



# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

1. Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE

2. Alias (nicknames, maiden name, any names you have used):  
 \_\_\_\_\_

3.  Male       Female      4. Social Security N<sup>o</sup>: \_\_\_\_\_

5. Current Address: \_\_\_\_\_  
NUMBER      STREET      CITY      COUNTY      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: \_\_\_\_\_  
MONTH DAY YEAR      CITY      COUNTY      STATE

8. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_

9. List and describe all Scars, Distinguishing Marks, Tattoos, etc., and where they are located: \_\_\_\_\_  
 \_\_\_\_\_

10. Are you a U.S. citizen by birth?     YES     NO    or by Naturalization?     YES     NO  
 Certification Number: If derived, from parents' Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Court: \_\_\_\_\_

11. Current Marital Status:     Never Married       Married       Divorced  
     Separated       Engaged       Widow/Widower

12. If you are, or have ever been married, complete the following regarding your spouse and/or former spouse(s):

	NAME/ADDRESS/PHONE OF SPOUSE	DATE OF BIRTH	DATE OF MARRIAGE	DATE OF DIVORCE	CITY & STATE MARRIED/DIVORCED
<b>PRESENT MARRIAGE</b>					M
					D
<b>PRIOR MARRIAGE</b>					M
					D
<b>PRIOR MARRIAGE</b>					M
					D

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

13. Have you ever been ordered to pay child support or alimony?     YES     NO

14. Have you ever been delinquent in child support payments or alimony payments?     YES     NO

If YES, what is monthly payment, and please explain:

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## DEPENDENTS

15. List all of your children, as well as any person who is legally dependent upon you for support, **EXCEPT** your husband or wife:

NAME	RELATIONSHIP	DOB	STREET	CITY	STATE	ZIP

## FAMILY MEMBERS

16. List the following **FAMILY MEMBERS**, in order, showing relationship: parents; guardians; step-parents; foster parents; brothers; sisters; mother-in-law; father-in-law; step-brothers; step sisters; etc.:

Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## FAMILY MEMBERS (cont)

Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone

## CHARACTER REFERENCES

**17. List five persons NOT RELATED to you and NOT FORMER EMPLOYERS, who have known you for at least **FIVE YEARS**:**

FULL NAME (include MR / MS / MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR / MS / MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR / MS / MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR / MS / MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT
FULL NAME (include MR / MS / MRS)	YEARS KNOWN	HOME PHONE (AREA CODE)	WORK PHONE (AREA CODE)
CURRENT ADDRESS (INCLUDE ZIP CODE)		HOW DID YOU MEET THEM?	LAST DATE OF CONTACT

## RESIDENCES

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

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
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WITH WHOM DO YOU LIVE

IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:

ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
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WITH WHOM DID YOU LIVE

IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS 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 TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:

REASON FOR MOVING

ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
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WITH WHOM DID YOU LIVE

IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:

REASON FOR MOVING

ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
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WITH WHOM DID YOU LIVE

IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:

REASON FOR MOVING

ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
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WITH WHOM DID YOU LIVE

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WITH WHOM DID YOU LIVE

IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:

REASON FOR MOVING

<b>RESIDENCES (cont)</b>					
ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

WITH WHOM DID YOU LIVE

IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:

REASON FOR MOVING

ADDRESS	CITY / COUNTY	STATE	ZIP CODE	FROM / TO (MONTH & YEAR)	MILITARY INSTALLATION
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WITH WHOM DID YOU LIVE

IF RENTING, GIVE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF PERSON WHO COLLECTS 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 TELEPHONE NUMBER OF PERSON WHO COLLECTS THE RENT:

REASON FOR MOVING

**NOTE: LIST&ATTACH ANY OTHER RESIDENCES, SINCE THE AGE OF 16, ON SEPARATE SHEET(S) OF PAPER.**

## EDUCATIONAL HISTORY

19. Indicate the various schools you have attended and other information requested. Start with High School and work forward, including **ALL** college, business schools, military service, trade and correspondence schools, and any other school:

TYPE OF SCHOOL	NAME	DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
<b>High School*</b>			
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME	DATE FROM (MONTH/YEAR)	DATE TO (MONTH/YEAR)
ADDRESS (#, STREET, CITY, STATE & ZIP)		GPA (GRADE AVERAGE)	DEGREE / DIPLOMA

\*OR GED Completed?  YES  NO Date Certificate Issued: \_\_\_\_\_

20. How many credits of college have you completed? \_\_\_\_\_ Grade Point Average? \_\_\_\_\_

21. What was your major in college? \_\_\_\_\_ Minor? \_\_\_\_\_

22. Have you ever received any disciplinary action, suspension, or expulsion from any type of school or training?  
 YES  NO If yes, list the name of the school/training and explain: \_\_\_\_\_

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPERIENCE AND EMPLOYMENT

23. Have you ever been terminated or resigned in lieu of termination?  YES  NO If yes, please explain below:  
 Check here if this involved a law enforcement or law enforcement related employer.

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24. Have you ever received discipline (i.e. oral/written reprimand, suspension, etc.) for excessive absences, tardiness, work performance, or other work related concerns:  YES  NO If yes, explain in the space provided below:

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25. List any employer that may give a different version of why you separated from employment:

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26. **COMPLETE EMPLOYMENT HISTORY** (*start with your present position and work backwards*). Account for ALL time frames, starting from the date of your present position, working backwards to your first employment (including when unemployed and/or attending school). Attach additional pages (if needed) following this format. **DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER?:**  
 YES  NO If YES, explain:

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## EXPERIENCE AND EMPLOYMENT

DATES OF EMPLOYMENT (MONTH/YEAR)	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
FROM _____ TO _____			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 - _____	2 - _____	3 - _____
DESCRIBE YOUR JOB DUTIES:			

LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830a to 6:30p)	REASON FOR LEAVING

DATES OF EMPLOYMENT (MONTH/YEAR)	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
FROM _____ TO _____			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 - _____	2 - _____	3 - _____
DESCRIBE YOUR JOB DUTIES:			

LIST YOUR WORK SCHEDULE (for example: Monday thru Friday 0830a to 6:30p)	REASON FOR LEAVING

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPERIENCE AND EMPLOYMENT (cont)

DATES OF EMPLOYMENT (MONTH/YEAR) <small>FROM _____ TO _____</small>	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -	2 -	3 -
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR) <small>FROM _____ TO _____</small>	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -	2 -	3 -
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR) <small>FROM _____ TO _____</small>	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -	2 -	3 -
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR) <small>FROM _____ TO _____</small>	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -	2 -	3 -
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR) <small>FROM _____ TO _____</small>	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 -	2 -	3 -
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

## EXPERIENCE AND EMPLOYMENT (cont)



# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

DATES OF EMPLOYMENT (MONTH/YEAR)	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
FROM _____ TO _____			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 - _____	2 - _____	3 - _____
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR)	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
FROM _____ TO _____			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 - _____	2 - _____	3 - _____
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR)	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
FROM _____ TO _____			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 - _____	2 - _____	3 - _____
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR)	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
FROM _____ TO _____			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
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REASON FOR LEAVING:			

DATES OF EMPLOYMENT (MONTH/YEAR)	NAME OF EMPLOYER	WORK PHONE (AREA CODE)	MONTHLY SALARY
FROM _____ TO _____			
ADDRESS (NUMBER AND STREET)	CITY	STATE	ZIP CODE
JOB TITLE OR POSITION	<input type="checkbox"/> FULL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP	PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR
NAME OF FOUR (4) CO-WORKERS:	1 - _____	2 - _____	3 - _____
DESCRIBE YOUR JOB DUTIES:			
REASON FOR LEAVING:			

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

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## EXPERIENCE AND EMPLOYMENT (cont)

27. Have you ever taken anything from a former employer or anyone (i.e. office supplies, food, tools, cash, property, etc.) without permission?  YES  NO If yes, explain in the space provided below:

## 28. SPOUSE'S EMPLOYER

NAME OF EMPLOYER

JOB TITLE

MONTHLY SALARY

ADDRESS (NUMBER AND STREET)

NAME OF SUPERVISOR

WORK PHONE (AREA CODE)

## FINANCES

29. Do you or your spouse have any other source(s) of income? If yes, give total amount & sources:  YES  NO

30. Have you ever filed for or been granted bankruptcy? If yes, explain reasons below:  YES  NO

DATE

REASONS:

31. Have you ever been delinquent on income tax payments? If yes, was it more than once?  YES  NO  
 YES  NO

DATE

REASONS:

32. Have you ever had any of your bills, accounts, or loans turned over to a collections agency?  YES  NO

DATE

ACCOUNT/CURRENT STATUS:

DATE

ACCOUNT/CURRENT STATUS:

DATE

ACCOUNT/CURRENT STATUS:

DATE

ACCOUNT/CURRENT STATUS:

33. Have you ever had any purchased goods, vehicle, property, or any items repossessed or foreclosed? (This includes voluntary repossessions) If yes, please explain below:  YES  NO

DATE

REASONS:

34. List your Total Debt (excluding mortgage):

## PRIOR APPLICATIONS TO LAS VEGAS METROPOLITAN POLICE DEPT AND/OR OTHER AGENCIES

35. Have you ever applied for a position with the Las Vegas Metropolitan Police Dept or ANY Law Enforcement, Law Enforcement-related agency, or governmental agency?  YES  NO If yes, please provide the date, the position, and the results; check ALL boxes that apply:.

NAME OF AGENCY:

AGENCY PHONE N°

DATE APPLIED:

COMPLETE ADDRESS INCLUDING ZIP CODE:

POSITION APPLIED FOR:

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Submitted interest card only           | <input type="checkbox"/> Submitted application only | <input type="checkbox"/> Took written test                     | <input type="checkbox"/> Failed written test                | <input type="checkbox"/> Oral interview taken   |
| <input type="checkbox"/> Failed oral interview                  | <input type="checkbox"/> Placed on eligibility list | <input type="checkbox"/> Submitted Personnel History Statement | <input type="checkbox"/> Background Investigation conducted | <input type="checkbox"/> Background pending     |
| <input type="checkbox"/> Took B-PAD                             | <input type="checkbox"/> Failed B-PAD               | <input type="checkbox"/> Took Polygraph                        | <input type="checkbox"/> Disqualified                       | <input type="checkbox"/> Hired / Job Offer Made |
| <input type="checkbox"/> Withdrew application or declined Offer | <input type="checkbox"/> No response from agency    | <input type="checkbox"/> Unknown status                        | <input type="checkbox"/> Other                              |   |

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

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

NAME OF AGENCY:

AGENCY PHONE N°

DATE APPLIED:

COMPLETE ADDRESS INCLUDING ZIP CODE:

POSITION APPLIED FOR:

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Submitted interest card only           | <input type="checkbox"/> Submitted application only | <input type="checkbox"/> Took written test                     | <input type="checkbox"/> Failed written test                | <input type="checkbox"/> Oral interview taken   |
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| <input type="checkbox"/> Took B-PAD                             | <input type="checkbox"/> Failed B-PAD               | <input type="checkbox"/> Took Polygraph                        | <input type="checkbox"/> Disqualified                       | <input type="checkbox"/> Hired / Job Offer Made |
| <input type="checkbox"/> Withdrew application or declined Offer | <input type="checkbox"/> No response from agency    | <input type="checkbox"/> Unknown status                        | <input type="checkbox"/> Other                              |   |

NAME OF AGENCY:

AGENCY PHONE N°

DATE APPLIED:

COMPLETE ADDRESS INCLUDING ZIP CODE:

POSITION APPLIED FOR:

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Submitted interest card only           | <input type="checkbox"/> Submitted application only | <input type="checkbox"/> Took written test                     | <input type="checkbox"/> Failed written test                | <input type="checkbox"/> Oral interview taken   |
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| <input type="checkbox"/> Took B-PAD                             | <input type="checkbox"/> Failed B-PAD               | <input type="checkbox"/> Took Polygraph                        | <input type="checkbox"/> Disqualified                       | <input type="checkbox"/> Hired / Job Offer Made |
| <input type="checkbox"/> Withdrew application or declined Offer | <input type="checkbox"/> No response from agency    | <input type="checkbox"/> Unknown status                        | <input type="checkbox"/> Other                              |   |

NAME OF AGENCY:

AGENCY PHONE N°

DATE APPLIED:

COMPLETE ADDRESS INCLUDING ZIP CODE:

POSITION APPLIED FOR:

- |   |   |  |   |   |
|---|---|--|---|---|
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AGENCY PHONE N°

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|---|---|--|---|---|
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| <input type="checkbox"/> Withdrew application or declined Offer | <input type="checkbox"/> No response from agency    | <input type="checkbox"/> Unknown status                        | <input type="checkbox"/> Other                              |   |

NAME OF AGENCY:

AGENCY PHONE N°

DATE APPLIED:

COMPLETE ADDRESS INCLUDING ZIP CODE:

POSITION APPLIED FOR:

- |   |   |  |   |   |
|---|---|--|---|---|
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| <input type="checkbox"/> Failed oral interview                  | <input type="checkbox"/> Placed on eligibility list | <input type="checkbox"/> Submitted Personnel History Statement | <input type="checkbox"/> Background Investigation conducted | <input type="checkbox"/> Background pending     |
| <input type="checkbox"/> Took B-PAD                             | <input type="checkbox"/> Failed B-PAD               | <input type="checkbox"/> Took Polygraph                        | <input type="checkbox"/> Disqualified                       | <input type="checkbox"/> Hired / Job Offer Made |
| <input type="checkbox"/> Withdrew application or declined Offer | <input type="checkbox"/> No response from agency    | <input type="checkbox"/> Unknown status                        | <input type="checkbox"/> Other                              |   |

NAME OF AGENCY:

AGENCY PHONE N°

DATE APPLIED:

COMPLETE ADDRESS INCLUDING ZIP CODE:

POSITION APPLIED FOR:

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="checkbox"/> Submitted interest card only           | <input type="checkbox"/> Submitted application only | <input type="checkbox"/> Took written test                     | <input type="checkbox"/> Failed written test                | <input type="checkbox"/> Oral interview taken   |
| <input type="checkbox"/> Failed oral interview                  | <input type="checkbox"/> Placed on eligibility list | <input type="checkbox"/> Submitted Personnel History Statement | <input type="checkbox"/> Background Investigation conducted | <input type="checkbox"/> Background pending     |
| <input type="checkbox"/> Took B-PAD                             | <input type="checkbox"/> Failed B-PAD               | <input type="checkbox"/> Took Polygraph                        | <input type="checkbox"/> Disqualified                       | <input type="checkbox"/> Hired / Job Offer Made |
| <input type="checkbox"/> Withdrew application or declined Offer | <input type="checkbox"/> No response from agency    | <input type="checkbox"/> Unknown status                        | <input type="checkbox"/> Other                              |   |

**NOTE: LIST&ATTACH ANY OTHER APPLICATIONS YOU SUBMITTED ON SEPARATE SHEET(S) OF PAPER.**

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

36. Have you ever been fingerprinted for any reason?  YES  NO If yes, please provide the details below:

NAME OF AGENCY	DATE	PURPOSE

**MILITARY SERVICE**

37. Selective Service Number (males, under 27 years of age): \_\_\_\_\_

38. Have you been in the Military (including Reserves, National Guard, ROTC)?  YES  NO  
 If yes, please complete the following chart:

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	OCCUPATIONAL SPECIALTY

39. Have you been discharged from your military service?  YES  NO  
 If yes, please complete the following chart:

DATE SEPARATION/PROJECTED DATE	TYPE OF DISCHARGE

40. Were you ever the subject of a military criminal investigation?  YES  NO  
**If Yes, please complete and attach a statement on a separate sheet(s) of paper.**

41. Were you ever the subject of any military discipline pursuant to the Uniform code of Military Justice or any service regulation?  YES  NO If yes, please complete the following chart:

DATE	CHARGE	DISPOSITION

42. 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:			
<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		INDICATE RESERVE OBLIGATION:	

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## MOTOR VEHICLE OPERATION & INSURANCE

43. Give the following information concerning ALL driver's licenses you **have held or currently hold**:

STATE ISSUED	NAME ISSUED	DRIVERS LICENSE N°	DATES FROM/TO	RESTRICTIONS

44. List all vehicles that you own and/or operate that are registered to you:

YEAR	MAKE/MODEL	LICENSE N° & STATE	AUTO INSURANCE / POLICY No.	AUTO INSURANCE EXPIRATION

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?  YES  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:

---

49. List each traffic accident that you have been involved in, whether your fault or not, as the driver of the vehicle:

DATE	CITY & STATE	CITED?	INCIDENT
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

50. List ALL driving citations (excluding parking tickets) that you have received, regardless of disposition:

DATE	CITY & STATE	CHARGE	DISPOSITION OR PENALTY

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## 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 **ALL 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. **(Include charges that were dismissed, dropped, reduced)**  
 YES  NO If yes, provide the following information; start with most recent:

DATE	CHARGES OR REASON FOR INVESTIGATION	POLICE OR MILITARY AGENCY	RESULTS

53. Regardless of who was at fault, have you ever had or been accused of having a **physical altercation**?  
 YES  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?  YES  NO If yes, explain below:

---

**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.**

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## ALCOHOL AND DRUG HISTORY

58. When and where was the last time you were present while others were using illegal drugs?

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59. Have you ever sold, bought, delivered, manufactured, grown, produced, or injected any controlled substance?

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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.)

---

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

## 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

# LAS VEGAS METROPOLITAN POLICE DEPARTMENT

**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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_,

(SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE