



James Owens  
Chief of Police

## LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

6 Paiute Drive  
Las Vegas, NV 89106

Phone: 702-471-0844  
Fax: 702-471-1394

### Employment for Law Enforcement Officers

1. Employment Application
2. Written Examination (for non-certified applicants only)
3. Oral Board
4. Medical Examination (including drug screen)
5. Physical Agility
  - Run 300 meters in not more than 68 seconds
  - Complete not less than 23 push-ups
  - Complete not less than 30 sit-ups in 1 minute
  - Walk or run 1.5 miles in not more than 16 minutes and 57 seconds
  - Complete a vertical jump of not less than 14 inches
6. Polygraph Examination
7. Psychological Examination
8. Background Investigation

# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT APPLICANT PERSONAL HISTORY QUESTIONNAIRE

## READ CAREFULLY

YOUR APPLICATION IS SUBJECT TO A COMPLETE BACKGROUND REVIEW CONSISTING OF FAMILY, PERSONAL, FINANCIAL, AND EMPLOYMENT HISTORY. QUESTIONS RELATING TO AGE, HEIGHT, WEIGHT, AND PHYSICAL CHARACTERISTICS ARE FOR THE PURPOSE OF IDENTIFICATION IN OUR BACKGROUND INVESTIGATION ONLY.

ANY MISSTATEMENT OF FACT OR OMISSION OF MATERIAL INFORMATION REQUESTED IN THIS QUESTIONNAIRE WILL DISQUALIFY YOU FROM ANY EMPLOYMENT WITH THE LVPTPD. ALL RESPONSES MADE BY YOU WILL BE HELD IN THE STRICTEST CONFIDENCE.

## READ INSTRUCTIONS

1. TYPE OR PRINT ALL ANSWERS IN BLACK INK.
2. ANSWER EVERY QUESTION. IF INFORMATION DOES NOT APPLY, INDICATE N/A IN THE BLANK SPACES.
3. ANSWER ALL QUESTIONS COMPLETELY. THIS INCLUDES FULL ADDRESSES, ZIP CODES, AREA CODES, ETC.
4. IF THERE IS INSUFFICIENT SPACE FOR YOUR ANSWERS, ATTACH ADDITIONAL SHEETS WITH APPROPRIATE REFERENCES TO THE QUESTION NUMBERS.
5. IF YOU ARE UNABLE TO FURNISH ANY PART OF THE INFORMATION AT THE TIME OF THE INTERVIEW, YOU WILL BE GIVEN TEN DAYS TO SUPPLY THE DATA TO THIS DEPARTMENT. FAILURE TO DO SO WILL RESULT IN DISQUALIFICATION FROM THE SELECTION PROCEDURE.
6. DO NOT SIGN (ON THE LAST PAGE) OR HAVE THIS FORM NOTARIZED. THIS WILL BE DONE AT THE TIME OF YOUR BACKGROUND INVESTIGATION INTERVIEW.

PLEASE BRING THE FOLLOWING ORIGINAL DOCUMENTS, OR CERTIFIED COPIES, WHICH ARE APPLICABLE TO YOUR PERSONAL SITUATION. WE WILL MAKE COPIES OF YOUR DOCUMENTS AND RETURN THE ORIGINALS AT THE TIME YOU PRESENT THEM.

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|--|--|
| 1. BIRTH CERTIFICATE                     | 6. SOCIAL SECURITY CARD                  |
| 2. HIGH SCHOOL TRANSCRIPT OR GED         | 7. SELECTIVE SERVICE # (MALES ONLY)      |
| 3. COLLEGE DIPLOMA WITH GRADE TRANSCRIPT | 8. ALL LEGAL NAME CHANGE DOCUMENTS       |
| 4. DD-214 OR STATEMENT OF SERVICE        | 9. PROOF OF CITIZENSHIP (IF BORN ABROAD) |
| 5. VALID DRIVER'S LICENSE                |  |

IF YOU HAVE OTHER DOCUMENTS THAT REFLECT ADDITIONAL TRAINING, CERTIFICATION, EXPERIENCE, RECOMMENDATIONS, ETC., WE WOULD BE HAPPY TO CONSIDER THEM ALSO (HAVE COPIES AVAILABLE AT THE BACKGROUND INTERVIEW).



# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

13. LIST ALL OF YOUR CHILDREN AS WELL AS ANY PERSON WHO IS LEGALLY DEPENDENT UPON YOUR SUPPORT, EXCEPT YOUR HUSBAND OR WIFE.

NAME	RELATION	AGE	STREET	CITY	STATE	ZIP

14. LIST THE FOLLOWING FAMILY MEMBERS IN ORDER, SHOWING RELATIONSHIP; PARENTS; GUARDIANS; STEP-PARENTS; FOSTER PARENTS; BROTHERS; SISTERS.

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE

RELATIONSHIP	NAME	AGE	OCCUPATION
ADDRESS			PHONE



# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

17. COMPLETE EMPLOYMENT HISTORY (START WITH PRESENT POSITION AND WORK BACKWARDS). ACCOUNT FOR ALL TIME FRAMES, INCLUDING UNEMPLOYMENT AND/OR ATTENDING SCHOOL. ATTACH ADDITIONAL PAGES AS NEEDED FOLLOWING THIS FORMAT.

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

DATE (FROM-TO)	NAME OF COMPANY	PHONE	JOB TITLE/MONTHLY SALARY
ADDRESS			
SUPERVISOR	NAME OF 3 CO-WORKERS		
REASON FOR LEAVING			

ATTACH ADDITIONAL PAGES IF NECESSARY.

# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

18. DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER?  
 \_\_\_ YES \_\_\_ NO. IF YES, EXPLAIN:

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19. SPOUSE'S EMPLOYER

NAME OF COMPANY	JOB TITLE	MONTHLY SALARY
ADDRESS		
SUPERVISOR	PHONE NUMBER	

20. DO YOU OR YOUR SPOUSE HAVE ANY OTHER SOURCE(S) OF INCOME? \_\_\_ YES \_\_\_ NO  
 IF YES, GIVE TOTAL AMOUNT AND SOURCE(S)

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21. HAVE YOU EVER HAD ANY CREDIT PROBLEMS? (I.E. BANKRUPTCY, DELINQUENT ACCOUNTS, LIENS, CHARGE-OFFS, REPOSSESSIONS, FORCLOSURES, ETC.)

\_\_\_ YES \_\_\_ NO. IF YES, WHERE AND WHEN AND GIVE DETAILS:

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22. HAVE YOU EVER BEEN TERMINATED FOR CAUSE, DISCHARGED, ASKED TO RESIGN, FURLOUGHED, OR RESIGNED IN LIEU OF TERMINATION FROM AN EMPLOYER (EXCEPT MILITARY)?

\_\_\_ YES \_\_\_ NO. IF YES, EXPLAIN:

\_\_\_ **CHECK IF THIS INVOLVES A LAW ENFORCEMENT OR SIMILAR EMPLOYER.**

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# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

23. HAVE YOU EVER BEEN DISCIPLINED FOR EXCESSIVE ABSENCES, TARDINESS, WORK PERFORMANCE, OR OTHER RELATED CONCERNS?  YES  NO. IF YES, EXPLAIN:

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24. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY OTHER GOVERNMENTAL AGENCY AND HAD A BACKGROUND INVESTIGATION?  YES  NO IF YES, GIVE DETAILS BELOW:

NAME OF AGENCY	DATE	POSITION

25. HAVE YOU EVER BEEN FINGERPRINTED FOR ANY REASON?  YES  NO IF YES, GIVE DETAILS BELOW.

NAME OF AGENCY	DATE	PURPOSE

26. WERE YOU NOT HIRED BY ANY OF THESE AGENCIES AS A RESULT OF THE BACKGROUND INVESTIGATION?  YES  NO IF YES, GIVE DETAILS BELOW:

NAME OF AGENCY	DATE	REASON/DETAILS



# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

27. SELECTIVE SERVICE NUMBER (MALES, UNDER 27 YEARS OF AGE) \_\_\_\_\_

28. HAVE YOU BEEN IN THE MILITARY (INCLUDING THE RESERVES, NATIONAL GUARD, ROTC)?      YES      NO IF YES, COMPLETE THE FOLLOWING CHART:

BRANCH OF SERVICE	SERIAL NUMBER	DATE ENTERED	OCCUPATIONAL SPECIALTY

29. HAVE YOU BEEN DISCHARGED FROM YOUR MILITARY SERVICE?

     YES      NO IF YES, COMPLETE THE FOLLOWING CHART:

DATE SEPARATED/PROJECTED DATE	TYPE OF DISCHARGE

30. WERE YOU EVER THE SUBJECT OF A MILITARY CRIMINAL INVESTIGATION?

     YES      NO IF YES, EXPLAIN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. WERE YOU EVER THE SUBJECT OF MILITARY DISCIPLINE PURSUANT TO THE UNIFORM CODE OF MILITARY JUSTICE OR ANY SERVICE REGULATION?

     YES      NO IF YES, COMPLETE THE FOLLOWING CHART:

DATE	CHARGE	DISPOSITION

32. ARE YOU CURRENTLY A MEMBER OF THE U.S. RESERVE OR NATIONAL GUARD?

     YES      NO IF YES, COMPLETE THE FOLLOWING:

GRADE	SERIAL NUMBER	SERVICE	COMPONENT
ORGANIZATION NAME			
ADDRESS			
<u>    </u> ACTIVE <u>    </u> INACTIVE		INDICATE RESERVE OBLIGATION	

# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

## DRIVING HISTORY

33. GIVE THE FOLLOWING INFORMATION CONCERNING ALL DRIVER'S LICENSES YOU HAVE HELD OR NOW HOLD.

STATED ISSUED	DRIVER'S LIC. NO.	DATES FROM/TO	RESTRICTIONS

34. CHECK THE APPROPRIATE BOX IF YOUR LICENSE WAS EVER  
 \_\_\_ SUSPENDED OR \_\_\_ REVOKED? IF YES, GIVE DETAILS.

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35. HAVE YOU EVER BEEN ARRESTED OR CITED FOR DUI? \_\_\_ YES OR \_\_\_ NO  
 IF YES, EXPLAIN AND GIVE DATES.

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36. LIST EACH TRAFFIC ACCIDENT YOU HAVE BEEN INVOLVED IN

DATE	CITY & STATE	CITED	INCIDENT
		___ YES ___ NO	
		___ YES ___ NO	
		___ YES ___ NO	
		___ YES ___ NO	
		___ YES ___ NO	
		___ YES ___ NO	

37. LIST ALL DRIVING CITATIONS (EXCLUDING PARKING TICKETS) YOU HAVE RECEIVED

DATE	CITY & STATE	CHARGE	DISPOSITION OR PENALTY

# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

## CRIMINAL HISTORY

38. HAVE YOU EVER HAD A WARRANT FOR YOUR ARREST?

\_\_\_ YES \_\_\_ NO IF YES, WHEN AND WHERE

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39. HAVE YOU EVER BEEN ARRESTED, DETAINED BY POLICE OR CITED INTO COURT (EXCLUDING TRAFFIC CITATIONS)?

\_\_\_ YES \_\_\_ NO IF YES, COMPLETE THE FOLLOWING, LISTING ADULT & JUVENILE OCCURRENCES

DATE	CITY & STATE	OCCURRENCES	DISPOSITION OR PENALTY

40. SINCE THE AGE OF 18, HAVE YOU STOLEN ANYTHING VALUED OVER \$25.00?

\_\_\_ YES \_\_\_ NO IF YES, EXPLAIN

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41. HAVE YOU EVER BEEN INVOLVED IN ANY CIVIL COURT ACTION?

\_\_\_ YES \_\_\_ NO IF YES, EXPLAIN AND GIVE DATES

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# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

42. HAVE YOU, YOUR SPOUSE, ANY MEMBERS OF YOUR FAMILY, OR ANY MEMBERS OF YOUR SPOUSE'S FAMILY EVER BEEN ARRESTED FOR A FELONY?

\_\_\_ YES \_\_\_ NO IF YES, GIVE FULL DETAILS (NAME, ADDRESS, RELATIONSHIP, CHARGE)

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43. HAVE YOU, YOUR SPOUSE, ANY MEMBERS OF YOUR FAMILY, OR ANY MEMBERS OF YOUR SPOUSE'S FAMILY EVER BEEN ASSOCIATED WITH ANY GANGS OR SUBVERSIVE GROUPS (MINUTEMEN, ARYAN BROTHERHOOD, ETC)?

\_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN IN A SEPARATE STATEMENT.

## DRUG HISTORY

44. HAVE YOU EVER USED ANY OF THE FOLLOWING NOT PRESCRIBED TO YOU BY A PHYSICIAN?

### CANNABIS SUBSTANCES

MARIJUANA? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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HASHISH? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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HASHISH OIL? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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### STIMULANTS

COCAINE? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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AMPHETAMINES? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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OTHER STIMULANTS? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

## DEPRESSANTS

BARBITURATES?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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BENZODIAZEPINES?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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METHAQUALONE?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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OTHER DEPRESSANTS?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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## NARCOTICS

OPIUM?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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MORPHINE?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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CODEINE?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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HEROIN?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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OTHER NARCOTICS?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

## HALLUCINOGENS

LSD?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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PEYOTE/MESCALINE?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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PCP?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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OTHER HALLUCINOGENS?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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STEROIDS?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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INHALANTS?  YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES OR USAGE(S)

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45. HAVE YOU EVER SOLD ANY DRUG OR CONTROLLED SUBSTANCE WITH OR WITHOUT PROFIT?

YES  NO IF YES, PLEASE EXPLAIN AND GIVE DATES

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# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

46. HAVE YOU EVER DELIVERED ANY DRUG OR CONTROLLED SUBSTANCE WITH OR WITHOUT COMPENSATION?

\_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

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47. HAVE YOU EVER MANUFACTURED, GROWN, OR PRODUCED ANY DRUG OR CONTROLLED SUBSTANCE WITH OR WITHOUT COMPENSATION?

\_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

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48. HAVE YOU EVER INJECTED ANY DRUG OR CONTROLLED SUBSTANCE?

\_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

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49. HAVE YOU EVER USED SOMEONE ELSE'S PRESCRIPTION?

\_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN AND GIVE DATES

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# LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

## EDUCATIONAL HISTORY

50. INDICATE THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED. START WITH HIGH SCHOOL AND WORK FORWARD, INCLUDING COLLEGE, BUSINESS SCHOOLS, MILITARY SERVICE, TRADE AND CORRESPONDENCE SCHOOLS, AND ANY OTHER SCHOOL.

TYPE OF SCHOOL	NAME	DATE FROM (MO/YR)	DATE TO (MO/YR)
ADDRESS (#, STREET, CITY, STATE, ZIP CODE)			

TYPE OF SCHOOL	NAME	DATE FROM (MO/YR)	DATE TO (MO/YR)
ADDRESS (#, STREET, CITY, STATE, ZIP CODE)			

TYPE OF SCHOOL	NAME	DATE FROM (MO/YR)	DATE TO (MO/YR)
ADDRESS (#, STREET, CITY, STATE, ZIP CODE)			

TYPE OF SCHOOL	NAME	DATE FROM (MO/YR)	DATE TO (MO/YR)
ADDRESS (#, STREET, CITY, STATE, ZIP CODE)			

TYPE OF SCHOOL	NAME	DATE FROM (MO/YR)	DATE TO (MO/YR)
ADDRESS (#, STREET, CITY, STATE, ZIP CODE)			

\* OR GED COMPLETED?    \_\_\_ YES \_\_\_ NO    DATE CERTIFICATION ISSUED: \_\_\_\_\_

51. HOW MANY CREDITS OF COLLEGE HAVE YOU COMPLETED? \_\_\_\_\_ G.P.A \_\_\_\_\_

52. WHAT WAS YOUR MAJOR IN COLLEGE? \_\_\_\_\_ MINOR? \_\_\_\_\_

53. AFTER HIGH SCHOOL, HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM A SCHOOL?

\_\_\_ YES \_\_\_ NO IF YES, LIST THE NAME OF THE SCHOOL, THE TYPE OF SCHOOL, AND EXPLAIN.

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**LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT**

**DECLARATION OF TRUTHFUL STATEMENTS**

\_\_\_\_\_ BEING FIRST DULY SWORN, DEPOSE AND SAYS: THAT EACH OF THE SEVERAL FOREGOING STATEMENTS SUBSCRIBED TO BY HIM/HER ARE TRUE, EXCEPT SUCH ARE MADE UPON INFORMATION AND BELIEFS, AND AS TO THESE, HE/SHE VERIFY BELIEVED THE SAME TO BE TRUE.

HE/SHE FUTHER DEPOSES AND SAYS THAT IT IS FULLY UNDERSTOOD THAT ANY FALSE STATEMENTS/OMISSIONS CONTAINED IN THIS DOCUMENT WILL BE GROUNDS FOR IMMEDIATE DISQUALIFICATION FROM THE SELECTION PROCESS.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY'S SIGNATURE

STATE OF NEVADA  
COUNTY OF CLARK



James Owens  
Chief of Police

## LAS VEGAS PAIUTE TRIBAL POLICE DEPARTMENT

### AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF PRIVILEGE

As part of my application for the position of \_\_\_\_\_, I, \_\_\_\_\_ hereby authorize the Las Vegas Paiute Tribe and/or the Las Vegas Paiute Tribal Police Department to receive information, written and oral, from various entities including but not limited to the following:

- Federal Bureau of Investigation (including, but not limited to "rap sheets", the "Triple I Index" and/or any other information deemed advisable by the F.B.I. concerning my background)
- Any other agencies of the United States Government
- Any branch of the Armed Forces of the United States or any foreign government
- Any state, county, municipal, or tribal government agency, whether or not involved in law enforcement
- Any current and/or previous employer (Note: I understand that failure to authorize such contact(s) may result in disqualification of my application)
- Any reference provided by me

To the extent any public or private entity requires specific written authorization from me as a condition of releasing information, it is my desire that this document be considered such an authorization, and I hereby waive any privilege available to me under statute or the common law with regard to any information provided by any public or private agency and any representative thereof. Information of a confidential or privileged nature may be included.

*Nevada Revised Statute 239B requires any current or previous employer to release any and all information to the Law Enforcement Agency regarding a current or former employee. This includes but is not limited to evaluations, attendance, disciplinary actions and rehire eligibility. Information re*

LAS VEGAS PAIUTE POLICE DEPARTMENT  
Agreement Assuming the Risk of Injury or Damage, Waiver and Release  
of Claims and Indemnification

WHEREAS, I, \_\_\_\_\_, being over the age of eighteen (18) and not being a member of the Las Vegas Paiute Police Department (LVPPD), will be participating in a police recruit physical fitness test.

WHEREAS, the Nevada Commission on Peace Officer Standards and Training sets the physical fitness standards required for all peace officers to successfully graduate from a law enforcement academy. *See* NAC 289.200.

WHEREAS, I would like to participate in testing, which includes a physical test, to be considered for a Police Officer (PO) position with the LVPPD.

NOW THEREFORE, in consideration of being allowed to test for a PO position with the LVPPD, I do hereby understand and agree:

1. The test consists of a vertical jump (14 inches), agility run (19.5 seconds or less), sit ups (30 in one minute), pushups (23 no time limit), 300 meter run (68 seconds or less) and a 1.5 mile run (16 minutes, 57 seconds or less).
2. I am presently in good physical condition and have no known physical impairments which would prevent me from participating in the test.
3. I understand that I may discontinue testing at any time.
4. That the Las Vegas Paiute Tribe, Administrative Head of the Las Vegas Paiute Police Department, their sureties, and each of them, shall not be responsible or liable for any injury, loss or expense, either to me or my property, incurred while testing.
5. For myself, my heirs, executors, administrators and assignees to defend and indemnify the Las Vegas Paiute Tribe, Administrative Head of the Las Vegas Paiute Police Department, all members of the Las Vegas Paiute Police Department, their sureties, and each of them, against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while testing for a PO position.

By signing this Agreement to Assume the Risk of Injury or Damage, Waiver and Release of Claims and Indemnification, I acknowledge that I understand its terms and conditions and that I sign it voluntarily.

Dated: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness P# Witness Signature

*leased is strictly confidential and the employer is immune from Civil Liability for such disclosure and its consequences.*

Furthermore, I hereby release you, your organization and others of any and all liability or damage which may result by furnishing the information requested by the above-named organization on my behalf.

It is my desire that a photocopy reproduction of this authorization have the same force and effect as the original.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

STATE OF NEVADA  
COUNTY OF CLARK

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON-----BY

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

*Number Six Paiute Drive • Las Vegas, Nevada 89106-3261*