



Elko Police Department

Application for Work Permit

Date: _____ Work Permit # _____ Jacket # _____

Personal Information

Full Name _____
Last First Middle Nickname/Maiden/Other

Sex _____ Race _____ Height _____ Weight _____ Hair _____ Eyes _____
Soc Sec. No. _____

Birth Date _____ Place of Birth _____

Street Address _____
Street Address City State ZIP Code

Mailing Address _____
Mailing Address City State ZIP Code

E-mail Address _____ Driver's License/State _____
Cell Phone _____

Home Phone _____

Scars/Marks/Tattoos _____

Place of Employment _____ Occupation _____

U.S. Citizen Yes _____ No _____ If No List Country _____

Alien Reg. No. _____ Passport No. _____

HAVE YOU EVER BEEN ARRESTED? _____ **If Yes List ALL Arrests on the back of application**

Please note that the City of Elko must deny any application or application for renewal that is submitted without an answer to one of the three responses listed below. If you mark the third response (meaning you are delinquent on a child support order), then we must deny the application pursuant to NRS 425.540. Please mark the appropriate response.

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for support of one or more children and am in compliance with the order or am in compliance with a plan by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Pursuant NRS 425.520 only applicable to individuals

WARNING

A work permit expires unless renewed after a change of employment.

The undersigned certifies that the foregoing information is true and correct to the best of his/her knowledge and belief and further that such certification is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial or revocation of a permit to be employed, or grounds for arrest pursuant to NRS 197.190 and City Code (5-14-4 D-4), (5-11-4 D-4), (4-9-13 C-6), (5-7-4 D-4).

I hereby authorize the Elko Police Department to conduct a complete Criminal History and Wants and Warrants check on me in order to determine my truthfulness and eligibility under Elko City Codes for a Work Permit

Officer Receiving Application

Applicant's Signature

[illegible]

**CIVIL APPLICANT WAIVER**

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:

1. I hereby authorize (enter name of submitting agency) Elko Police Department, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me. In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. 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.
2. In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated. (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 submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau 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 submitting agency 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.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Elko Police Department

Address: 1401 College Avenue, Elko NV 89801

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____