

Mail Applications To:
NDOC Contracts
P.O. Box 7011
Carson City, NV 89702

Nevada Department of Corrections
Attention: Contracts
Contractor Background Check Application
Please PRINT all Information

Phone: (775) 887-3319
Fax: (775) 887-3225

1. NAMES AND ADDRESSES

Applicant Name _____
Last First MI

Please complete this questionnaire in its **ENTIRETY** and mail it back to the address listed above.
BE ADVISED THAT ANY OMISSION OR FALSE STATEMENT IS SUFFICIENT REASON FOR DENIAL.

List any other names (alias) that you are known by. Include your maiden name and any nicknames, if applicable)
(Failure to include all names will result in denial)

Current Physical Address: _____
Full Street City State Zip

Current Mailing Address: _____
Full Street City State Zip

Previous Address: _____
Full Street City State Zip

Home Phone Number: () _____

List any other states that you have lived in: _____

Occupation or Business: _____ Employer: _____

Business Phone Number: () _____ Contact Name: _____

Fax Number: () _____

Have you ever worked for the Nevada Department of Corrections? Yes No If Yes, When? _____

2. IDENTIFIERS

Driver's License and/or ID Number: _____ State: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

SSN: _____ Gender: Male Female

Race: _____ Marital Status: Married Single

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Scars, Marks, or Tattoos: _____

For Official Use Only

Application Review: Approved Denied

Signature of Authorized Personnel

Date

3. CRIMINAL HISTORY

ALL arrests must be listed, whether there was a conviction or not. You must also list arrests in other states and countries. Do not exclude anything; Any omission of an arrest is grounds for an automatic denial.

Have you EVER been arrested? Yes No

Have you EVER been convicted of a Felony? Yes No

If yes, complete the following, attach additional sheets if necessary.

Charge: _____ Disposition: _____ Date of Arrest: _____ City/State: _____

Charge: _____ Disposition: _____ Date of Arrest: _____ City/State: _____

Charge: _____ Disposition: _____ Date of Arrest: _____ City/State: _____

Charge: _____ Disposition: _____ Date of Arrest: _____ City/State: _____

Charge: _____ Disposition: _____ Date of Arrest: _____ City/State: _____

Are you currently on Probation? Yes No If yes, in what state? _____

4. INMATE CONTACT

Do you currently or have you ever visited or corresponded with an inmate incarcerated in a Nevada Department of Corrections Facility? Yes No

If yes, complete the following section and attach additional sheets if necessary.

Name and Back Number Relationship Indicate whether you Visit or Write this Inmate

5. AUTHORIZATION

Chapter 179A of the Nevada Revised Statutes permits an Agency of the Criminal Justice to obtain records of criminal history regarding a prospective employee. Consent is not required in order to obtain information reflecting only convictions. Consent is required in order to obtain a complete record of criminal history.

The applicant's signature on this consent form will permit the Department of Corrections to obtain complete information regarding arrests, detention , indictments, information or other formal criminal charges and disposition of charges, including dismissals, acquittals, convictions, sentences, correctional supervision and release.

This information will be used only for purposes of determining employability. Chapter 179A of NRS prohibits an employer from dissemination of this information.

Applicant's Signature: _____ **Date:** _____

Agency Authorization for Records Check

Date