Reno Police Department Personal History Statement

For

Privileged Business License Application

Instructions to Applicant

Complete this process <u>after</u> submitting your business license application to the City of Reno Business License Division.

Your background investigation begins when you bring this **completed** Personal History Statement (PHS), with the last two (2) pages notarized, to the Reno Police Department's Work Applicant Unit where you will be fingerprinted and photographed (a cash fee will be charged). Fingerprint cards are submitted to the Nevada Criminal Justice Information Services Repository (NCJIS) and to the Federal Bureau of Investigation (FBI). This information may take several weeks to be returned to us. Therefore, **complete this step as soon as possible (within fifteen (15) days preferably)** after submitting your business license application to the Business License Division.

Reno Police Department
Work Applicant Unit
455 East 2nd Street
Monday – Thursday 7:30 am -3:30 pm
Closed from 11:00 am - Noon

Each applicant (person to be licensed) must complete a PHS (RMC Title 5). The information provided is confidential and any statement is subject to verification.

Respond to answers openly and as accurately as possible. Deliberate inaccuracies, false or incomplete statements can be reasons to deny your application. Any negative factor in your background will be evaluated in terms of the surrounding circumstances and the relevance to your business license.

If extra space is needed, write your answers, along with the question number on a blank sheet of paper and attach it to the PHS.

<u>Note: Applicants who live outside of the greater Reno area</u>, who are mailing their RPD documents including completed and notarized PHS, **two (2) required fingerprint cards (DO NOT BEND WHEN MAILED)** with RPD fees (check or money order) and mail to:

Reno Police Department Attention: Work Applicant Unit PO Box 1900 Reno, NV 89505

**Questions regarding the P.	HS or RPD Background process, please call 775.334.2183	
April 19, 2022	Account #	

Effective

TYPE or PRINT in ink.

Do not have another person complete the responses for you.

If a question does not apply, write "N/A" in the answer space.

DO NOT leave any sections blank

BUSINESS ADDRESS POSITION WITH BUSINESS YOUR NAME (LAST, FIRST, MIDDLE) OTHER NAME (SUCH AS MAIDEN, MARRIED, NICKNAME, ETC) BIRTH DATE PLACE OF BIRTH (CITY, STATE, COUNTRY) SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER MARKS, SCARS, TATTOOS RESIDENCE ADDRESS MAILING ADDRESS TELEPHONE NUMBERS HOME WORK CELLULAR	BUSINESS NAME		
YOUR NAME (LAST, FIRST, MIDDLE) OTHER NAME (SUCH AS MAIDEN, MARRIED, NICKNAME, ETC) BIRTH DATE PLACE OF BIRTH (CITY, STATE, COUNTRY) SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER MARKS, SCARS, TATTOOS RESIDENCE ADDRESS MAILING ADDRESS TELEPHONE NUMBERS HOME WORK CELLULAR E-MAIL ADDRESS Primary -	BUSINESS ADDRESS		
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RESIDENCE ADDRESS MAILING ADDRESS TELEPHONE NUMBERS HOME WORK CELLULAR E-MAIL ADDRESS Primary -	DRIVERS LICENSE NUMBER		
MAILING ADDRESS TELEPHONE NUMBERS HOME WORK CELLULAR E-MAIL ADDRESS Primary -	MARKS, SCARS, TATTOOS		
TELEPHONE NUMBERS HOME WORK CELLULAR E-MAIL ADDRESS Primary -	RESIDENCE ADDRESS		
HOME WORK CELLULAR E-MAIL ADDRESS Primary -	MAILING ADDRESS		
HOME WORK CELLULAR E-MAIL ADDRESS Primary -	TELEPHONE NUMBERS		
Primary -		WORK	CELLULAR
	Primary -		

Have you ever been arrested or issued a misdemeanor citation, excluding Traffic, in the last 10 years? Yes No					
If Yes please explain	the details of the arrest, include an approxima	te date & which Police Agency was involved			
	•	action of any kind imposing fines or other isdiction, or denied a license or work card, due			
Yes	No				
If Yes please explain	what, where & why:				
	AUTHORIZATION TO RELEA	SE INFORMATION			
• •	City of Reno Business License, I hereby author	rize the release of information concerning me, ous employers, physicians and professionals who m			
•		porting services, public agencies and all others who			
	•	stand the information provided will be used only fo			
		and that the information is deemed confidential an			
will not be released	to any other person(s), including myself.				
I hereby release you	, your organization, or other from liability or d	amage which may result from furnishing the			
	•	s form shall be for all intents and purposes as valid a			
the original. I author	rize you to retain a copy of this form for your fi	les.			
This Authorization to	o Release Information is valid for any informati	on supplied within one (1) year of my signature.			
Name of Applicant (print)				
Signature of Applica	nt	Date			
State of	County of	=			
This instrument was	acknowledged before me on (date)	by			
(Print name of applie	cant				

CERTIFICATAION and **PENALTY**

I HEREBY DECLARE that any and all statements and information provided to the Reno Police Department in this Personal History Statement for my background investigation are true and complete to the best of my knowledge and belief. I understand any misstatement or omission of material fact or willful deception will be cause for disqualification and rejection of my City of Reno privileged business license application and could also be grounds for suspension or revocation of my privileged business license after issuance.

Name of Applicant (print)	
Signature of Applicant	Date
State of County of	_
This instrument was acknowledged before me on (date)	by
(Print name of applicant	-
(Signature of notarial officer)	