



Lenoir Police Department

1035 West Avenue NW
Lenoir, North Carolina 28645
(828) 757-2121 • Fax (828) 757-2103



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 Lenoir 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 Lenoir 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 Support Services Commander at (828) 757-2121.

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:

First, Middle, Last

Relationship

Phone #

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. High Schools

- 1.
- 2.
- 3.

B. Colleges/Universities

- 1.
- 2.
- 3.

C. Extension/Correspondence

- 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.

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

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). _____

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

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

26. Have you ever used prescription drugs for purposes other than prescribed?
____ Yes ____ No

If yes, give details: _____

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 #
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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