

# **KERNERSVILLE POLICE DEPARTMENT**

**P.O. BOX 728, KERNERSVILLE, NC 27285-0728**

**PHONE (336) 996-3177 FAX (336) 996-0432**

## **APPLICATION FOR SPONSORSHIP**

**BASIC LAW ENFORCEMENT SCHOOL**

**No applications will be accepted when received less than one month prior to start date of the BLET program**

All applicants must meet these basic standards: (1) Must be at least twenty years of age, (2) have received a high school diploma or GED, (3) reside within a thirty (30) mile radius of the city limits of Kernersville, (4) be of good moral character, and have an acceptable criminal and traffic record and be of sound mind and judgment.

If you feel you meet the above listed basic standards and you are requesting the Kernersville Police Department to sponsor your admittance into a Basic Law Enforcement Training School, please complete the attached application.

Upon completing your application, please return it to the Administration Section of the Kernersville Police Department, Post Office Drawer 728, Kernersville, NC 27285-0728

After a background investigation has been concluded, you will be notified in writing as to the approval or denial of your application.

**NOTICE:** This application for sponsorship into a BLET Program is to verify you would be a good candidate for attendance of Basic Law Enforcement Training School and is not an offer of employment nor should it be construed as any other offer or agreement.

**Falsification of any information will terminate the application process.**

**APPLICATION FOR SPONSORSHIP**  
**BASIC LAW ENFORCEMENT SCHOOL**

**THE TOWN OF KERNERSVILLE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY**

Town of Kernersville  
P.O. Box 728  
Kernersville, NC 27285-0728  
(336) 996-2390

Date \_\_\_\_\_ 20 \_\_\_\_\_

TO APPLICANT: This application form is designed to protect individual rights and privacy and to ensure an equal opportunity. All questions are considered important and no other use is intended for the information you submit. You may attach copies of your resume or other pertinent information to the application form.

This application for sponsorship into a BLET Program is to verify that you would be a good candidate for attendance of Basic Law Enforcement Training and is not an offer of employment nor should it be construed as any other offer or agreement.

PERSONAL DATA (Please Print or Type)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last) (First) (Middle)

Present Street Address \_\_\_\_\_  
(Street & No. or RFD) (County)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Present Mailing Address \_\_\_\_\_  
(If different from above)

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_  
(If none, where can you be reached by phone?)

Which Basic Law Enforcement School are you hoping to attend? \_\_\_\_\_

Date school begins: \_\_\_\_\_

<b>EDUCATION: SCHOOL</b>	<b>Name &amp; Location of School</b>	<b>Did You Graduate</b>	<b>Degree and/or Major</b>
<b>ELEMENTARY</b>			
<b>HIGH SCHOOL</b>			
<b>COLLEGE OR UNIVERSITY</b>			
<b>GRADUATE OR PROFESSIONAL</b>			
<b>OTHER EDUCATION, INTERNSHIP, ETC.</b>			

**WORK EXPERIENCE:** (Start with present or last job and work back. Use additional sheets if needed.)

1) EMPLOYER \_\_\_\_\_ DUTIES \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_ (Starting) \$ \_\_\_\_\_ (Present)

2) EMPLOYER \_\_\_\_\_ DUTIES \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_ (Starting) \$ \_\_\_\_\_ (Present)

3) EMPLOYER \_\_\_\_\_ DUTIES \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_ (Starting) \$ \_\_\_\_\_ (Present)

(Starting)

(Present)

4) EMPLOYER \_\_\_\_\_ DUTIES \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ SALARY \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Starting) (Present)

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO (WE SHALL CONTACT ONLY IF YOU PERMIT)

**SPECIAL QUALIFICATIONS AND SKILLS:**

VALID DRIVER'S LICENSE \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

OTHER SKILLS OR SPECIAL TECHNICAL TRAINING, e.g., PROFESSIONAL CERTIFICATONS, LANGUAGES, ETC.

\_\_\_\_\_

\_\_\_\_\_

**MILITARY RECORD:**

WERE YOU EVER IN THE MILITARY SERVICE OR CURRENTLY IN THE RESERVES OR NATIONAL GUARD?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT BRANCH \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_

**CRIMINAL AND TRAFFIC RECORD:**

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW OR FORFEITED A BOND, OR ARE YOU NOW FACING CHARGES FOR ANY OFFENSE AGAINST THE LAW? (PLEASE INCLUDE TRAFFIC VIOLATIONS BUT OMIT ANY CONVICTIONS RECEIVED BEFORE YOUR 16<sup>TH</sup> BIRTHDAY.) YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE LIST EACH CONVICTION:**

DATE	OFFENSE	CITY/STATE	DISPOSITION

**NOTE: (A CONVICTION DOES NOT AUTOMATICALLY MEAN THAT YOU WILL NOT BE SPONSORED; WHAT YOU WERE CONVICTED OF AND HOW LONG AGO ARE IMPORTANT IN DETERMINING SPONSORSHIP BY THIS AGENCY.)**

**REFERENCES:** (PLEASE LIST THREE (3) PERSONS WHO ARE NOT RELATED TO YOU AND HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. DO NOT REPEAT NAMES OR SUPERVISORS LISTED UNDER WORK EXPERIENCE.)

NAME	HOME/BUSINESS ADDRESS	OCCUPATION	PHONE

I hereby understand that in applying for this recommendation, the Town of Kernersville and its agents will NOT be responsible for any equipment, tuition, school supplies, registration or any other expenses incurred for the sponsored student, nor will the Town of Kernersville or its agents be held liable for any injuries or losses that may occur as a result of the student's attendance at a Basic Law Enforcement Training School or in any future association with the Kernersville Police Department.

I further understand this application is received only for recommendation purposes and is not an offer of employment nor does it guarantee employment by the Town of Kernersville or its agents. I further understand that this agreement does not obligate the applicant to the Town of Kernersville or its agents.

I authorize the Kernersville Police Department to conduct a personnel background investigation in connection with my application. This investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and other appropriate sources.

I authorize the release of any information the Kernersville Police Department may request from the above sources. I further waive all right to inspection or review of any information compiled.

I fully understand all information gained from such investigation is confidential and will be released only to the Chief of Police and his designee.

I agree to provide any further information which may be requested and hereby certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications or documents furnished or answers to questions. I am aware should an investigation disclose any willful misrepresentation, omissions, or falsifications that my application may be rejected.

I hereby release the Town of Kernersville, its agents and representatives and any person(s) so furnishing information from any and all liability of every nature and kind arising out of the information for the investigation made by the Kernersville Police Department.

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

DATE \_\_\_\_\_

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

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

SEAL