



Henderson Alternative Sentencing Department

Ian Massy, Chief of Alternative Sentencing

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PRELIMINARY BACKGROUND QUESTIONNAIRE

Applicant's Name:	
Position Applied for:	

Read Carefully

The Henderson Alternative Sentencing Department has established Hiring Standards that are applied to all applicants in a fair and equitable manner. The information you provide in this Preliminary Background Questionnaire will be used in the investigation into your background to assist in determining your suitability for a position with the Henderson Alternative Sentencing Department.

The Henderson Alternative Sentencing Department Hiring Standards are confidential and they are not to be communicated with anyone outside the Background Investigations Department.

It is to your advantage to answer questions openly and honestly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence, as well as the degree of relevance to the job you are applying for. Many more people are not accepted because of omission and concealment than because of previous behavior. While indiscretions or other situations in your life history may or may not be condoned, deception will not be tolerated.

This Investigation depends upon information that you supply. It is mutually beneficial to complete the questionnaire by giving complete addresses, including zip codes, telephone numbers, and area codes, where applicable.

All statements are subject to verification through investigation and polygraph.

Please fill out the following questionnaire completely and accurately. Keep in mind that:

This is an auto fill form. You may tab or use your mouse to get to the shaded areas and check boxes. Type the information, and then save your document to a file.

If you are having problems completing this questionnaire, please contact the Human Resources at (702) 267-1940.

If there is not enough room to complete any section of the Personal History Questionnaire, additional pages may be attached. Intentionally omitting information will result in disqualification.

Please type or print legibly in black ink.

Henderson Alternative Sentencing Department Applicant Background Questionnaire

Last Name	First Name	Middle Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Alias(es), Nicknames, Maiden name, other changes in name				Telephone Number
Current Residence Address (Street, City, State)				Zip Code
Age		Place of Birth (City, County, State)		

1. Criminal History

Have you ever been arrested, detained by Police, cited into court, or had any police contact (excluding traffic citations)?
 Yes No If Yes, complete the following (list juvenile and adult occurrences):

Date	Location	Arresting Agency	Original Charge	Charge Reduced to	Disposition

2. Credit and Income

Have you ever had any credit problems such as bankruptcy, delinquent accounts, liens, charge-offs, repossessions, foreclosures, etc.)? Yes No If yes, list dates and details:

Are you presently required to pay spousal or child support? Yes No
 If yes, are all payments current? Yes No

3. Driver's Information (list ALL driving violations and traffic accidents, excluding parking tickets, since you started driving):

Date	Location & Agency	Cited?	Violation Charged	Collision Related	Court Disposition
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Has your driver's license or your privilege to operate a motor vehicle ever been suspended or revoked or have you ever been refused a driver's license? If Yes, explain in detail on separate sheet and attached. Yes No

4. Illegal Drug Use – (Be specific, excluding lawful prescriptions)

Type of Drug	Prior Use	Total Times Used	Date Last Used	Sold	Total Times Sold
<u>Cannabis Substances</u> (Marijuana, Hashish, Hashish Oil, THC, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Hallucinogens</u> (LSD, PCP, Peyote, Mushrooms, Mescaline, Ecstasy, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Stimulants</u> (Cocaine, Rock, Crank, Crack, Crystal, Angel Dust, Speed, Amphetamines, Methamphetamines, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Depressants</u> (Tranquilizers, Barbiturates, Valium, Methaqualone, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Narcotics</u> (Codine, Morphine, Heroin, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Inhalants</u> (Glue, Gasoline, Spray Paint, Acetone, Nitrous Oxide, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>Anabolic Steroids</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Explanation:

5. Are there any other factors in your background which you feel may be discovered in our investigation that may impact your suitability for employment?

Yes No If Yes, please explain:

6. Have you ever applied for a position with the Henderson Alternative Sentencing Department OR The Henderson Police Department?

Yes No If Yes, please explain:

By checking this box, (1) I declare that I am the afore named applicant, and
(2) That I am electronically signing this form.

I swear that all of the information provided is complete and accurate. I further recognize that any intentional deceptions or omissions are grounds for disqualification.

Printed Name: _____

Date: _____