

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
CHANGE OF EMPLOYMENT STATUS

This form must be mailed within five (5) days from date of employment.

****PLEASE PRINT CLEARLY****

**Illegible writing will require the applicant to appear in person
at the LVMPD Fingerprint Bureau.**

Employer/Business Name: _____

Payroll/HR Representative: _____ Phone: _____

The above listed employer reports the employment of:

Employee Name: _____

Work Card #: _____ Social Security #: _____

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Type of Work Card: _____ Job Position: _____

Work Card Expiration Date: _____ Today's Date: _____

Employee Signature

Return this completed form to:

**LVMPD Fingerprint Bureau
400-C S Martin Luther King Blvd
Las Vegas NV 89106**