

**GUBERNATORIAL APPOINTMENT  
LIMITED BACKGROUND INVESTIGATION**

The Office of the Governor and the Department of Public Safety (DPS) 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. Please **READ** and **CAREFULLY FOLLOW** the instructions below.

1. The application packet includes the following forms:
  - Questionnaire (3 pages)
  - DPS 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 Manager  
555 East Washington Ave., Ste. 5100

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

4. Please also provide a current resume, biography, or curriculum vitae when you submit the application. This 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 that effect until you have been specifically informed of your appointment. The Governor's Office will notify you of your appointment, if you are 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 Manager at (702) 486-2500.

***Application for Appointment to Position of Trust***

Completion of this application packet and a successful background check is a requirement for your appointment by the Governor to a Board, Commission, Committee, Authority, or other Position of Trust. **Information submitted on this form may be subject to public disclosure under NRS Chapter 239, Public Records.** Attach additional sheets for additional space if needed for explanations.

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

**Biographical Information**

Legal Name: \_\_\_\_\_  
Last First Middle

Mr.  Ms.  Mrs.  Other: \_\_\_\_\_ Nickname or Preferred Name: \_\_\_\_\_  
(Check one or fill in "Other".)

Have you ever been known by any other legal name? Yes  No

If "Yes" list and explain: \_\_\_\_\_

DOB: \_\_\_\_\_

African American  Asian/Pacific Islander  Caucasian  Hispanic  Native American

Are you a U.S. Citizen: Yes  No  If "No" explain: \_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_ If "Yes", list place of birth: \_\_\_\_\_

Are you a Veteran? Yes  No

Are you a registered Nevada Voter? Yes  No  If "Yes" list county of registration: \_\_\_\_\_

Political Affiliation: \_\_\_\_\_

Have you changed your political affiliation at any time in the last two years? Yes  No

Are you a registered lobbyist? Yes  No  If "Yes" list clients: \_\_\_\_\_

Preferred contact address: Residence  Business  Home E-mail  Office E-mail

Residence Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Since what year have you been a continuous resident of Nevada? \_\_\_\_\_



**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 arrested or been the subject of a criminal complaint or indictment?  | Yes | No |
| 3.  | Have you ever been convicted of, pled nolo contendere or pled guilty to a crime, other than a minor traffic offense?  | Yes | No |
| 4.  | 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 |
| 5.  | 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 |
| 6.  | Have you failed to file federal income tax returns for any of the past five (5) years?  | Yes | No |
| 7.  | Are you, or is any company in which you had a controlling interest, delinquent in filing any local, state or federal taxes?   | Yes | No |
| 8.  | 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 |
| 9.  | 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 |
| 10. | Do you have any pecuniary interest in any company that does business with the State of Nevada?  | Yes | No |
| 11. | Are you, or any organization that employs you, the recipient of any state grant monies?   | Yes | No |
| 12. | Do you serve on any local or state board, commission, council, authority, or in any elected office?<br>If yes, please list.   | Yes | No |
| 13. | Are you aware of any conflict of interest that might result from your appointment?  | Yes | No |
| 14. | 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 |
| 15. | Have you served in any branch of the military?  | Yes | No |
| 16. | 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 give 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 may 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: \_\_\_\_\_

Current City of Residence: \_\_\_\_\_

Education: \_\_\_\_\_

Work History: Please Attach

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

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

**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 way 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 authorize a review and full disclosure of all records of my driver's history, criminal history, educational background, as well as records of Department of Human Resources and Child Support Enforcement, 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

\* Pursuant to NRS 239B.030, social security numbers will remain confidential and will only be disclosed for the purposes of coordinating a background check.