

**GUBERNATORIAL APPOINTMENT
LIMITED BACKGROUND INVESTIGATION**

The Office of the Governor and the Nevada Division of Investigation will use the following information for a background investigation to determine whether or not you qualify for appointment to a Board, Commission, Committee, Authority or other Position of Public Trust. **READ and CAREFULLY FOLLOW the instructions below.**

1. The application packet includes the following forms:
 - Questionnaire (3 pages)
 - Nevada Division of Investigation Release Form (1 page)
 - State Bar of Nevada Release Form (1 page) – **NOTE:** if you are not an attorney, you do not need to complete and return this form.
2. Please complete each question fully, attaching additional explanation(s), if needed.
3. Return the completed questionnaire and the attachments as soon as possible to:

Office of the Governor
Attn: Boards and Commissions Deputy
555 East Washington Ave., Ste. 5100
Las Vegas, Nevada 89101

OR return the application by fax to (702) 486-2505

4. Please also provide a current resume, biography, or curriculum vitae to the Office of the Governor when you submit the application. The biographical information may be provided to the press upon your appointment.
5. Your receipt of this application packet does not indicate that you have been selected or appointed. Accordingly, please be cautious of making any statements to the effect until you have been specifically informed of your appointment. The Governor's Office will notify you of your appointment if you are qualified and selected for the Position.
6. Please direct any questions you have regarding the contents of this application packet or the process to the Boards and Commissions Deputy at (702) 486-2500.

Number of years at current residence? _____ Years

If less than five years, list each city of residence during the last five years:

City, State	From Month/Year	To Month/Year

Professional Information

Present Employer: _____
Company/Business Name

Business Address: _____
Street City State Zip

Business Phone: _____ Ext. _____ FAX _____ E-Mail _____

Job Title/Responsibilities: _____

Identify all of your professional license(s) and the following information. Specify if your license(s) are in a name other than the legal name you listed on page 1.

Type of License	License #	Issuance Date	Continuously active since issuance? If no, please explain on a separate page
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Educational History – specify school attended, year of graduation and type of degree received

High School or high school equivalence (G.E.D.): _____

Undergraduate: _____

Graduate: _____

References

1. _____
Name Title/Company State Zip
2. _____
Name Title/Company State Zip
3. _____
Name Title/Company State Zip

Background Information

If you answer “Yes” to any of the following questions, please submit an explanation on a separate page.

- | | | | |
|-----|---|-----|----|
| 1. | Have you ever had your driver’s license suspended or revoked? | Yes | No |
| 2. | Have you ever been convicted of, pled nolo contendere or pled guilty to a motor vehicle offense, including traffic offenses? | Yes | No |
| 3. | Have you ever been arrested or been the subject of a criminal complaint or indictment? | Yes | No |
| 4. | Have you ever been convicted of, pled nolo contendere or pled guilty to a crime? | Yes | No |
| 5. | Have you personally or has any company in which you were a principal ever been the subject of a criminal investigation? | Yes | No |
| 6. | In any of your employments, businesses, or professional associations have you ever been disqualified, discharged, or resigned from a position with charges pending against you? | Yes | No |
| 7. | Have you ever had any grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked, or modified? | Yes | No |
| 8. | Have you ever had a public order, private order, or any other type of sanction or reprimand entered against you or your professional license? | Yes | No |
| 9. | Have you failed to file federal income tax returns for any of the past five (5) years? | Yes | No |
| 10. | Are you, or is any company in which you had a controlling interest, delinquent in filing any local, state or federal taxes? | Yes | No |
| 11. | Have you, or has any company in which you had a controlling interest, ever declared bankruptcy? | Yes | No |
| 12. | Have you ever defaulted on a student loan? | Yes | No |
| 13. | Have you, or has any company in which you had a controlling interest, ever been investigated, reprimanded, or fined by a state or federal agency? | Yes | No |
| 14. | Have you, or has any company in which you had a controlling interest, ever been suspended from doing business with any state or federal agency? | Yes | No |
| 15. | Do you have any pecuniary interest in any company that does business with the State of Nevada? | Yes | No |
| 16. | Are you or any organization that employs you a recipient of any state grant monies? | Yes | No |
| 17. | Do you serve on any local or state board, commission, council, authority, or in any elected office? If yes, please list. | Yes | No |

- | | | | |
|-----|--|-----|----|
| 18. | Are you, or is any member of your family, currently an employee of any federal, state or local government? | Yes | No |
| 19. | Have you been the subject of any previous background check due to appointment to a federal, state or local agency or board? | Yes | No |
| 20. | Do you object to submitting to a background check, which may access your criminal history, driving history, credit history, state and federal income tax payment history, child support payment history, and educational loan payment history? | Yes | No |
| 21. | Are you aware of anything about your past which, if disclosed, would be embarrassing for the Governor? | Yes | No |
| 22. | Are you aware of any conflict of interest that might result from your appointment? | Yes | No |
| 23. | Do you object to filing an annual financial disclosure in accordance with the provisions of NRS 281A.600? | Yes | No |
| 24. | If you are applying for a position on a multi-member board, commission, committee or other public body, are you related to any other member within the third degree of consanguinity or affinity? | Yes | No |
| 25. | Have you served in any branch of the military? | Yes | No |
| 26. | If you have served in any branch of the military, have you received anything other than an honorable discharge? | Yes | No |

I certify that the facts contained in this application are true and correct to the best of my knowledge. I have reviewed the statutory requirements governing boards/commissions in which I have expressed interest and confirm that I meet those requirements. I authorize investigation of all statements contained herein. I further authorize any person to provide you all the information concerning my qualifications and any pertinent information he or she may have, personal or otherwise, and release all persons who provide you with information concerning my qualifications from all liability for any damages that may result from furnishing the same to you.

Signature

Date

****This document will be used in the creation of the news release regarding your appointment. Please make sure all information is ACCURATE and CURRENT.****

**NEWS RELEASE CHECKLIST
For Executive Appointments**

Full Name: _____

Date of Birth or Age: _____

Current City of Residence: _____

Education: _____

Work History: Please Attach

Spouse's Name: _____

Children/Grandchildren's Names and Ages:

****Please note that our press release will use spouse and child information in the following manner: Smith and his wife, Jane, have three children. If you would like this to read differently (i.e., step children, adopted children, children with former spouse, etc.), please make a note of it.**

Please list any professional affiliations, civic and/or community groups, etc.

***Information requested may be attached in existing biographical format for convenience.**

****PLEASE ATTACH CONTACT INFORMATION: PHONE, ADDRESS, E-MAIL****

State Bar of Nevada Authorization for Release of Information

State of Nevada

County of _____

The undersigned, a licensed attorney under consideration for appointment by the Governor of the State of Nevada to a position of trust and being fully cognizant of my responsibility to the public, the Bench, and the Bar of this State, do hereby:

1. Authorize the State Bar of Nevada (and the disciplinary authority of any other state in which the undersigned may have practiced law) to answer any inquiries, questions, or interrogatories concerning the undersigned which may be submitted to them by Nevada Governor Brian Sandoval (the Governor) or his authorized representative, and to give full and complete information regarding the undersigned in any of their files and permit the Governor or his authorized representative to inspect and make copies of any documents, records, or other information concerning the undersigned at any time whatsoever; and
2. Authorize the State Bar of Nevada and its Disciplinary Board to disclose to the Governor or his authorized representative all confidential disciplinary histories and records concerning the undersigned and to permit the Governor or his authorized representative to inspect and make copies of all such confidential records, disciplinary histories and related information; and
3. Waive all confidentiality to any disciplinary information for the purposes of this release; and
4. Release and exonerate the Governor, the State Bar of Nevada, and every other person, firm, officer, corporation, association, organization or institution which might be involved in complying with, or receiving information under this release made herein from any and all liability of every nature and kind growing out of or in any wise pertaining to compliance with this release.

For the purpose of this release, the undersigned gives permission to use a photocopy of his/her signature on this form as an original signature.

Date of Birth: _____

State Bar Number: _____

Printed Name of Person Waiving Rights

Signature of Person Waiving Rights

Date

Sworn to and subscribed before me this _____ day of _____, _____

NOTARY PUBLIC

My Commission Expires

Governor's Office
Authorization for Release of Personal Information and Waiver

State of Nevada
County of _____

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Nevada Governor's Office, whether such records are of public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Nevada Department of Taxation, and any other financial statements and records wherever filed, as well as U.S. Veterans Administration records, records of Department of Human Resources and Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be used in determining my suitability for the appointment to or in a governmental position of trust. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Governor's Office to be a participant in the determination process of such suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I hereby release from liability and promise to hold harmless under any and all causes of legal action the State of Nevada and the Department of Public Safety, its officers, agents or employees, and any and all persons or entities who shall furnish any information or opinions to the above designated persons or entities in the pursuance of my background investigation.

I hereby waive, without reservation, any right I may have, now or in the future, to examine, review or otherwise discover the contents of this background investigation and all related documents thereto. This waiver shall apply to any right of action of any nature whatsoever, that may accrue to myself, my heirs, or my personal representative(s).

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this authorization for Release of Personal Information Document.

Full Legal Name	Signature	
Residence Street Address	Sex	Race
City/State/Zip	Date of Birth	
Social Security Number*	Date of Authorization	

Applying for: _____
Name of Board, Commission, Committee, Authority, General Area of Interest, or specific Position of Trust

Sworn to and subscribed before me this _____ day of _____, _____

NOTARY PUBLIC

My Commission Expires

*Disclosure of a social security number is voluntary. However, if you do not disclose your social security number you will need to provide a current credit history. Please contact the Office of the Governor if you choose to provide your own credit history. Pursuant to NRS 239B.030, social security numbers will remain confidential and will only be disclosed for the purposes of coordinating a background check.