



James Owens
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 68 seconds
 - Complete not less than 23 push-ups
 - Complete not less than 30 sit-ups in 1 minute
 - Walk or run 1.5 miles in not more than 16 minutes and 57 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).

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13. LIST ALL OF YOUR CHILDREN AS WELL AS ANY PERSON WHO IS LEGALLY 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

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

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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			
<u> </u> ACTIVE <u> </u> INACTIVE		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

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

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

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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

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

EDUCATIONAL HISTORY

50. INDICATE THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED. START WITH HIGH SCHOOL AND WORK FORWARD, INCLUDING COLLEGE, BUSINESS SCHOOLS, MILITARY SERVICE, TRADE AND CORRESPONDENCE SCHOOLS, AND ANY OTHER SCHOOL.

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

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

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

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

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

* OR GED COMPLETED? ___ YES ___ NO DATE CERTIFICATION ISSUED: _____

51. HOW MANY CREDITS OF COLLEGE HAVE YOU COMPLETED? _____ G.P.A _____

52. WHAT WAS YOUR MAJOR IN COLLEGE? _____ MINOR? _____

53. AFTER HIGH SCHOOL, HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM A SCHOOL?

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

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 POLICE DEPARTMENT
Agreement Assuming the Risk of Injury or Damage, Waiver and Release
of Claims and Indemnification

WHEREAS, I, _____, being over the age of eighteen (18) and not being a member of the Las Vegas Paiute Police Department (LVPPD), will be participating in a police recruit physical fitness test.

WHEREAS, the Nevada Commission on Peace Officer Standards and Training sets the physical fitness standards required for all peace officers to successfully graduate from a law enforcement academy. *See* NAC 289.200.

WHEREAS, I would like to participate in testing, which includes a physical test, to be considered for a Police Officer (PO) position with the LVPPD.

NOW THEREFORE, in consideration of being allowed to test for a PO position with the LVPPD, I do hereby understand and agree:

1. The test consists of a vertical jump (14 inches), agility run (19.5 seconds or less), sit ups (30 in one minute), pushups (23 no time limit), 300 meter run (68 seconds or less) and a 1.5 mile run (16 minutes, 57 seconds or less).
2. I am presently in good physical condition and have no known physical impairments which would prevent me from participating in the test.
3. I understand that I may discontinue testing at any time.
4. That the Las Vegas Paiute Tribe, Administrative Head of the Las Vegas Paiute Police Department, their sureties, and each of them, shall not be responsible or liable for any injury, loss or expense, either to me or my property, incurred while testing.
5. For myself, my heirs, executors, administrators and assignees to defend and indemnify the Las Vegas Paiute Tribe, Administrative Head of the Las Vegas Paiute Police Department, all members of the Las Vegas Paiute Police Department, their sureties, and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while testing for a PO position.

By signing this Agreement to Assume the Risk of Injury or Damage, Waiver and Release of Claims and Indemnification, I acknowledge that I understand its terms and conditions and that I sign it voluntarily.

Dated: _____

Signature

Witness

P#

Witness Signature



James Owens
Chief of Police

LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

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

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