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| **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** |

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| --- | --- | --- |
| **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  Current Mailing Address |  | Zip |
| Full Street City State  Previous Address |  | Zip |
| Full Street City State  Home Phone Number ( )  List any other states you have lived in: |  | Zip |
| Occupation or Business \_Employer |
| Business Phone ( I 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 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 |  |  |
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|  |  |  |
| ***For NDOC Use Only***  **Application Review**  Approved ❑ Denied ❑ |  |  |
| Signature of Authorized Personnel Date |  |

DOC 560 (3-20)

**Please complete the 2' pace**

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 nor No  convicted of a Felony? Yes or No  Disposition | Date of Arrest | City/State |
|  |
| Have you ***EVER*** been |
| Charge |
| 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 nor 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**

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| 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 |

DOC 560 (3-20 )