PERSONAL IDENTIFICATION INFORMATION:

Name: _____
(LAST) (FIRST) (MIDDLE)

Any Other Name Used: _____
(LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Social Security Number: _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or, if hired by the employer named below or a subsidiary, I, the undersigned, whose name and personal identification information voluntarily appears above, do hereby and irrevocably agree to the following:

1. I hereby authorize the Nevada Department of Public Safety, the Las Vegas Metropolitan Police Department and any other agency of criminal justice, to search for and release criminal history record information to the employer, prospective employer or their designee named below. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons, and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.

2. **In giving the above authorization, I understand that all information provided may be reviewed by the employer, prospective employer, his designee(s) in Human Resources, contracted background screening companies and/or any other person approved by the Nevada Department of Public Safety to make an informed employment decision on behalf of the employer named below. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction.** _____(Please initial)

3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the employer or their designee, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety upon request.

4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the requestor for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

(Please circle one)
Prospective Employer/Employer: _____

Applicants Signature: _____ Date:_____
(This waiver is non expiring if employed by employer)

Applicants Physical Address: _____