

**APPLICATION INSTRUCTIONS
PERSONAL HISTORY SHORT FORM**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

I. COMPLETING THIS FORM:

- A. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, indicate "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
- C. Applicants must initial each page to indicate that you have read the information as provided and it is correct.
- D. All entries on this form, except initials and signatures, must be typed or printed in block lettering using **black ink**. If your application is not legible, it **WILL NOT** be accepted.
- E. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- F. Information normally needed by the assigned investigator can include but not limited to: federal tax forms, bank statements, and brokerage statements. Your investigator will tell you if they are needed and if any additional information is necessary. Have the above documents available if requested. Failure to provide any requested documents could result in the denial of your application.
- G. Once your application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned, and LVMPD does not make any copies of any documents relating to the application. Applicant is advised to make copies before submitting questionnaire.
- H. IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIM/HERSELF WITH ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.

II BE SURE TO:

- A. Attach a recent (within the past six months) passport size color photograph of yourself.
- B. Sign the Statement of Truth form and have notarized.
- C. Check to ensure that you have placed your initials on each page.
- D. Have included all required attachments.
- E. Answer every question completely.
- F. Retain a copy of your application for your own records.
- G. Read, Initial, Sign, and Notarize both AUTHORIZATION TO RELEASE INFORMATION forms.

PERSONAL HISTORY SHORT FORM

Name: Last (includes Sr., Jr., Etc., if applicable)	First	Middle		
Mailing Address (number and street)	Apt. #	City/Town	State/Province	Zip/Postal Code
Home Address (if different from mailing address)	Apt. #	City/Town	State/Province	Zip/Postal Code
Present Business Address (number and street)	Suite #	City/Town	State/Province	Zip/Postal Code
Home Telephone Number (include area codes)	Present Business Telephone No.		Cellular Telephone No.	

Date of Birth	Social Security No.
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Have you been known by any other name or names? Yes No If yes, list the additional names below and specify dates of use for each (include maiden name, aliases, nicknames, American name, other name changes, legal or otherwise.)

Sex	Color of Eyes	Color of Hair	Height	Weight
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Do you have any scars, tattoos, or other distinguishing marks and/or characteristics? If so, please describe:

1. List all current motor vehicle drivers licenses (automobiles, motorcycles, airplanes, boats, recreational vehicles, etc.) issued to you in any jurisdiction.

DATE LAST ISSUED	LICENSE NUMBER	TYPE OF LICENSE	JURISDICTION ISSUING LICENSE	EXPIRATION DATE OF LICENSE

Of what country are you a citizen?	If registered alien, list number
If naturalized, list certificate number	Date of Naturalization
Point of Entry	Date of Entry

ATTACH COPY OF ALIEN REGISTRATION/NATURALIZATION

4. Beginning with your present job and working backward, provide the following information in regards to each place you have worked for the past ten (10) years or since the age of 18, whichever is less. Include all part-time and full-time employment and military service. Give dates of any unemployment between jobs in proper sequence.

From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
To:				
Salary:	Job Title/Classification	Description of Duties		

From:	Employer Name and Mailing Address	Employer Phone Number	Name of Supervisor	Reason for Leaving
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To:				
Salary:	Job Title/Classification	Description of Duties		

4a. With regard to the previously listed employment:

- A. Were you ever discharged, suspended or asked to resign from employment? Yes No
- B. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action? Yes No

If yes to either question, complete the following:

Date of Discharge, Suspension, Resignation or Disciplinary Action	Name and Address of Employer	Name of Supervisor	Reason for Discharge, Suspension, Resignation or Disciplinary Action

7. Have you had any records, civil or criminal, sealed or expunged in any jurisdiction? Yes No
 If yes, please provide copy of sealing document and details.

8. In the last ten years, have you ever made application for or held any professional or occupational license, permit, or certification in any jurisdiction, including, but not limited to, the following: Real Estate Broker or Salesman, Accountant, Attorney, Medical, Boxing Promoter, Manager or Matchmaker, Race Horse Owner, Trainer, Manager, Jockey, Race Dog Owner, Securities Dealer, Contractor, Pilot, Insurance, or any other type of professional license? (Do not include Alcoholic Beverage or Driver's License.) You must answer "Yes" to this question if you ever applied and your application was granted, denied, returned to you by the licensing agency for any reason, withdrawn, or is currently pending. Yes No If yes, complete the following:

NAME ON LICENSE	TYPE OF LICENSE	DATE - FROM/TO	NAME AND ADDRESS OF LICENSING AGENCY/ORGANIZATION	DISPOSITION OF THE APPLICATION

9. Have any of the licenses, permits or certifications applied for or held by you as identified in the previous questions ever been denied, suspended, revoked, or subject to any conditions in any jurisdiction? Yes No If yes, please complete the following:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME & ADDRESS OF GOVERNMENTAL AGENCY/ORGANIZATION	DATE OF DENIAL, SUSPENSION, REVOCATION OR CONDITION	REASON(S) FOR DENIAL, SUSPENSION, OR REVOCATION

14. Provide the names and other information requested for three (3) references over the age of 18 who have known you for at least three (3) years and can attest to your good character and reputation. No person can be a reference who is a member of your family (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law, whether by whole or half blood, by marriage, adoption or natural relationship). No person can be a reference who is a current employer, employee, or business associate.

REFERENCE ONE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference? _____

REFERENCE TWO

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference? _____

REFERENCE THREE

Name _____ Business Address _____
Address _____

Telephone No. _____ Occupation _____
How long have you known the reference? _____

15. Did another individual complete this application on your behalf? Yes No If yes, provide:

Name _____ Address _____
Telephone No. _____ Affiliation _____

Explain affiliation of this individual and reason this application was completed on your behalf (i.e. language, legal, etc.)

STATEMENT OF TRUTH

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this form that is not an original document is a certified copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false or misleading they will be documented and could result in the denial of licensing.

Dated: _____

Signature: _____

Subscribed and Sworn to
before me this _____ day

of _____, 20_____

Notary Public

State/Province, Country

I, _____ , understand that in case this application is withdrawn or denied, there shall be no refund of any investigation fees paid.

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ , _____ .

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

I, _____ , understand that if this application is for a change of ownership of an existing business, it must comply with the uniform commercial code "Bulk Transfers" (Nevada Revised Statutes 104.6101 through 104.6108), and upon approval of the license transfer by the Gaming Board of Commissioners and county and municipal licensing boards, I will submit to the licensing authorities a completed copy of the compliance with this code.

X _____
Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ , _____ .

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

