



Background Check Application

Clark County Employee DFS Employee Vendor Volunteer

Agency (If Applicable): _____

Clark County DFS Position/Title: _____

Last Name: _____

First Name: _____

Middle: _____ Other Names Used (ex. Maiden): _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Sex: _____ Race: _____

Home Phone: _____ Other Phone: _____

Have you lived outside Nevada within the past 5 years? [] YES [] NO

Please list the states: _____

Have you ever had ANY kind of Child Protective Services involvement? [] YES [] NO

Please Explain: _____

List ANY arrests you have ever had, even if it was denied, or dismissed!

****Disposition is the final outcome of the charge****

Year:_____Charge:_____Disposition: [] Not Guilty [] Guilty [] Dismissed [] Denied

[] FELONY [] MISDEMEANOR [] GROSS MISDEMEANOR

Please provide an explanation of the incident, including final outcome of the charges.

Year:_____Charge:_____Disposition: [] Not Guilty [] Guilty [] Dismissed [] Denied

[] FELONY [] MISDEMEANOR [] GROSS MISDEMEANOR

Please provide an explanation of the incident, including final outcome of the charges.

Year:_____Charge:_____Disposition: [] Not Guilty [] Guilty [] Dismissed [] Denied

[] FELONY [] MISDEMEANOR [] GROSS MISDEMEANOR

Please provide an explanation of the incident, including final outcome of the charges.

PLEASE READ AND SIGN

I have disclosed a COMPLETE account of all arrests *and* CPS activity, including those that were dismissed, denied, or sealed. I understand that failure to fully disclose my ENTIRE record could prevent me from becoming an employee, vendor or volunteer with Clark County Department of Family Services.

SIGNATURE:_____

DATE:_____