



CIVIL NAME CHECK
BACKGROUND WAIVER
AUTHORIZATION FOR RELEASE OF INFORMATION

In consideration for processing my application for employment or volunteer services,

I, \_\_\_\_\_ the undersigned, whose name and personal identification information voluntarily appear below, do hereby and irrevocably agree to the following:

1. I hereby authorize the Nevada Department of Public Safety and any other agency of criminal justice, to search for and release criminal history record information to the authorized participant named below. 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 agencies. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions and sentences. 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 and current and/or prior gaming and non-gaming sheriff's work cards that were issued to me.

2. In giving the authorization outlined herein, I understand all information provided may be reviewed by the authorized participant and/or any other eligible person authorized pursuant to Nevada Revised Statute Chapter 179A, in order to make an informed hiring decision. This information is confidential, and may not be further disseminated without my expressed written permission or an order from a court of law having jurisdiction.

\_\_\_\_\_ (date) \_\_\_\_\_ (initial)

3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the authorized participant, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety 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 requestor 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.

PERSONAL IDENTIFICATION INFORMATION:

Name: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE

Any Other Name Used: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE

Date of Birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Sex: [ ] M [ ] F
Month Day Year

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Authorized Participant: AccuSearch, Inc. (PRINTED: Employer/Volunteer Organization/Employment Screening Service)

Applicant's Signature: \_\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_

Date: \_\_\_\_\_

For OFFICIAL USE ONLY
[ ] Yes [ ] No
Date: \_\_\_\_\_