

TRAFFIC HISTORY

1. How many traffic citations have you received during the past three years? _____

(Excluding parking citations and traffic warnings.)

Yes

No

2. Has your drivers license ever been suspended or revoked?

3. Has any drivers license issued to you contained specific limitations, restrictions, or special conditions?

4. Have you ever been required to attend a hearing in reference to your driving record?

5. Are you licensed to drive in any other state(s)?

If the answers to any of these question is YES, explain fully:

MILITARY HISTORY

List all periods of active service in the Armed Forces of the United States. DO NOT include short reserve tours of 90 days or less.

Date(s) of Service: From _____ To _____ Branch _____

Type of Unit: _____ Military Service Number: _____

Highest Rank/Rate Held: _____ Type of Discharge: _____

Military Enlistment/Obligation Expires: _____

If you received a discharge other than honorable, give complete details:

Military Reserve Status: Ready _____ Standby _____ Active _____ Inactive _____ None _____

Please furnish a copy of your discharge and DD-214.

EDUCATION HISTORY

List high school, colleges and universities attended:

<u>NAME OF INSTITUTION</u>	<u>MAJOR</u>	<u>CITY AND STATE</u>	<u>GRADUATED/DEGREE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever taken a General Education Development (GED) Test? Yes _____ No _____

If YES what was your score? _____

EMPLOYMENT HISTORY

Begin with your present or most recent job and list your complete work record since age 18. Use a separate sheet of paper if needed.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Salary		
Supervisor		Starting	Final	
Reason for Leaving				

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Salary		
Supervisor		Starting	Final	
Reason for Leaving				

EMPLOYMENT CONTINUED

Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title		Salary		
Supervisor		Starting	Final	
Reason for Leaving				

Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title		Salary		
Supervisor		Starting	Final	
Reason for Leaving				

Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title		Salary		
Supervisor		Starting	Final	
Reason for Leaving				

Employer	Telephone ()	Dates Employed From To		Work Performed
Address				
Job Title		Salary		
Supervisor		Starting	Final	
Reason for Leaving				

MISCELLANEOUS

1. If it became necessary in the course of your duties to take a human life, would you have any reluctance because of religious or other beliefs? YES _____ NO _____

If YES, explain: _____

2. What professional licenses and/or certificates of proficiency do you hold? (scuba, radio, etc.) Also list any special skills you may have.

3. Have you ever applied for or been a member of a police reserve or auxiliary unit, or a regular officer in any law enforcement agency? YES _____ NO _____

If YES, list dates and organizations:

4. Are you now receiving or have you ever received any benefits or payments to you or your doctor for any job related injury? If yes, when and where did this occur?

5. List three (3) personal references (included names, addresses and phone numbers):

6. List nearest relative (include names, addresses and phone numbers):



FALLON POLICE DEPARTMENT
55 W. Williams Avenue
Fallon, Nevada 89406
(775) 423-2111

PRE-EMPLOYMENT WAIVER AND LIABILITY RELEASE

In consideration for the processing of my application for the position of _____,
I, _____, do hereby irrevocably agree to the following:

WAIVER OF LIABILITY

I hereby release from liability and promise to hold harmless under and all causes of legal action, the City of Fallon Police Department, its agents or employees, and any and all persons or entities in the pursuance of my background investigation.

RELEASE OF INFORMATION

I authorize, for a period of one (1) year from the date of signature on this document, any person or entity contacted by the City of Fallon Police Department, its agents or employees, during the course of my background investigation, to furnish to said persons or entities, any and all information that they may have concerning me, including, but not limited to, any confidential or privileged information, employment personnel files, any sealed data or materials, or agreed to be withheld information pursuant to any prior agreement or court proceeding involving disciplinary matters or any other information or opinions they may have.

I understand that under the Fair Credit Reporting Act, I have a right to review any consumer reports, investigative reports or other reports generated or received by the City of Fallon in connection with background checks to determine my suitability for employment with the City of Fallon Police Department. I hereby waive and release my right to review and receive copies of these reports.

Dated this _____ day of _____, 20____

Signature of Person Waiving Rights

State of Nevada)
 : ss
County of Churchill)

Subscribed and Sworn to before me this _____ day of _____, 20____

Signature of Notary Public