



**WASHOE COUNTY SHERIFF'S OFFICE,
RENO POLICE DEPT
UNIVERSITY OF NEVADA, RENO POLICE
REGIONAL CITIZENS' POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

Today's Date: _____

Name: _____
Last First Middle

Other Names: _____

Home Address: _____
Street City, State Zip

Mailing Address: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Occupation: _____

Business Address: _____

Email Address: _____ **Height:** _____ **Sex:** _____
Male/Female

Date of Birth: ____/____/____ **Age:** ____ **S.S. Number:** ____ - ____ - ____

State Driver's License or State ID: _____
State Number

Emergency Contact: _____
Name Phone #

Please give names and phone numbers of two (2) references:

1: _____

2: _____

Have you ever been arrested /convicted of a crime or traffic offense? (to include traffic tickets) ___ Yes ___ No

If yes, please provide details on a separate sheet of paper, even if you were not convicted.

Have you ever been convicted on a charge of domestic violence? _____ Yes _____ No

Do you have a Concealed Weapons Permit? _____ Yes _____ No

Do you have military service? _____ Yes _____ No **If yes, Branch:** _____

Type of Discharge: _____ **Retired:** _____

Authorization to release information

As a candidate for security clearance with the Reno Police Department, Washoe County Sheriff's Office and the University of Nevada, Reno Police (Regional Citizen's Police Academy), I am required to furnish information for use in determining my qualifications and suitability. I realize that the Reno Police Department, Washoe County Sheriff's Office and the University of Nevada, Reno Police will not release the information provided to them to any person, including myself. However, information may be released to another law enforcement agency pursuant to NRS 239B, Disclosure of Person Information to Government Agencies. The information submitted to these agencies is confidential and will be used only for investigating my suitability for participation in the programs previously identified, unless otherwise required by law.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all of my previous employers, physicians, and professionals who may have treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish to the Reno Police Department, Washoe County Sheriff's Office and the University of Nevada, Reno Police and all information they may have concerning me.

I hereby release you, your organization, or others from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes as valid as the original. I authorize you to retain a copy of this form for your files.

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Reno Police Department, Washoe County Sheriff's Office and the University of Nevada Reno Police in the Personal history statement as well as any other statements and information provided for my pre-enrollment (volunteer) background investigation or any other phase of my security clearance screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of the material fact, or willful deception will be cause for disqualification and rejection as a candidate for security clearance without appeal. I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after the security clearance, without notice and without any right of appeal.

SECURITY CLEARANCE INVESTIGATION DISCOVERY WAIVER

As a candidate with the Regional Citizen Police Academy I recognize that an employing law enforcement agency has a legal as well as moral obligation to take every reasonable effort to ensure that persons provided security clearance by them as police officers or in other positions conform to the highest standards.

Therefore, I release and hold harmless the Reno Police Department, Washoe County Sheriff's Office and the University of Nevada, Reno Police and their officers, agents, or assigns, now and in the future, from any claim or damages in law of equity on behalf of myself, my heirs and assigns, for their refusal to make available any organization(s) which may have supplied information in the course of this investigation, as well as the substance of the information supplied.

I hereby, waive my right, now and in the future, to examine, review and otherwise discover the contents of this investigation and all related documents thereto.

I hereby grant permission to the Police Department's and the Washoe County Sheriff's Office to conduct an inquiry into my background to determine my suitability for appointments.

Dated this _____ day of _____, 20 ____

I have read read and acknowledge **Authorization to release information**

I have read and acknowledge the **Certification and Penalty Information**

Incomplete forms will not be accepted.

Upon completion the form can be delivered through the following methods:

- **Save the form to your computer and email to rpdttraining@reno.gov**
- **Send through the mail or hand delivery to:**
 - **Reno Police Department
Training Division
Attn: Sgt. Dan Thompson
455 E. 2nd Street
Reno, NV 89505
Phone: 789-5429**

Application will need to be dated and/or received before the due date of July 08, 2016