LAS VEGAS METROPOLITAN POLICE DEPARTMENT APPLICANT PERSONAL HISTORY QUESTIONNAIRE (P.H.Q.)

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 BE GROUNDS TO DISQUALIFY YOU FOR ANY EMPLOYMENT WITH THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT. ALL RESPONSES MADE BY YOU WILL BE HELD IN THE STRICTEST CONFIDENCE.

IF YOU HAVE <u>NOT</u> ANSWERED ALL OF THE QUESTIONS CONTAINED IN THIS QUESTIONNAIRE, YOU WILL <u>NOT</u> BE INTERVIEWED, WHICH WILL RESULT IN DISQUALIFICATION FROM THE SELECTION PROCEDURE.

The documents listed below must be **ORIGINAL DOCUMENTS, OR CERTIFIED COPIES**. It may be necessary to order these original/certified documents. Upon receipt of any of these documents, **DO NOT OPEN**. Please bring the following 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
- High School Transcript (not Diploma) or GED Certificate AND GED Transcript
- 3. College Transcript (not Diploma)
- 4. DD-214 or Statement of Service (if you were/are in the military)
- 5. Valid Driver's License
- 6. Social Security Card

- 7. Selective Service Card (males under 27)
- 8. Proof of U.S. Citizenship (if born abroad)
- 9. All Legal Name Change Documents (marriage license, divorce papers, etc.)
- 10 Criminal Court documents (if applicable)
- 11. Social Security Work History Report (10yrs)
- LAW ENFORCEMENT ONLY
 IAB Clearance letter (pending/current investigation)

- 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 **COMPLETE STREET 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. Failure to furnish any part of the information at the time of the interview may 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.
- 7. **ATTACHED STATEMENTS** can be hand-written or typed, and **MUST HAVE ORIGINAL SIGNATURE**.

You may be administered a polygraph examination during your background investigation to determine the authenticity of the information given by you.

1.	Full Name:								
			LAST			FIRST		MID	DLE
2.	Alias (nicknan	nes, maiden n	ame, an	y names	you hav	e used):			
3.	☐ Male	☐ Female	4. So	cial Sec	urity Nº:				
5.	Current Addre								
		NUMBER		STREET	CITY		COUNTY	STATE	ZIP
6.	Telephone Nu	ımbers:	AREA CODE:	(номе рно	DNE	
			AREA CODE:	()				
			AREA CODE:	()		WORK PHO		
				`			LOCAL MESSAG	E PHONE	
7.	Date of Birth:	MONTH DAY	YEAR	Place	of Birth:	CITY	COUNTY	,	STATE
8.	Height:		Weight	. <u> </u>		Color Eyes:		Color Hair:	
9.	List and descr	rihe all Scars	Dietinau	ishina M	arke Tat	toos, etc., and w	here they are	located:	
J.	List and desci	ibe an ocars,	Distingu	isining ivi	arko, rat	ioos, cic., and w	nore they are	localca.	
10.	-	_				or by Natura		YES	□NO
	Date: _			Plac	e:		Court:		
11.	Current Marita	al Status:	☐ Ne\	∕er Marri	ed	☐ Married		Divorced	
			☐ Sep	parated		☐ Engaged		Widow/Widow	/er
12.	If you are, or I	have ever bee	n marrie	ed, comp	lete the f	ollowing regardi	ng your spous	e and/or form	er spouse(s):
		ADDRESS/PI OF SPOUSE	HONE		E OF RTH	DATE OF MARRIAGE	DATE OF DIVORCE		' & STATE D/DIVORCED
DDE	SENT	01 01 0002		DII	CTTT	W/ W W W	BIVOROL	M	BIDIVOROLD
	RIAGE								
PR	OR							М	
	RIAGE							D	
PR	OR							М	
	RIAGE							D	

13.	Have you ev	ver been ordere	ed to pay child supp	ort or alir	nony? 🗖	YES	□ NO			
14.	-		uent in child supportyment, and please		nts or alimor	ny payme	ents?	□ YI	ES 🗆	INO
•										
				DEPEND	ENTS					
15.	List all of you	ur children, as wife:	well as any person	who is le	gally depend	dent upor	you for	suppo	ort, EXCEP	_ your
	NAM		RELATIONSHI P	DOB	STRE	ET	CIT	Y	STATE	ZIP
			FΔ	MILY ME	MBERS					
16.	List the follo	wing FAMILY I	MEMBERS, in orde			ip: paren	ts: guardi	ans; s	step-parents	; foster
Relation	parents; bro		nother-in-law; fathe							•
relation	ionip	Name				Age	Оссиранон			
Address	S				Home Telepho	one	l	Work 1	Telephone	
Relation	nship	Name				Age	Occupation			
Address	S				Home Telepho	one		Work 1	Telephone	
Relation	nship	Name				Age	Occupation			
	-									
Address	S				Home Telepho	one		Work 1	Telephone Telephone	
Relation	ıship	Name				Age	Occupation			
Address	S				Home Telepho	one		Work 1	Telephone	
Relation	nship	Name				Age	Occupation			
A al al ···					I Hama Talani			\A/! - "		
Address	5				Home Telepho	onė		work 1	Telephone	
Relation	nship	Name			1	Age	Occupation	1		
Address	S				Home Telepho	one		Work 1	Telephone	

Relationship	Name	FAMILY MEMI	BERS (cont)	Age	Occupation		
			1		<u> </u>		
Address			Home Telepho	ne		Work Tel	ephone
Relationship	Name			Age	Occupation		
Address			Home Telepho	ne		Work Tel	ephone
Relationship	Name			Age	Occupation		
Address			Home Telepho	ne		Work Tel	ephone
Relationship	Name			Age	Occupation		
Address			Home Telepho	ne		Work Tel	ephone
Relationship	Name			Age	Occupation		
Address			Home Telepho	ne		Work Tel	ephone
Relationship	Name			Age	Occupation		
Address	<u> </u>		Home Telepho	ne		Work Tel	ephone
Relationship	Name			Age	Occupation		
Address	I		Home Telepho	ne		Work Tel	ephone
Relationship	Name			Age	Occupation		
Address			Home Telepho	ne		Work Tel	ephone
17. List five per	sons NOT RELATED to yo	ou and NOT FOR			, who hav	e know	n you for at least
FULL NAME (include MR / N		YEARS KNOWN	HOME PHON	E (AREA COI	DE)	WO	RK PHONE (AREA CODE)
CURRENT ADDRESS (INCL	UDE ZIP CODE)	1	ноw г	OID YOU MEE	T THEM?		LAST DATE OF CONTACT
FULL NAME (include MR / M	MS / MRS)	YEARS KNOWN	HOME PHON	E (AREA COI	DE)	WO	RK PHONE (AREA CODE)
CURRENT ADDRESS (INCL	UDE ZIP CODE)		HOW D	ID YOU MEE	T THEM?		LAST DATE OF CONTACT
FULL NAME (include MR / M	MS / MRS)	YEARS KNOWN	HOME PHON	IE (AREA CO	DE)	WO	RK PHONE (AREA CODE)
CURRENT ADDRESS (INCL	UDE ZIP CODE)	'	HOW D	ID YOU MEE	T THEM?		LAST DATE OF CONTACT
FULL NAME (include MR / M	MS / MRS)	YEARS KNOWN	HOME PHON	E (AREA COI	DE)	WO	RK PHONE (AREA CODE)
CURRENT ADDRESS (INCL	UDE ZIP CODE)	1	HOW D	ID YOU MEE	T THEM?		LAST DATE OF CONTACT
FULL NAME (include MR / M	MS / MRS)	YEARS KNOWN	HOME PHON	IE (AREA CO	DE)	WC	ORK PHONE (AREA CODE
CURRENT ADDRESS (INCL	UDE ZIP CODE)		HOW D	ID YOU MEE	T THEM?		LAST DATE OF CONTACT

RESIDENCES

LVMPD HRD 15 (REV.07/01/03) PAGE 4 OF 16

18. List ALL of your residences, including **ALL** duty stations (basic training, tours overseas, etc.) while in the military. Begin with your most current residence. When listing military bases, include nearest city, state, and zip code. When listing addresses, include Street, Avenue, Drive, Court, North, South, East West; include Unit number or Apartment number, where applicable:

CURRENT ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DO YOU LIVE					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELE	PHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELE	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING					
ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELE	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING					
ADDRESS	ITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELE	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING					
ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELE	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING					
ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELE	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING					
ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE					
IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELE	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING					
		DENCES (

CITY / COUNTY

ZIP CODE

STATE

FROM / TO (MONTH & YEAR)

MILITARY INSTALLATION

ADDRESS

WITH WHOM DID YOU LIVE						
IF RENTING, GIVE NAME, CO	OMPLETE ADDRESS, AND TEL	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING						
ADDRESS		CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE					•	
IF RENTING, GIVE NAME, CO	DMPLETE ADDRESS, AND TEL	EPHONE NUMBER OF PE	RSON WHO COLI	LECTS THE RENT:		
REASON FOR MOVING						
ADDRESS		CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
WITH WHOM DID YOU LIVE		1				l .
IF RENTING, GIVE NAME, CO	OMPLETE ADDRESS, AND TEL	EPHONE NUMBER OF PE	RSON WHO COLI	ECTS THE RENT:		
REASON FOR MOVING						
	ACH ANY OTHER	RESIDENCES,	SINCE TH	E AGE OF 1	16, ON SEPARATE SI	HEET(S) OF
PAPER.						
		EDUCA	TIONAL H	ISTORY		
					requested. Start with Frade and corresponden	
other sch	-	ge, business sen	oois, minta	ry Scrvice, t	rade and corresponden	ice scrioois, and any
TYPE OF SCHOOL	NAME				DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
High School* ADDRESS (#, STREET, CIT	Y, STATE & ZIP)				GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME				DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CIT	I Y, STATE & ZIP)				GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME				DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CIT	I Y, STATE & ZIP)				GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME				DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CIT	Y, STATE & ZIP)				GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME				DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CIT	Y, STATE & ZIP)				GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
*OR GED Comple	ted?	□ NO Date	Certificate	Issued:		
20. How many o		ve vou complete	d?		Grade Point Average?	
	our major in college	-	<u></u>		Minor?	
•	ver received any dis	ciplinary action,	-	, or expulsion	on from any type of sch	nool or training?
☐ YES	□ NO If yes, list explain:	st the name of th	e school/tra	aining and		

		EXPERIENCE	AND EMPLOYM	ENT			
23. Have you ever bee	en terminate	ed or resigned in lieu	u of termination?	☐ YES	S 🔲 NO If yes, p	olease	explain below:
☐ Check here i	f this invol	ved a law enforcer	ment or law enfor	cement	related employ	er.	
24. Have you ever rece	eived discin	line (i.e. oral/written	renrimand suspe	nsion et	c) for excessive	ahser	nces tardiness
		ork related concerns					
•						•	
							_
25. List any employer	that may giv	ve a different version	on of why you sena	rated fro	om employment:		
20. List any omproyer	inat may gi		m or why you cope	ii atoa ii c	omploymont.		
26. COMPLETE EMP	LOYMENT	HISTORY (start wi	th vour present r	osition	and work back	wards	s).
		, starting from the					
		inemployed and/or					
		NY OBJECTIONS	TO OUR CONTAC	CTING Y	OUR PRESENT	EMP	LOYER?:
□YES □NO I	f YES, expl	ain:					
		EVDEDIENCI	E AND EMPLOYN	MENIT			
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYER	E AND EMPLOTIV	II-IN II	WORK PHONE (AREA O	ODE)	MONTHLY SALARY
FROM TO	,					, ,	
ADDRESS (NUMBER AND STREET)			CITY		STATE		ZIP CODE
JOB TITLE OR POSITION		PART-TIME TEMP VO	LUNTEER C	PRIMA	ARY SUPERVISOR	ALT	ERNATE SUPERVISOR
	MERNSHIP .	7.11.11.2					
NAME OF FOUR (4) CO-WORKERS:	1 -	2-		3-		4-	
DESCRIBE YOU JOB DUTIES:							
LIST YOUR WORK SCHEDULE (for exa	mple: Monday thru	u Friday 0830a to 6:30p)	REASON FOR LEAVING				
	-						
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYER			WORK PHONE (AREA C	ODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)			CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	T			DDIE	ADV SIIDEDVISOD	A1 T	EDNATE SUDEDVISOR
JOB THE OK POSITION	FULL FULL F	PART-TIME TEMP VOI	LUNTEER	PRIMA	ARY SUPERVISOR	ALI	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1-	2-		3-		4-	
DESCRIBE YOU JOB DUTIES:	1						
LIST YOUR WORK SCHEDULE (for exa	mple: Monday thr	u Friday 0830a to 6:30n)	REASON FOR LEAVING				
		,	· · · · · · · · · · · · · · · · · · ·				

			CE AND EMPLO	YMEN	IT (cont			
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYI	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
ADDRESS (NUMBER AND STREET)		1		CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL	PART-TIME TEMP	□ VOLUNTEER □		PRIM	ARY SUPERVISOR	AL1	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:			<u> </u>					
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYI	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL	PART-TIME TEMP	□ VOLUNTEER □		PRIM	ARY SUPERVISOR	AL1	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:	ı		1		1		I	
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	EAR)	NAME OF EMPLOY	ER			WORK PHONE (AREA O	CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL	PART-TIME TEMP	□ VOLUNTEER □		PRIM	ARY SUPERVISOR	AL1	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:	1		I		<u>I</u>			
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOY	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL	PART-TIME TEMP	□ VOLUNTEER □		PRIM	ARY SUPERVISOR	AL1	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:			1					
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOY	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
EROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL	PART-TIME TEMP	□ VOLUNTEER □		PRIM	ARY SUPERVISOR	AL1	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:	1				<u> </u>			
REASON FOR LEAVING:								
			CE AND EMPLO					

DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYE	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL F	PART-TIME TEMP	□ VOLUNTEER □		PRIMA	ARY SUPERVISOR	ALT	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:			L		<u> </u>		<u> </u>	
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYE	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	EKISHO F	PART-TIME TEMP	□ VOLUNTEER □		PRIMA	ARY SUPERVISOR	ALT	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:								
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYE	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL FULL	PART-TIME TEMP	□ VOLUNTEER □		PRIMA	ARY SUPERVISOR	ALT	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:	1							
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYE	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION		PART-TIME TO TEMP	D VOLUNTEER D		PRIMA	ARY SUPERVISOR	ALT	ERNATE SUPERVISOR
		AKT-TIME U TEIMI	VOLUNTEER					
NAME OF FOUR (4) CO-WORKERS: DESCRIBE YOU JOB DUTIES:	1 -		2-		3-		4-	
REASON FOR LEAVING:								
DATES OF EMPLOYMENT (MONTH/YE	AR)	NAME OF EMPLOYE	ER			WORK PHONE (AREA (CODE)	MONTHLY SALARY
FROM TO ADDRESS (NUMBER AND STREET)				CITY		STATE		ZIP CODE
JOB TITLE OR POSITION	FULL FULL	PART-TIME TEMP	□ VOLUNTEER □		PRIMA	ARY SUPERVISOR	ALT	ERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -		2-		3-		4-	
DESCRIBE YOU JOB DUTIES:	l		1		1		1	
REASON FOR LEAVING:								

NOTE: LIST&ATTACH ANY ADDITIONAL JOBS THAT YOU MAY HAVE HELD ON SEPARATE SHEET(S) OF PAPER.

		=	XPERIENCE AND EM	IPLOYME	ENT (cont)			
27.	Have you ever take etc.) without permis		om a former employer ES NO If yes, exp				sh, pr	operty,
28.	SPOUSE'S EMPLO	OYER		IOD TITLE	MONTHLY	AL ADV		
NAME	OF EMPLOYER		•	IOB TITLE	MONTHLY S	ALARY		
ADDRE	SS (NUMBER AND STREET)							
NAME	OF SUPERVISOR		V	WORK PHONE	(AREA CODE)			
			FINANC	CE C				
29.	Do you or your spo	use have any	other source(s) of inco		es, give total amount &	sources: 🗖	YES	□NO
30. date	Have you ever filed	d for or been g	ranted bankruptcy? If	yes, exp	ain reasons below:		YES	□ NO
31.			on income tax paymen	ts?			YES YES	□ NO
DATE	If yes, was it more	than once? REASONS:				u '	YES	□ÑŎ
32.	Have you ever had	l any of your b	ills, accounts, or loans	turned o	ver to a collections an	encv2 D	VES	□ NO
DATE	riave you ever riad	ACCOUNT/CURREN		turried o	rei to a collections ag	ency:	ILO	
DATE		ACCOUNT/CURREN	IT STATUS:					
DATE		ACCOUNT/CURREN	IT STATUS:					
DATE		ACCOUNT/CURREN	IT STATUS:					
33. date		l any purchase ntary reposses REASONS:	ed goods, vehicle, prop ssions) If yes, please	erty, or a e explain	ny items repossessed below:	or foreclosed:	YES	□ NO
34.	List vour Total Deb	t (excludina m	ortgage):					
	PRIOR APPLICAT	IONS TO LAS	VEGAS METROPOL	ITAN PO	LICE DEPT AND/OR	OTHER AGE	NCIE	S
35.			tion with the Las Vegas					
	Enforcement-relate	ed agency, or g	overnmental agency?					
NAME	and the results; che	eck ALL boxes	s that apply:.		AGENCY PHONE	№ DAT	E APPLI	ED:
COMPL	ETE ADDRESS INCLUDING ZIP	CODE:			POSITION APPLIE	ED FOR:		
Sul	bmitted interest card only	Submitted applicat	ion only Took written to	est [Failed written test	Oral into	erview ta	ken
_	ed oral interview Placed	I on eligibility list	Submitted Personnel History Sta	atement [Background Investigation cond	_	ound per	
☐ Too	ok B-PAD Failed	B-PAD [Took Polygraph	Ţ	Disqualified	Hired /	Job Offe	r Made
Wit	thdrew application or declined O	ffer [No response from agency	Ţ	Unknown status	Other		

PRIOR APPLICATIONS TO LAS VEGAS METROPOLITAN POLICE DEPT AND/OR OTHER AGENCIES (cont)

	AGENCY PHONE №	DATE APPLIED:
COMPLETE ADDRESS INCLUDING ZIP CODE:	POSITION APPLIED FOR:	
Submitted interest card only Submitted application only Took written test	Failed written test	Oral interview taken
☐ Failed oral interview ☐ Placed on eligibility list ☐ Submitted Personnel History Statement	Background Investigation conducted	Background pending
☐ Took B-PAD ☐ Took Polygraph	Disqualified	Hired / Job Offer Made
☐ Withdrew application or declined Offer ☐ No response from agency	Unknown status	Other
NAME OF AGENCY:	AGENCY PHONE №	DATE APPLIED:
COMPLETE ADDRESS INCLUDING ZIP CODE:	POSITION APPLIED FOR:	
Submitted interest card only Submitted application only Took written test	Failed written test	Oral interview taken
☐ Failed oral interview ☐ Placed on eligibility list ☐ Submitted Personnel History Statement	Background Investigation conducted	Background pending
☐ Took B-PAD ☐ Took Polygraph	Disqualified	Hired / Job Offer Made
☐ Withdrew application or declined Offer ☐ No response from agency	Unknown status	Other
NAME OF AGENCY:	AGENCY PHONE №	DATE APPLIED:
COMPLETE ADDRESS INCLUDING ZIP CODE:	POSITION APPLIED FOR:	
Submitted interest card only Submitted application only Took written test	Failed written test	Oral interview taken
☐ Failed oral interview ☐ Placed on eligibility list ☐ Submitted Personnel History Statement	Background Investigation conducted	Background pending
☐ Took B-PAD ☐ Took Polygraph	Disqualified	Hired / Job Offer Made
☐ Withdrew application or declined Offer ☐ No response from agency	Unknown status	Other
NAME OF AGENCY:	AGENCY PHONE №	DATE APPLIED:
COMPLETE ADDRESS INCLUDING ZIP CODE:	POSITION APPLIED FOR:	
Submitted interest card only Submitted application only Took written test	Failed written test	Oral interview taken
Submitted interest card only Submitted application only Took written test Failed oral interview Placed on eligibility list Submitted Personnel History Statement	Failed written test	☐ Oral interview taken ☐ Background pending
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Failed oral interview Placed on eligibility list Submitted Personnel History Statement	Background Investigation conducted	Background pending
Failed oral interview Placed on eligibility list Submitted Personnel History Statement Took B-PAD Took Polygraph	Background Investigation conducted Disqualified	Background pending Hired / Job Offer Made
Failed oral interview Placed on eligibility list Submitted Personnel History Statement Took B-PAD Took Polygraph Withdrew application or declined Offer No response from agency NAME OF AGENCY:	□ Background Investigation conducted □ Disqualified □ Unknown status AGENCY PHONE №	☐ Background pending ☐ Hired / Job Offer Made ☐ Other
Failed oral interview Placed on eligibility list Submitted Personnel History Statement Took B-PAD Took Polygraph Withdrew application or declined Offer No response from agency	Background Investigation conducted Disqualified Unknown status	☐ Background pending ☐ Hired / Job Offer Made ☐ Other
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NOTE: LIST&ATTACH ANY OTHER APPLICATIONS YOU SUBMITTED ON SEPARATE SHEET(S) OF PAPER.

36.	Have you ever been f	ingerprinted for any re-	ason? [YES	☐ NO If yes, p	lease provid	e the details	below:
	NAME OF AC	SENCY	DA	ΓΕ		PURPO	SE	
		N	MILITARY	/ SEDV	ICE			
		IV	IILII AN I	SERV	ICE			
37.	Selective Service Nur	mber (males, under 27	years of	age):				
38.	Have you been in the If yes, please comple	Military (including Reste the following chart:	serves, N	ational	Guard, ROTC)?		☐ YE	S 🗆 NO
BR	ANCH OF SERVICE	SERIAL NUMB	BER	DAT	E ENTERED	OCCUPA	TIONAL SPE	ECIALTY
39.	Have you been dischalf yes, please complete	arged from your militar te the following chart:	y service	? 🗆 \	res 🗆 no			
	DATE SEPARATIO	N/PROJECTED DATE			TYPE	E OF DISCH	ARGE	
40.		bject of a military crim				f paper.	☐ YES	□ NO
41.		bject of any military dis			to the Uniform c	ode of Militar	ry Justice or a	any service
	DATE	CHARGE				DISPOSITIO	N	
42.	Are you currently a m	ember of the U.S. Res	erve or N	lational	Guard ? YES [□ NO If yes,	complete the	e following:
GRADE	:	SERIAL NUMBER:		SERVICE	: :	СОМР	ONENT:	
ORGAN	IZATION NAME:			<u> </u>				
ADDRE	SS:							
□ A0	CTIVE INACTIVE	INDICATE RESERVE OBLIGATION	ION:					

MOTOR VEHICLE OPERATION & INSURANCE

Give the following information concerning ALL driver's licenses you have held or currently hold: **NAME ISSUED** DRIVERS LICENSE Nº DATES FROM/TO **RESTRICTIONS** List all vehicles that you own and/or operate that are registered to you: AUTO INSURANCE / POLICY No. **AUTO INSURANCE EXPIRATION** YEAR LICENSE № & STATE MAKE/MODEL 45. Have you ever been refused auto insurance for any reason? ☐ YES ☐ NO If yes, please explain: 46 Has your license/privilege to drive, ever been Suspended or Revoked? ☐ YES ☐ NO If yes, please explain: 47. Have you ever been stopped, arrested, or cited for DUI? **Q YES Q NO** If yes, please explain and give dates: 48. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit & run)? ☐ YES ☐ NO If yes, please explain and give dates: List each traffic accident that you have been involved in, whether your fault or not, as the driver of the vehicle: CITY & STATE **DATE** CITED? **INCIDENT** ☐ YES □ NO ☐ YES ☐ YES ☐ YES ☐ NO List ALL driving citations (excluding parking tickets) that you have received, regardless of disposition: **DATE CITY & STATE CHARGE DISPOSITION OR PENALTY**

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 LEGAL 51. Have you ever had a warrant for your arrest, Failure to Appear, or Summons for anything including traffic? YES NO If yes, explain details that include when and where: 				
52. List <u>ALL</u> Police Contact, as an adult or juvenile, during which you were questioned, cited, detained, or arrested, whether as a victim/witness/ suspect, in any incident. (<i>Include charges that were dismissed, dropped,reduced</i>) □ YES □ NO If yes, provide the following information; start with most recent:				
DATE	CHARGES OR REASON FOR INVESTIGATION	POLICE OR MILITARY AGENCY	RESULTS	
		AGENCI		
-				
53.	Regardless of who was at fault, have you ever had or been accused of having a physical altercation? Testing NO If yes, explain below:			
54A.	Have you ever been involved in any CIVIL court action? ☐ YES ☐ NO If yes, explain below:			
54B.	Party named:	Party Initiated:		
55.	Have you ever received a settlement as a result of any claim?			
	Settlement received from:			
56.	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, EXPLAIN IN SEPARATE STATEMENT.			
57.	Have you, your spouse, any members of your family, or any members of your spouse's family ever been associated with gangs or subversive groups (Minutemen, Aryan Brotherhood, etc.) ☐ YES ☐ NO IF YES, EXPLAIN IN SEPARATE STATEMENT.			
	ALCOHOL AN	D DRUG HISTORY		
58.	When and where was the last time you were present while others were using illegal drugs?			
59.	Have you ever sold, bought, delivered, manufactured, grown, produced, or injected any controlled substance?			
60.	When was the last time you used STEROIDS ? Explain incidents, list number of cycles and dates of usage(s). Also include in what manner the steroids were administered (orally, injected, etc.)			

ALCOHOL AND DRUG HISTORY (cont)			
61.	When was the last time you used INHALANTS? List what type, give dates, and total amounts of usage(s).		
62.	When was the last time you used HALLUCINOGENS ? (LSD, PCP, Peyote, Mushrooms, Mescaline, etc.) List what type, give dates, and total amounts of usage(s).		
63.	When was the last time you used NARCOTICS ? (Codeine, Opium Morphine, Heroin, etc.)? List what type, give dates, and total amounts of usage(s).		
64.	When was the last time you used DEPRESSANTS ? (Tranquilizers, Barbiturates, Benzodiazepines, Methaqualone, etc.)? List what type, give dates, and total amounts of usage(s).		
65.	When was the last time you used STIMULANTS ? (Cocaine, Crack, Rock, Crank, Crystal, Angel Dust, Ecstasy, Speed, Amphetamines, Methamphetamines, etc.)? List what type, give dates, and total amounts of usage(s).		
66.	When was the last time you used CANNABIS SUBSTANCES ? (Marijuana, Hashish, Hashish Oil, etc.)? List what type, give dates, and total amounts of usage(s).		
67.	When was the last time you used someone else's prescription? Explain and give dates:		
68.	When was the last time you consumed alcohol? List type, amount, and how often you consume alcohol:		
69.	When was the last time you drove after drinking? Explain:		
70.	List any other activities that you are involved in, that you may think are important for LVMPD to be aware of:		
71.	What is there ethically or morally in your life that could bring discredit to LVMPD if you were hired?		
72.	Do you know of anything that would hinder you for employment with a police agency or prevent you from fully 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:		

DECLARATION OF TRUTHFUL STATEMENTS

WARNING: Do not sign this page until in the presence of an LVMPD Background Investigator

I have reviewed my answers as recorded and certify that they are correct and true. I understand that any false statement or omission in this document will result in my immediate disqualification from the selection process.				
Subscribed and sworn to before me, this day of	APPLICANT'S SIGNATURE DATE			
(SEAL)	NOTARY SIGNATURE			