

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

Nevada Department of Corrections

Attn: Contracts
Contractor Background Check Application
Please PRINT all information

Phone (775) 977-5592
Fax (775) 977-5683
EXHIBIT H

1. NAMES/ADDRESSES/PROJECT

Applicant Name _____
Last First MI

Please complete this questionnaire in its **ENTIRETY** and mail it back to the address listed above. **BE ADVISED: ANY omission or false statement is SUFFICIENT REASON FOR DENIAL.**

List any other names (alias) 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 you have lived in: _____

Occupation or Business _____ Employer _____

Business Phone () Contact Name: _____

Have you worked/volunteered in a correctional setting? Yes No If Yes, When/Where? ____

Will your project/duties involve direct inmate contact? Yes No If Yes, in what capacity?

Indicate which institutions you will work at: _____

2. IDENTIFIERS

Drivers 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 NDOC Use Only

Application Review

Approved Denied

Signature of Authorized Personnel

Date

Please complete the 2nd page

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 or No

Have you **EVER** been convicted of a Felony? Yes or No

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 or No If yes, in what state? _____

0. **Do you or have you ever visited or corresponded with an inmate incarcerated in a Nevada Department of Corrections Facility?** Yes or 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.

Applicants Signature _____ Date _____

Agency Authorization for Records Check _____ Date _____