. ALIAS: _____
(NICKNAMES, MAIDEN NAME, ANY OTHER NAMES YOU HAVE USED)
3. SEX: MALE ____ FEMALE ____ 4. S.S. NO. ____ - ____ - ____
5. CURRENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP
6. TELEPHONE NUMBERS: (____) _____
AREA CODE HOME PHONE
(____) _____
AREA CODE WORK PHONE
(____) _____
AREA CODE LOCAL MESSAGE PHONE
7. DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____
CITY COUNTY STATE
8. HEIGHT: ____' ____" WEIGHT: ____ LBS EYE COLOR: ____ HAIR COLOR: ____
9. IDENTIFIERS: _____
SCARS, DISTINGUISHING MARKS, TATTOOS, ETC.
10. ARE YOU A U.S. CITIZEN BY BIRTH? YES ____ OR NO ____
OR BY NATURALIZATION? YES ____ OR NO ____
CERTIFICATION NUMBER: _____
IF DERIVED, PARENT'S CERTIFICATION NUMBER: _____
NUMBER: _____ DATE: _____
PLACE: _____ COURT: _____
11. CURRENT MARTIAL STATUS: ____ NEVER MARRIED ____ MARRIED ____ DIVORCED
____ SEPARATED ____ ENGAGED ____ WIDOW/WIDOWER
12. IF YOU ARE, OR HAVE EVER BEEN MARRIED, PROVIDE THE FOLLOWING INFORMATION:
PRESENT MARRIAGE: _____
FIRST, MIDDLE, MAIDEN OR LAST NAME MO/ DAY/ YEAR
PRIOR MARRIAGES: _____
FIRST, MIDDLE, MAIDEN OR LAST NAME MO/ DAY/ YEAR

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

13. LIST ALL OF YOUR CHILDREN AS WELL AS ANY PERSON WHO IS ILLEGALLY DEPENDENT UPON YOUR SUPPORT, EXCEPT YOUR HUSBAND OR WIFE.

NAME	RELATION	AGE	STREET	CITY	STATE	ZIP

14. LIST THE FOLLOWING FAMILY MEMBERS IN ORDER, SHOWING RELATIONSHIP; PARENTS; GUARDIANS; STEP-PARENTS; FOSTER PARENTS; BROTHERS; SISTERS.

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

15. LIST ALL PLACES OF RESIDENCE, CITY, AND STATE ONLY. INCLUDE MILITARY.

MONTH/ YEAR FROM	MONTH/ YEAR TO	CITY	STATE

16. LIST FIVE PEOPLE **NOT RELATED** TO YOU AND **NOT FORMER EMPLOYEES**, WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS.

NAME	ADDRESS	PHONE NUMBER

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

17. COMPLETE EMPLOYMENT HISTORY (START WITH PRESENT POSITION AND WORK BACKWARDS). ACCOUNT FOR ALL TIME FRAMES, INCLUDING UNEMPLOYMENT AND/OR ATTENDING SCHOOL. ATTACH ADDITIONAL PAGES AS NEEDED FOLLOWING THIS FORMAT.

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

ATTACH ADDITIONAL PAGES IF NECESSARY.

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

18. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER?
____ YES ____ NO. IF YES, EXPLAIN:

19. SPOUSE'S EMPLOYER

NAME OF COMPANY	JOB TITLE	MONTHLY SALARY
ADDRESS		
SUPERVISOR	PHONE NUMBER	

20. DO YOU OR YOUR SPOUSE HAVE ANY OTHER SOURCE(S) OF INCOME? ____ YES ____ NO
IF YES, GIVE TOTAL AMOUNT AND SOURCE(S)

21. HAVE YOU EVER HAD ANY CREDIT PROBLEMS? (I.E. BANKRUPTCY, DELINQUENT ACCOUNTS, LIENS, CHARGE-OFFS, REPOSSESSIONS, FORCLOSURES, ETC.)

____ YES ____ NO. IF YES, WHERE AND WHEN AND GIVE DETAILS:

22. HAVE YOU EVER BEEN TERMINATED FOR CAUSE, DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR RESIGNED IN LIEU OF TERMINATION FROM AN EMPLOYER (EXCEPT MILITARY)?

____ YES ____ NO. IF YES, EXPLAIN:

____ **CHECK IF THIS INVOLVES A LAW ENFORCEMENT OR SIMILAR EMPLOYER.**

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23. HAVE YOU EVER BEEN DISCIPLINED FOR EXCESSIVE ABSENCES, TARDINESS, WORK PERFORMANCE, OR OTHER RELATED CONCERNS? ____ YES ____ NO. IF YES, EXPLAIN:

24. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER GOVERNMENTAL AGENCY AND HAD A BACKGROUND INVESTIGATION? ____ YES ____ NO IF YES, GIVE DETAILS BELOW:

NAME OF AGENCY	DATE	POSITION

25. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON? ____ YES ____ NO IF YES, GIVE DETAILS BELOW.

NAME OF AGENCY	DATE	PURPOSE

26. WERE YOU NOT HIRED BY ANY OF THESE AGENCIES AS A RESULT OF THE BACKGROUND INVESTIGATION? ____ YES ____ NO IF YES, GIVE DETAILS BELOW:

NAME OF AGENCY	DATE	REASON/DETAILS

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

27. SELECTIVE SERVICE NUMBER (MALES, UNDER 27 YEARS OF AGE) _____

28. HAVE YOU BEEN IN THE MILITARY (INCLUDING THE RESERVES, NATIONAL GUARD, ROTC)? YES NO IF YES, COMPLETE THE FOLLOWING CHART:

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	OCCUPATIONAL SPECIALTY

29. HAVE YOU BEEN DISCHARGED FROM YOUR MILITARY SERVICE?

YES NO IF YES, COMPLETE THE FOLLOWING CHART:

DATE SEPARATED/PROJECTED DATE	TYPE OF DISCHARGE

30. WERE YOU EVER THE SUBJECT OF A MILITARY CRIMINAL INVESTIGATION?

YES NO IF YES, EXPLAIN:

31. WERE YOU EVER THE SUBJECT OF MILITARY DISCIPLINE PURSUANT TO THE UNIFORM CODE OF MILITARY JUSTICE OR ANY SERVICE REGULATION?

YES NO IF YES, COMPLETE THE FOLLOWING CHART:

DATE	CHARGE	DISPOSITION

32. ARE YOU CURRENTLY A MEMBER OF THE U.S. RESERVE OR NATIONAL GUARD?

YES NO IF YES, COMPLETE THE FOLLOWING:

GRADE	SERIAL NUMBER	SERVICE	COMPONENT
ORGANIZATION NAME			
ADDRESS			
ACTIVE <u> </u> INACTIVE <u> </u>		INDICATE RESERVE OBLIGATION	

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

DRIVING HISTORY

33. GIVE THE FOLLOWING INFORMATION CONCERNING ALL DRIVER'S LICENSES YOU HAVE HELD OR NOW HOLD.

STATED ISSUED	DRIVER'S LIC. NO.	DATES FROM/TO	RESTRICTIONS

34. CHECK THE APPROPRIATE BOX IF YOUR LICENSE WAS EVER
____ SUSPENDED OR ____ REVOKED? IF YES, GIVE DETAILS.

35. HAVE YOU EVER BEEN ARRESTED OR CITED FOR DUI? ____ YES OR ____ NO
IF YES, EXPLAIN AND GIVE DATES.

36. LIST EACH TRAFFIC ACCIDENT YOU HAVE BEEN INVOLVED IN

DATE	CITY & STATE	CITED	INCIDENT
		____ YES ____ NO	
		____ YES ____ NO	
		____ YES ____ NO	
		____ YES ____ NO	
		____ YES ____ NO	
		____ YES ____ NO	

37. LIST ALL DRIVING CITATIONS (EXCLUDING PARKING TICKETS) YOU HAVE RECEIVED

DATE	CITY & STATE	CHARGE	DISPOSITION OR PENALTY

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

CRIMINAL HISTORY

38. HAVE YOU EVER HAD A WARRANT FOR YOUR ARREST?

___ YES ___ NO IF YES, WHEN AND WHERE

39. HAVE YOU EVER BEEN ARRESTED, DETAINED BY POLICE OR CITED INTO COURT (EXCLUDING TRAFFIC CITATIONS)?

___ YES ___ NO IF YES, COMPLETE THE FOLLOWING, LISTING ADULT & JUVENILE OCCURRENCES

DATE	CITY & STATE	OCCURRENCES	DISPOSITION OR PENALTY

40. SINCE THE AGE OF 18, HAVE YOU STOLEN ANYTHING VALUED OVER \$25.00?

___ YES ___ NO IF YES, EXPLAIN

41. HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL COURT ACTION?

___ YES ___ NO IF YES, EXPLAIN AND GIVE DATES

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42. HAVE YOU, YOUR SPOUSE, ANY MEMBERS OF YOUR FAMILY, OR ANY MEMBERS OF YOUR SPOUSE'S FAMILY EVER BEEN ARRESTED FOR A FELONY?

___ YES ___ NO IF YES, GIVE FULL DETAILS (NAME, ADDRESS, RELATIONSHIP, CHARGE)

43. HAVE YOU, YOUR SPOUSE, ANY MEMBERS OF YOUR FAMILY, OR ANY MEMBERS OF YOUR SPOUSE'S FAMILY EVER BEEN ASSOCIATED WITH ANY GANGS OR SUBVERSIVE GROUPS (MINUTEMEN, ARYAN BROTHERHOOD, ETC)?

___ YES ___ NO IF YES, PLEASE EXPLAIN IN A SEPARATE STATEMENT.

DRUG HISTORY

44. HAVE YOU EVER USED ANY OF THE FOLLOWING NOT PRESCRIBED TO YOU BY A PHYSICIAN?

CANNABIS SUBSTANCES

MARIJUANA? ___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

HASHISH? ___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

HASHISH OIL? ___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

STIMULANTS

COCAINE? ___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

AMPHETAMINES? ___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

OTHER STIMULANTS? ___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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DEPRESSANTS

BARBITURATES? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

BENZODIAZEPINES? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

METHAQUALONE? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

OTHER DEPRESSANTS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

NARCOTICS

OPIUM? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

MORPHINE? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

CODEINE? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

HEROIN? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

OTHER NARCOTICS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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HALLUCINOGENS

LSD? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

PEYOTE/MESCALINE? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

PCP? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

OTHER HALLUCINOGENS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

STEROIDS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

INHALANTS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

45. HAVE YOU EVER SOLD ANY DRUG OR CONTROLLED SUBSTANCE WITH OR WITHOUT PROFIT?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

46. HAVE YOU EVER DELIVERED ANY DRUG OR CONTROLLED SUBSTANCE WITH OR WITHOUT COMPENSATION?

___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

47. HAVE YOU EVER MANUFACTURED, GROWN, OR PRODUCED ANY DRUG OR CONTROLLED SUBSTANCE WITH OR WITHOUT COMPENSATION?

___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

48. HAVE YOU EVER INJECTED ANY DRUG OR CONTROLLED SUBSTANCE?

___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

49. HAVE YOU EVER USED SOMEONE ELSE'S PRESCRIPTION?

___ YES ___ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

EDUCATIONAL HISTORY

- | | | | |
|--|------|-------------------|-----------------|
| TYPE OF SCHOOL | NAME | DATE FROM (MO/YR) | DATE TO (MO/YR) |
| ADDRESS (#, STREET, CITY, STATE, ZIP CODE) | | | |

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

54. AFTER HIGH SCHOOL, HAVE YOU EVER RECEIVED DISCIPLINARY ACTION FROM A SCHOOL FOR ANY INFRACTION (I.E., PROBLEMS WITH OTHER STUDENTS, EXCESSIVE ABSENCES, EXCESSIVE TARDINESS, ETC.)?

____ YES ____ NO IF YES, LIST THE NAME OF THE SCHOOL, THE TYPE OF SCHOOL, AND
EXPLAIN.

55. DO YOU KNOW OF ANYTHING THAT WOULD HINDER YOU FOR EMPLOYMENT WITH A POLICE AGENCY OR PREVENT YOU FROM FULL DISCHARGING THE ESSENTIAL WORK FUNCTIONS OF SUCH EMPLOYMENT? (INCLUDING WORKING WEEKENDS AND/OR NIGHTS, TAKING A HUMAN LIFE IF NECESSARY, CARRYING A GUN, CONFORMING TO GROOMING STANDARDS ETC.)

 YES NO IF YES, EXPLAIN.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it's a scan of a physical document. There is no handwriting or other markings on the page.

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

DECLARATION OF TRUTHFUL STATEMENTS

_____ BEING FIRST DULY SWORN, DEPOSE AND
SAYS: THAT EACH OF THE SEVERAL FOREGOING STATEMENTS SUBSCRIBED TO BY
HIM/HER ARE TRUE, EXCEPT SUCH ARE MADE UPON INFORMATION AND BELIEFS, AND AS
TO THESE, HE/SHE VERIFY BELIEVED THE SAME TO BE TRUE.

HE/SHE FUTHER DEPOSES AND SAYS THAT IT IS FULLY UNDERSTOOD THAT ANY FALSE
STATEMENTS/OMISSIONS CONTAINED IN THIS DOCUMENT WILL BE GROUNDS FOR
IMMEDIATE DISQUALIFICATION FROM THE SELECTION PROCESS.

APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____, 20 _____

NOTARY'S SIGNATURE

STATE OF NEVADA
COUNTY OF CLARK



LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

Theodore R. Quasula
Chief of Police

AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF PRIVILEGE

As part of my application for the position of _____, I
_____ hereby authorize the Las Vegas Paiute Tribe and/or the Las
Vegas Paiute Tribal Police Department to receive information, written and oral, from various entities including but
not limited to the following:

- Federal Bureau of Investigation (including, but not limited to "rap sheets", the "Triple I Index" and/or any other information deemed advisable by the F.B.I. concerning my background)
- Any other agencies of the United States Government
- Any branch of the Armed Forces of the United States or any foreign government
- Any state, county, municipal, or tribal government agency, whether or not involved in law enforcement
- Any current and/or previous employer (Note: I understand that failure to authorize such contact(s) may result in disqualification of my application)
- Any reference provided by me

To the extent any public or private entity requires specific written authorization from me as a condition of releasing information, it is my desire that this document be considered such an authorization, and I hereby waive any privilege available to me under statute or the common law with regard to any information provided by any public or private agency and any representative thereof. Information of a confidential or privileged nature may be included.

Nevada Revised Statute 239B requires any current or previous employer to release any and all information to the Law Enforcement Agency regarding a current or former employee. This includes but is not limited to evaluations, attendance, disciplinary actions and rehire eligibility. Information released is strictly confidential and the employer is immune from Civil Liability for such disclosure and its consequences.

Furthermore, I hereby release you, your organization and others of any and all liability or damage which may result by furnishing the information requested by the above-named organization on my behalf.

It is my desire that a photocopy reproduction of this authorization have the same force and effect as the original.

APPLICANT SIGNATURE

DATE

STATE OF NEVADA
COUNTY OF CLARK

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON _____ BY _____

NOTARY PUBLIC

DATE

*Number Six Paiute Drive • Las Vegas, Nevada 89106-3261
Phone (702) 471-0844 • Fax (702) 471-1394*