

PLEASE READ!!!

You will be notified of the result of your oral interview within 2 to 3 weeks. If you successfully pass your oral interview, the next step of the testing phase is the background investigation process. Again you will be contacted by an Investigator to schedule your background interview appointment.

IT IS IMPERATIVE THAT YOU IMMEDIATELY BEGIN TO COMPLETE THE PERSONNEL HISTORY QUESTIONNAIRE (PHQ) AND POLYGRAPH BOOKLETS. YOU MUST ALSO IMMEDIATELY OBTAIN ALL REQUIRED DOCUMENTS. FAILURE TO COMPLETELY ANSWER ALL OF THE QUESTIONS CONTAINED IN THESE BOOKLETS WILL RESULT IN YOUR INVOLUNTARY WITHDRAWAL FROM THE BACKGROUND INVESTIGATION PROCESS.

#11 - REQUIREMENT

**You must obtain a 10-year Employment History
Printout from the Social Security
Office (Not Earnings Statement)**

**Address: SOCIAL SECURITY OFFICE
1250 South Buffalo Drive - Suite 150
Las Vegas, Nevada 89146**

**Fee: \$35.00 - Personal Check OR Money Order ONLY
Cash will NOT be accepted**

Out-of-Area Candidates may contact their local Social Security Office.

THANK YOU.

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

ATTACHED ARE YOUR APPLICANT PERSONAL HISTORY QUESTIONNAIRE (P.H.Q.) AND PRE-EMPLOYMENT POLYGRAPH BOOKLET.

YOU MUST IMMEDIATELY ORDER ANY ORIGINAL/CERTIFIED DOCUMENTS YOU MAY NOT HAVE IN YOUR POSSESSION. *THIS PACKET MUST BE COMPLETED THREE WEEKS FROM THE DATE OF RECEIPT*****

READ CAREFULLY

Your application is subject to a complete background review consisting of family, personal, financial, employment, military (if applicable), driving and drug/alcohol histories. 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 INFORMATION REQUESTED IN THIS P.H.Q. OR PRE-EMPLOYMENT POLYGRAPH BOOKLET WILL RESULT IN YOUR DISQUALIFICATION FROM THE BACKGROUND INVESTIGATION. THIS DETERMINATION WILL PROHIBIT YOU FROM APPLYING FOR ANY POSITION WITH THE LAS VEGAS METROPOLITAN POLICE DEPARTMENT. ALL RESPONSES MADE BY YOU WILL BE HELD IN THE STRICTEST CONFIDENCE.

IF YOU HAVE NOT ANSWERED ALL OF THE QUESTIONS CONTAINED IN THIS P.H.Q. AND PRE-EMPLOYMENT POLYGRAPH BOOKLET, YOU WILL NOT BE INTERVIEWED, WHICH WILL RESULT IN YOUR INVOLUNTARY WITHDRAWAL FROM THE BACKGROUND INVESTIGATION PROCESS.

The documents listed below (Items 1-12) are a minimum requirement and must be provided by you at the time of your scheduled background interview. These documents must be ORIGINAL DOCUMENTS OR CERTIFIED COPIES. It may be necessary to order these original/certified documents. Some agencies may charge a fee for these documents that is not reimbursable by the LVMPD. Upon receipt of any of these documents, **DO NOT OPEN**. Copies will be made of your documents and the originals will be returned to you at the time you present them. Please bring the following which are applicable to your personal situation.

1. Birth Certificate.
2. High School transcripts showing graduation (*not Diploma*) or GED certificate **AND** GED transcript showing successful completion.
3. Official College Transcript (*not Diploma*).
4. Military DD-214 or Statement of Service (*Original Long Form*).
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, Naturalization Certificate; Permanent Resident Alien Card; etc.).
9. All Legal Name Change Documents (*marriage license, divorce papers, etc.*).
10. Criminal and Civil Court documents to include, but not limited to, Bankruptcy (*Discharge of Debtor*) or Judgement Statements.
11. 10-year Employment History printout from a Social Security Office (**not earnings statement**).
12. **LAW ENFORCEMENT ONLY**
IAB Clearance letter listing ALL investigations & dispositions (current & pending).

CAREFULLY READ INSTRUCTIONS

- A. **TYPE OR PRINT ALL ANSWERS IN BLACK INK.**
- B. **ANSWER EVERY QUESTION.** If information does not apply, indicate N/A in the blank spaces.
- C. **ANSWER ALL QUESTIONS COMPLETELY.** This includes complete street addresses, zip codes, area codes, etc.
- D. If there is insufficient space for your answers, **ATTACH ADDITIONAL SHEETS** with appropriate references to the question numbers.
- E. Failure to completely answer all of the questions contained in this P.H.Q. and Pre-Employment Polygraph Booklet, **will result in your involuntary withdrawal from the background investigation process.**
- F. **DO NOT SIGN** on the last page or have this form notarized. This will be done at the time of your background investigation interview.
- G. **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.

DATE ISSUED: _____

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 Number: _____

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 parent's 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
PRESENT MARRIAGE					M
					D
PRIOR MARRIAGE					M
					D
PRIOR MARRIAGE					M
					D

13. Have you ever been ordered to pay child support or alimony? Yes No

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

14. Have you ever been delinquent in child support payments or alimony payments? Yes No
 If 'Yes', what is the monthly payment, and please explain:

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 **FAMILY MEMBERS**, showing relationships in the following order: *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
Relationship	Name	Age	Occupation
Address		Home Telephone	Work Telephone

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

ADDENDUM TO PHQ:

Please provide the requested information regarding each person in your household who is over the age of 18 years:

Name (First, Middle, Last): _____

Maiden Name(s): _____

Date of Birth: _____ Social Security Number: _____

Citizenship Status: _____

Felony Arrests or Convictions: _____

Association with gangs, subversive, or terrorist groups: _____

Name (First, Middle, Last): _____

Maiden Name(s): _____

Date of Birth: _____ Social Security Number: _____

Citizenship Status: _____

Felony Arrests or Convictions: _____

Association with gangs, subversive, or terrorist groups: _____

Name (First, Middle, Last): _____

Maiden Name(s): _____

Date of Birth: _____ Social Security Number: _____

Citizenship Status: _____

Felony Arrests or Convictions: _____

Association with gangs, subversive, or terrorist groups: _____

Name (First, Middle, Last): _____

Maiden Name(s): _____

Date of Birth: _____ Social Security Number: _____

Citizenship Status: _____

Felony Arrests or Convictions: _____

Association with gangs, subversive, or terrorist groups: _____

PLEASE ATTACH AN ADDITIONAL SHEET OR USE THE BACK FOR MORE INFORMATION.

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

FAMILY MEMBERS (Continued)

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

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

RESIDENCES

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 etc. 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 telephone number of person who collects the rent.					
Address	City/County	State	Zip Code	From / To (Month & Year)	Military Installation
With whom do 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 do 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 do 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 do 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 do 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 do you live?					
If renting, give name, complete address, and telephone number of person who collects the rent.					
Reason for moving?					

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

RESIDENCES (Continued)

Address	City/County	State	Zip Code	From / To (Month & Year)	Military Installation
With whom do 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 do 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 do 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 A 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 High 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
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', explain below.
 Check here if this involved a law enforcement or law enforcement related employer.

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 below.

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

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:

EXPERIENCE AND EMPLOYMENT

Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)	Monthly Salary
Address (Number and Street)		City		State		Zip Code	
Job Title or Position	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor	Alternate Supervisor
Name of Four (4) Co-Workers:	#1	#2	#3	#4			
Describe Your Job Duties							
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)				Reason for Leaving			

Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)	Monthly Salary
Address (Number and Street)		City		State		Zip Code	
Job Title or Position	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor	Alternate Supervisor
Name of Four (4) Co-Workers:	#1	#2	#3	#4			
Describe Your Job Duties							
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)				Reason for Leaving			

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

EXPERIENCE AND EMPLOYMENT (Continued)

Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)		Monthly Salary	
Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
Name of Four (4) Co-Workers: #1		#2		#3		#4			
Describe Your Job Duties									
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)					Reason for Leaving				
Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)		Monthly Salary	
Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
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Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
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Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
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Address (Number and Street)		City				State		Zip Code	
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Name of Four (4) Co-Workers: #1		#2		#3		#4			
Describe Your Job Duties									
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)					Reason for Leaving				

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

EXPERIENCE AND EMPLOYMENT (Continued)

Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)		Monthly Salary	
Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
Name of Four (4) Co-Workers: #1		#2		#3		#4			
Describe Your Job Duties									
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)					Reason for Leaving				
Dates of Employment (Month/Year) From: _____ To: _____		Name of Employer				Work Phone (Area Code)		Monthly Salary	
Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
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Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
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Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
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List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)					Reason for Leaving				
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Address (Number and Street)		City				State		Zip Code	
Job Title or Position		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Internship <input type="checkbox"/>	Primary Supervisor		Alternate Supervisor
Name of Four (4) Co-Workers: #1		#2		#3		#4			
Describe Your Job Duties									
List Your Work Schedule (e.g., Monday thru Friday, 8:30 am to 6:30 pm)					Reason for Leaving				

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

EXPERIENCE AND EMPLOYMENT (Continued)

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 Information:

Name of Employer	Job Title	Monthly Salary
Address (Number, Street, City, State, Zip)		
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 and 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? Yes No
 If 'Yes', was it more than once? Yes No
 Date: _____ Reasons: _____

32. Have you ever had any of your bills, accounts, or loans turned over to a collection agency? Yes No

Date:	Account/Current Status
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', explain below. Yes No
 Date: _____ Reasons: _____

34. List your total debt (excluding mortgage): \$ _____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

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 Department or ANY law enforcement agency, law enforcement-related agency, or governmental agency? Yes No If 'Yes', provide the date, the position, and the results. Check ALL boxes that apply.

Name of Agency	Agency Phone Number	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 Personal 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 Job Offer <input type="checkbox"/> No Response From Agency <input type="checkbox"/> Unknown Status <input type="checkbox"/> Other		
Name of Agency	Agency Phone Number	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 Personal 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 Job Offer <input type="checkbox"/> No Response From Agency <input type="checkbox"/> Unknown Status <input type="checkbox"/> Other		
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Name of Agency	Agency Phone Number	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 Personal 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 Job Offer <input type="checkbox"/> No Response From Agency <input type="checkbox"/> Unknown Status <input type="checkbox"/> Other		

NOTE: LIST AND 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', provide 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', 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', 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', 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? If 'Yes', complete the following chart. Yes No

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 AND INSURANCE

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

STATE ISSUED	NAME ISSUED	DRIVER'S LICENSE #	DATES FROM / TO	RESTRICTIONS

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

YEAR	MAKE/MODEL	LICENSE NUMBER AND STATE	AUTO INSURANCE AND POLICY NUMBER	AUTO INSURANCE EXPIRATION

45. Have you ever been refused auto insurance for any reason? If 'Yes', explain below. Yes No

46. Has your license/privilege to drive ever been suspended or revoked? If 'Yes', explain below. Yes No

47. Have you ever been stopped, arrested, or cited for DUI? If 'Yes', explain below and give dates. Yes No

48. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself (hit & run)? If 'Yes', explain below and give dates. Yes No

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

DATE	CITY AND 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 AND STATE	CHARGE	DISPOSITION OR PENALTY

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

LEGAL

51. Have you ever had a Warrant for your arrest, a Failure to Appear, or a Summons for anything including traffic? If 'Yes', explain details that include when and where. Yes No

52. List **ALL** police contact, as an adult or juvenile, during which you were questioned, cited, detained or arrested, whether as a victim, witness, or suspect in any incident. **(Include charges that were dismissed, dropped, reduced)**. If 'Yes', provide the following information starting with the most recent incident. Yes No

DATE	CHARGES OR REASON FOR THE 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**? If 'Yes', explain below. Yes No

54a. Have you ever been involved in any CIVIL court action? If 'Yes', explain below. Yes No

54b. **Party Named:** _____ **Party Initiated:** _____

55. Have you ever received a settlement as a result of any claim? If 'Yes', explain below. Yes No

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**? IF 'YES', EXPLAIN IN A SEPARATE STATEMENT. Yes No

57. Have you, your spouse, any members of your family, or any members of your spouse's family ever been **associated with gangs, subversive, or terrorist groups**? IF 'YES', EXPLAIN IN A SEPARATE STATEMENT. Yes No

ALCOHOL AND 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.)

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

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.

Applicant's Signature

Date

Subscribed and Sworn to before me, this _____ day of _____, _____.

(Seal)

Notary Signature

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PRE-EMPLOYMENT POLYGRAPH BOOKLET

READ CAREFULLY

***** ATTENTION *****

This Polygraph Packet must be complete and turned in with your Personal History Questionnaire at the time of your background interview.

This booklet must be filled-out by the applicant only.

***** This packet must be completed three (3) weeks from the ***
date of receipt.**

**All questions answered "Yes" in this booklet require a detailed explanation.
Space is provided on pages at the back of the booklet for this purpose.**

**Failure to provide a detailed explanation will be considered a failure to
complete the booklet and will result in your involuntary withdrawal from the
background investigation process.**

***** ATTENTION *****

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PRE-EMPLOYMENT POLYGRAPH BOOKLET**

Please answer the following questions completely:

Full Legal Name: _____
Last Name *First Name* *Middle Name*

Social Security #: _____ DOB: _____ Age: _____

Local Telephone Number (at time of testing): _____

Position For Which You Are Applying: _____

If you have had a polygraph examination, list the date, the agency that requested the exam, the reason for the examination and the result:

<u>DATE</u>	<u>REASON FOR EXAMINATION</u>	<u>RESULT</u>
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____
_____	_____ _____ _____	_____

Examiner: _____ Date: _____ Time: _____

B/G Investigator: _____ Date of Application: _____

EMPLOYMENT HISTORY

- No Yes 1. Did you intentionally omit any employment from your application?
- No Yes 2. Will any of your current or past employers give you an unfavorable recommendation?
- No Yes 3. Have you been truthful and complete about the reasons for leaving each of your jobs?
- No Yes 4. Is anyone likely to report derogatory information about your work performance?
- No Yes 5. Have you ever been disciplined by an employer?
- No Yes 6. Have you ever violated a work rule which would have resulted in discipline or termination had it been discovered?
- No Yes 7. Have you ever been fired from a job for any reason, asked to resign, or left to avoid being fired?
- No Yes 8. Have you ever been in an argument with co-workers or supervisors during which you raised your voice in anger?
- No Yes 9. Were you ever turned down by any of the Armed Forces?
- No Yes 10. Have you ever served in any Armed Force, National Guard, or Military Reserve?
- No Yes 11. While in the Service, were you ever charged with a violation of the UCMJ?
(*Captain's Mast, Office Hours, Court Martial, etc.*)
- No Yes 12. Were you ever the subject of any military investigation?
- No Yes 13. Were you ever disciplined or reduced in rank?
- No Yes 14. While in the Service, were you ever AWOL or on unauthorized absence?
- No Yes 15. While in the Service, could you have reenlisted if you wanted?
- No Yes 16. Do you have any reason to be concerned about an investigation into your job history?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question (**No**):

- No Yes A. Are you intentionally withholding information about your employment?

If you answered (Yes) to any of the employment questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

THEFT

- No Yes 17. Since you were **14** years old, have you ever shoplifted anything?
- No Yes 18. Have you ever stolen money from a place where you work?
- No Yes 19. Have you ever given a discount, free merchandise or undercharged a sale for yourself, a family member or a friend?
- No Yes 20. Have you ever collected welfare or unemployment benefits when you were not entitled to them?
- No Yes 21. Have you ever taken a motor vehicle without the owner's permission?
- No Yes 22. Have you ever taken joy-ride in a stolen vehicle?
- No Yes 23. Have you ever taken office supplies from a place where you worked?
- No Yes 24. Have you ever taken money from anyone without permission?
- No Yes 25. Have you ever switched the price tags on merchandise?
- No Yes 26. Have you ever stolen a credit card?
- No Yes 27. Have you used a credit card without the owner's permission?
- No Yes 28. Have you ever been ashamed of taking anything from anyone?
- No Yes 29. Have you ever borrowed something from someone and intentionally not returned it?
- No Yes 30. Have you ever received stolen property?
- No Yes 31. Have you ever written a check knowing you did not have sufficient funds in the account to cover the check?
- No Yes 32. Have you ever broken into a vending machine or any other coin operated machine?
- No Yes 33. Have you ever broken into a building, structure, or vehicle in order to steal cash or property?
- No Yes 34. Have you ever obtained property under false pretenses?
- No Yes 35. Have you ever filed a false insurance claim?
- No Yes 36. Have you ever filed Workman's Compensation or an unemployment claim fraudulently?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question (**No**):

- No Yes **B.** Are you deliberately withholding information from me about something you have stolen?

If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

CRIMES AGAINST PERSONS

- No Yes 37. Have you ever struck another person (outside of play, athletic competition, or scope of employment) since the age of **18**? *If applying as Cadet, since the age of **14**.*
- No Yes 38. Have you ever struck a child which resulted in injury or bruising?
- No Yes 39. Have you ever struck, slapped, pushed, or kicked a current or past roommate, significant other, spouse, boyfriend or girlfriend?
- No Yes 40. Have you ever unlawfully taken the life of another human being?
- No Yes 41. Have you ever unlawfully kept a person captive against their will?
- No Yes 42. Since the age of **18**, have you had any sexual contact with a person under the age of **16**?
- No Yes 43. Before you were **18** years of age, did you have any sexual contact with anyone who was **4** or more years younger than yourself?
- No Yes 44. Have you ever had sex with a non-consenting partner?
- No Yes 45. Have you ever intentionally exposed yourself in public (*i.e., flashing, mooning*)?
- No Yes 46. Have you ever peered into windows for sexual excitement?
- No Yes 47. Have you ever done something in anger that you regretted later?
- No Yes 48. Have you ever had any sexual contact with any animal?
- No Yes 49. Have you had any sexual contact with a person that was incapacitated in any way (*i.e., drugs, alcohol, dead*)?
- No Yes 50. Have you ever bought, sold, traded or possessed erotic or nude pictures of children?
- No Yes 51. Have you ever taken erotic or nude pictures of children?
- No Yes 52. Have you ever followed, called repeatedly, or otherwise harassed a person who objected to your doing these things?
- No Yes 53. Have you ever used force or threat of force to take property or money from another person against their will?
- No Yes 54. Have you ever had any sexual contact with any family members?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question (**No**):

- No Yes C. Are you intentionally withholding information from me about a crime you committed against a person?

If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

CRIMINAL ACTIVITY

- No Yes 55. Have you ever paid for sex?
- No Yes 56. Have you ever been paid for sex?
- No Yes 57. Have you ever intentionally damaged or destroyed property?
- No Yes 58. Have you ever committed any act of malicious mischief?
- No Yes 59. Have you ever been the subject of a restraining order?
- No Yes 60. Have you ever tortured or abused an animal, or been present when others did?
- No Yes 61. Have you ever been a member, attended a gathering, or participated in any activity with a gang, subversive, or terrorist group?
- No Yes 62. Are you currently under investigation by any law enforcement agency concerning any alleged violation of the law?
- No Yes 63. Have you committed or taken part in any crime that you were not punished for?
- No Yes 64. Have you ever been detained, questioned, held on suspicion, fingerprinted, or taken into custody for any reason other than minor traffic violations?
- No Yes 65. Have you ever thought of committing a crime that you didn't carry through with?
- No Yes 66. Have you ever been convicted or pled guilty to a criminal act?
- No Yes 67. Have you done anything at all for which you could have been arrested?
- No Yes 68. Have you ever been convicted of a crime and later had the charges dropped for good behavior or completion of probation?
- No Yes 69. Have you ever carried a weapon without the proper permits?
- No Yes 70. Are you now, or have you ever been, a member or supporter of any organization, gang, subversive, or terrorist group that advocates or supports the use of force or fear to deny anyone their constitutional rights?
- No Yes 71. Have you ever been a participant in a riot?
- No Yes 72. Would you have any reason to be concerned about an investigation into your honesty?
- No Yes 73. Have you ever committed any act against someone because of their race, religion, sex, sexual orientation, or disability?
- No Yes 74. Have you ever taken or kept a child in violation of a judgement or order of a court disposing of the child's custody or visitation rights?
- No Yes 75. Have you ever entered or remained on the property of another, knowing you did not have permission of the owner to do so?
- No Yes 76. Have you ever started a fire or caused an explosion to damage your or anyone else's property?
- No Yes 77. Have you ever failed to pay court ordered child support?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question **(No)**:

- No Yes **D.** Right now, are you thinking about a specific crime you have committed that you are intentionally withholding?

If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (including Who, What, When, Where, Why, and How).

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

DRUG USAGE / DRUG SALES CHART

COMPLETE THE FOLLOWING TABLE AS TO YOUR DRUG USE. FOR EACH DRUG, LIST
THE TOTAL AMOUNT OF USE AND/OR SALES:

	MAXIMUM USE POSSIBLE	LAST DATE USED	HOW MANY TIMES SOLD	LAST TIME SOLD
<u>HALLUCINOGENS</u> LSD, PCP, Peyote, mushrooms, mescaline, etc.				
<u>STIMULANTS</u> cocaine, crack, rock, crank, crystal meth, angel dust, speed, etc.				
<u>DEPRESSANTS</u> tranquilizers barbiturates, benzodiazepines,				
<u>NARCOTICS</u> codeine, opium, morphine, heroin, etc.				
<u>INHALANTS</u> glue, paint, etc.				
<u>STEROIDS</u> orally, injected, what type, etc.				
<u>CANNABIS SUBSTANCES</u> marijuana, hashish, hashish oil, etc.				
<u>DESIGNER DRUGS</u> ecstasy, GHB, rohypnol (roofies), etc.				
<u>OTHER</u> explain				

DRUG USE

- No Yes 78. Have you ever used or experimented with any illegal drug?
- No Yes 79. Within the past three years, have you used any illegal drug?
- No Yes 80. Within the past three years, have you been in the presence of anyone else using illegal drugs?
- No Yes 81. Have you ever ingested a substance you thought was an illegal drug, and then found out later that it wasn't?
- No Yes 82. Have you ever inhaled glue, paint, rush, or any other volatile substance with the intent of getting high?
- No Yes 83. Have you ever been the middleman, go between, or "done a favor for a friend" by becoming involved in a drug transaction?
- No Yes 84. Has anyone close to you ever used or been addicted to drugs?
- No Yes 85. Have you ever sold or delivered an illegal drug?
- No Yes 86. Have you ever grown marijuana?
- No Yes 87. Have you ever been involved in the manufacturing process of any illegal drug?
- No Yes 88. Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle?
- No Yes 89. Have you ever misused a prescription drug?
- No Yes 90. Valid medical reasons aside, have you or any other person injected any substance into your body?
- No Yes 91. Have you ever unknowingly ingested a drug that was given to you by someone, and found out about it after the fact?
- No Yes 92. Do you live with or have a relationship with anyone who uses, possesses, or sells any kind of illegal drug or narcotic?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following questions **(No)**:

- No Yes E. Three years prior to your date of application, have you used any illegal drug(s)?
- No Yes F. Does your personal use of illegal drugs exceed what you have told me?
- No Yes G. Did you ever sell or deliver any illegal drug that you have not admitted to me?

If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

PRIOR LAW ENFORCEMENT SERVICE

If you have no prior law enforcement experience, skip this section. If you have prior law enforcement experience, complete the following questions which pertain to on-duty related incidents:

- No Yes 93. Have you ever been the subject of an internal investigation?
- No Yes 94. Have you ever been a witness in an internal investigation?
- No Yes 95. Have you ever lied or been untruthful in an internal investigation?
- No Yes 96. Have you ever been the subject of a criminal investigation?
- No Yes 97. Have you ever done anything in your law enforcement career that you are not proud of?
- No Yes 98. Have you ever committed a criminal act for which you could have been incarcerated?
- No Yes 99. Have you ever violated a person's civil rights?
- No Yes 100. Have you ever violated a Department Policy for which you could have been disciplined?
- No Yes 101. Have you ever converted property obtained in the scope of your employment to personal use?
- No Yes 102. Have you ever disseminated confidential information to anyone outside the Department?
- No Yes 103. Have you ever intentionally extended your shift to receive unwarranted overtime?
- No Yes 104. Have you ever witnessed another officer violate a Department Policy for which they could have been disciplined?
- No Yes 105. Have you ever witnessed another officer commit a criminal act?
- No Yes 106. Have you ever witnessed another officer violate a person's civil rights?
- No Yes 107. Have you ever been terminated or resigned your commission?
- No Yes 108. Have you ever covered up for a fellow officer who committed a crime?
- No Yes 109. Have you ever lied or been untruthful to a supervisor?
- No Yes 110. Have you ever covered up for a fellow officer who violated a Department Policy?
- No Yes 111. Have you ever mishandled or abused any person in your immediate control?
- No Yes 112. Would you have any reason to be concerned about an investigation into your law enforcement history?

Answering all of the preceding questions truthfully will allow you to truthfully and completely answer the following question (**No**):

- No Yes H. Are you intentionally withholding information about your law enforcement history?

If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).

SPACE IS PROVIDED FOR THESE EXPLANATIONS ON THE LAST PAGES OF THIS FORM.

DECLARATION OF TRUTHFUL STATEMENTS

WARNING:

DO NOT COMPLETE THE QUESTIONS ON THIS PAGE OR SIGN THIS DOCUMENT UNTIL IN THE PRESENCE OF AN LVMPD BACKGROUND INVESTIGATOR

ASSESSMENT OF PERSONAL HISTORY INFORMATION

- No Yes 1. Is anyone likely to report that you have a personality characteristic that would make you unsuitable for this job?
- No Yes 2. Is there anything in your background that you have not been asked, and that we should know about, before considering you for this job?
- No Yes 3. Is there **ANYTHING** that I have not asked or discussed with you that you feel could cause you a problem on the polygraph test?

If you answered (Yes) to any of the above listed questions, you must provide a complete and detailed explanation (*including Who, What, When, Where, Why, and How*).

<u>ITEM NUMBER</u>	<u>EXPLANATION(S) REGARDING ASSESSMENT PERSONAL HISTORY INFORMATION</u>
_____	_____
_____	_____
_____	_____

You have now completed the Polygraph Pretest Booklet. You should stop for a moment and think about your answers. You should ensure that you have accurately portrayed all of the information that was requested. You will be tested on the accuracy of the information.

I, _____ certify that all of the information that I have revealed in this booklet is true, correct and complete. I have not intentionally withheld, falsified, or misrepresented any information requested in this booklet.

Applicant's Signature Date

Subscribed and sworn to before me, this _____ day of _____, _____

(SEAL)

Notary Signature

ITEM NUMBER	EXPLANATION(S) REGARDING EMPLOYMENT HISTORY; THEFT; CRIMES AGAINST PERSONS; CRIMINAL ACTIVITY; DRUG USE AND PRIOR LAW ENFORCEMENT SERVICE.
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ITEM NUMBER	EXPLANATION(S) REGARDING EMPLOYMENT HISTORY; THEFT; CRIMES AGAINST PERSONS; CRIMINAL ACTIVITY; DRUG USE AND PRIOR LAW ENFORCEMENT SERVICE.
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ITEM NUMBER	EXPLANATION(S) REGARDING EMPLOYMENT HISTORY; THEFT; CRIMES AGAINST PERSONS; CRIMINAL ACTIVITY; DRUG USE AND PRIOR LAW ENFORCEMENT SERVICE.
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ITEM NUMBER	EXPLANATION(S) REGARDING EMPLOYMENT HISTORY; THEFT; CRIMES AGAINST PERSONS; CRIMINAL ACTIVITY; DRUG USE AND PRIOR LAW ENFORCEMENT SERVICE.
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ITEM NUMBER	EXPLANATION(S) REGARDING EMPLOYMENT HISTORY; THEFT; CRIMES AGAINST PERSONS; CRIMINAL ACTIVITY; DRUG USE AND PRIOR LAW ENFORCEMENT SERVICE.
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