



# Haw River Police Department

105 Stone Street  
Haw River, North Carolina 27258  
(336) 578-4141 • Fax (336) 578-4104



## BASIC LAW ENFORCEMENT TRAINING Sponsorship Application

FULL NAME: \_\_\_\_\_

BLET CAMPUS: \_\_\_\_\_

**INSTRUCTIONS:** Application must be completed legibly in your own handwriting. If additional space is needed, please attach pages and identify answers by corresponding item number.

All answers are subject to verification by the Haw River Police Department. Any omissions or falsifications may disqualify you from BLET Sponsorship.

### REQUIRED DOCUMENTS\*:

1. Copy of NC Driver's License
2. Copy of Social Security Card
3. Certified Copy of High School & College Transcripts
4. Notarized Personal History Statement (*ncf3.com*)
5. Certified Copy of DMV Record for each State of Residence since age 16
6. Certified Copy of Criminal Record for each County of Residence since age 16

*\*All documents must be received before sponsorship application will be considered.*

Completed sponsorship application should be received by the Haw River Police Department at least thirty (30) days prior to the beginning of the BLET session for which you are applying. Questions may be referred to the Asst. Chief Thomas or Chief Harrison at (336) 578-4141.

**THIS IS NOT AN APPLICATION FOR EMPLOYMENT**

**PERSONAL:** (please print legibly)

1. Name: \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*First Middle Last Social Security #*

3. Present Mailing Address: \_\_\_\_\_  
*Street and #*  
\_\_\_\_\_  
*City State Zip Code*

4. Permanent Mailing Address: \_\_\_\_\_  
*Street and #, or Post Office Box*  
\_\_\_\_\_  
*City State Zip Code*

5. Telephone Number: \_\_\_\_\_  
*Home Work Other*

6. Date of Birth: \_\_\_/\_\_\_/\_\_\_ 7. Place of Birth: \_\_\_\_\_  
*mo./day/yr. City State*

8. Citizenship: 


 U.S. Citizen  
Other

**MARITAL:**

9. Marital Status: (check one) 

	Single		Married
	Engaged		Separated
	Divorced		Widowed

10. Spouse's Name: \_\_\_\_\_  
*First Maiden/ Middle Last*

11. Are there any children or dependents living with you other than spouse? 

	Yes
	No

If yes, how many? \_\_\_\_\_

**FAMILY:**

12. Is any member of your immediate family now in prison or on probation or parole?

Yes     No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Person to notify in case of an emergency:

_____	_____	_____
<i>First, Middle, Last</i>	<i>Relationship</i>	<i>Phone #</i>

**EDUCATION:**

14. Indicate the schools you have attended and degrees completed. (*incl. the following info: name/address, # of years attended, dates attended, graduated (Y/N), degree*)

A. <u>High Schools</u> 1. 2. 3.
B. <u>Colleges/Universities</u> 1. 2. 3.
C. <u>Extension/Correspondence</u> 1. 2. 3.

15. If you did not graduate from high school, have you passed the General Educational Development Test (GED) or High School Equivalency Program?  Yes  No

If yes, when and where did you take these tests? \_\_\_\_\_  
\_\_\_\_\_

**WORK HISTORY:**

16. Title of present position: \_\_\_\_\_  
 Full Time  Part Time \_\_\_\_\_ Shift

Name of Supervisor: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Employer/Company Phone #: \_\_\_\_\_

17. If you are unemployed, please list the following information:

Last Position Held: \_\_\_\_\_

Employer/Company Name: \_\_\_\_\_

Employer/Company Phone #: \_\_\_\_\_

18. If you are a full-time student, please check here:

**MILITARY:**

19. Were you or are you in the U.S. Military? (National Guard or Reserves)

Yes  No

20. Have you had any Military disciplinary action taken against you?

Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAREER PLANS:**

21. Briefly tell why you want to apply for this course.

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22. List special skills, training, special licenses, certifications, interests, or hobbies, which may be useful in Basic Law Enforcement Training.

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**USE OF DRUGS OR ALCOHOL:**

23. Do you drink alcoholic beverages? (casually or socially included)  Yes  No  
If yes, to what extent? (ie. 1 beer per week, 1 drink per day, etc). \_\_\_\_\_

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24. Have you ever used marijuana? (experimentation included)  Yes  No  
If yes, to what extent? (ie. occasionally, every day, once per week, etc.): \_\_\_\_\_

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25. Have you ever used any illegal drugs? (experimentation included)  Yes  No  
If yes, give details: \_\_\_\_\_

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26. Have you ever used prescription drugs for purposes other than prescribed?

Yes  No

If yes, give details: \_\_\_\_\_

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27. Are you addicted to any controlled substance (alcohol included)?  Yes  No  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL OFFENSE RECORDS:**

**Note: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses: DWI, DUI, failure to stop in the event of an accident, driving while license revoked, and driving while license permanently suspended.**

**Answer all of the following questions completely and accurately. Any falsifications or omissions will disqualify you from participation. If you are in doubt about a charge, answer "YES". Answer "NO" only if you are sure that you have not been charged or that your record has been expunged by a judge's court order.**

28. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

29. Have you ever been charged or convicted with a felony?  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

30. Have you ever been placed on probation?  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

31. Have you ever been required to pay a fine in excess of \$50? (not including court costs)  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

32. Can you operate a motor vehicle?  Yes  No

If no, give details: \_\_\_\_\_  
\_\_\_\_\_

33. Do you possess a driver's license from the State of NC?  Yes  No

If yes, give license number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

34. Do you possess a driver's license issued by any state other than NC?  
 Yes  No

If yes, give state, license number, and date issued: \_\_\_\_\_  
\_\_\_\_\_

35. Has your license ever been suspended or revoked?  Yes  No

If yes, give reason: \_\_\_\_\_  
\_\_\_\_\_

36. Was your license restored?  Yes  No

37. Have your driving privileges been restricted?  Yes  No

If yes, give restrictions: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

38. Give the names of 3 responsible persons who could provide information about your character, personality, ability, and other qualities.

Name	Address	Phone #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

I certify that each and every statement on this form is true and complete. I also understand that any misstatement or omission will disqualify me from the B.L.E.T. Training and Sponsorship.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date Signed*

**CHECK OFF LIST**

	Release waiver must be signed and notarized
	Copy of drivers license
	Copy of birth certificate or citizenship documents
	Copy High School Diploma or Equivalent
	Copy of BLET Certificate or General Certification
	Copy of Social Security Card
	Copy of F3 filled out completely and notarized (Fill out on line at NC training & standards)
	Copy of criminal history from every state and county lived in.



**Authorization for Release of Personal Information**

**To Law Enforcement Agencies for**

**Certification/Employment Purposes**

To Whom it May Concern:

I am an applicant for a position with the Haw River Police Department. In order to determine my suitability for employment, I understand that the Haw River Police Department located in Alamance County, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I \_\_\_\_\_ DOB, \_\_\_\_\_, Operators License # \_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer reporting agency, retail business establishment, former and present employer, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorize agent of the Haw River Police Department regarding me whether of privileged or confidential nature.

Moreover, I hereby release the Haw River Police Department located in Alamance, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluation such information as it relates to my employment with the Town of Haw River. And I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all rights to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Haw River Police Department employees, Located in Alamance County, North Carolina, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement. This is to include, but not limited to: North Carolina Criminal Justice Education & Training and Standards Commission, North Carolina Sheriff's Education and Training Standards Commission, North Carolina Attorney General's Office, any local, state, federal governmental agencies, and applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigation process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

\_\_\_\_\_  
Applicant/Officer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me,

This is the \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Notary Public & Seal

My Commission Expires: \_\_\_\_\_