

BLET CHECKLIST

_____ BCCC APPLICATION

_____ SPONSORSHIP _____ AGENCY

_____ CRIMINAL RECORD CHECK (DD214 MILITARY SERVICE)

_____ COPY HIGH SCHOOL DIPLOMA OR GED

_____ TRANSCRIPT REQUEST FORM MAILED OR FAXED

_____ BIRTH CERTIFICATE / PROOF OF CITIZENSHIP

_____ COPY DRIVERS LICENSE

_____ COPY F-1 MEDICAL HISTORY STATEMENT

_____ COPY F-2 MEDICAL EXAMINATION REPORT

_____ COPY F-3 PERSONAL HISTORY STATEMENT

_____ AUTHORIZATION TO RELEASE SCORES

_____ AUTHORIZATION TO RELEASE RECORDS

_____ TABE READING COMPREHENSION PLACEMENT TEST

_____ BCCC RELEASE

Beaufort County Community College

Basic Law Enforcement Training Application

**5337 Highway 264 East
Washington, North Carolina 27889**

Instructions:

Please print this information legibly in ink. If you need additional space, please add pages and identify them by the question number.

NAME _____

READING SCORE _____

This form is to be turned in to the BLET School Director

THIS IS NOT AN APPLICATION FOR EMPLOYMENT

Administrative Area: [administrative-area]	Unit: [unit]	Revision Date: [revision-date]	Page 1 of 8
SACSCOC Statues: [sascoc-statues]	General Statues: [general-statues]		

CRIMINAL OFFENSE RECORDS³

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 is revoked, and driving while license is 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.

10. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? yes no

If yes, give details:

11. Have you ever been charged or convicted with a felony? yes no

If yes, give details:

12. Have you ever been placed on probation? yes no

If yes, give details

13. Can you operate a motor vehicle? yes no

If no, give details:

14. Do you possess a driver's license from the State of North Carolina? yes no

If yes, give

Driver's License Number

Date Issued

RESIDENCES SINCE ADULTHOOD

21. List all permanent or temporary (3-6 months) places of residence since reaching adulthood.

Address	City	County	State	Country

I hereby certify that each and every statement on this form is true and complete and understand that any misstatement or omission may disqualify me from Basic Law Enforcement Training

Applicant's Signature

Date

Administrative Area: [administrative-area]

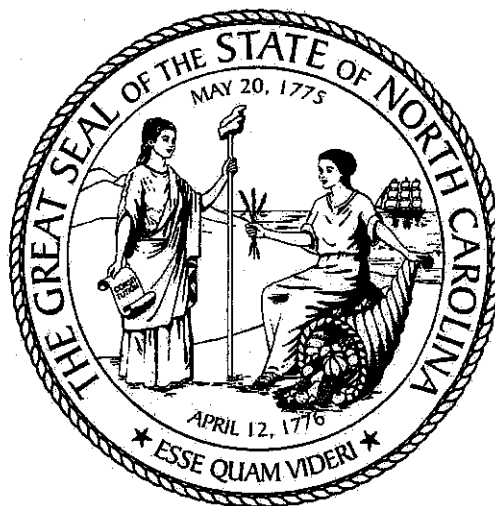
Unit: [unit]

Revision Date: [revision-date]

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SACSCOC Statues: [sacscoc-statues]

General Statues: [general-statues]



**NORTH CAROLINA CRIMINAL JUSTICE
EDUCATION AND TRAINING STANDARDS COMMISSION**

**NORTH CAROLINA SHERIFFS"
EDUCATION AND TRAINING STANDARDS COMMISSION**

PERSONAL HISTORY STATEMENT

It is the determination of the Commissions that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

Applicant Name: _____

Agency Applied: _____

RESIDENCES

17. List every city/county in which you have lived since attaining the age of 16, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State	Landlord

FINANCIAL

18. What income other than salary do you have at present?

19. List all businesses you currently own or have financial interest in (do not list any stocks and bonds):

20. Are you now supporting all children born to you, adopted by you and stepchildren?

Yes No If not, give details:

21. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? Yes No If yes, give name and details:

22. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)

Yes No Not sure (explain) If yes, give details:

23. What is the total amount of all your debts at present? \$ _____

24. What is the average monthly total of all of your bills, payments, and current living expenses? \$ _____

Applicant Name: _____

Agency Applied: _____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time _____ Yrs _____ Mos

Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

D. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time _____ Yrs _____ Mos

Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

Applicant Name: _____ Agency Applied: _____

48. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? Yes No I don't know
(explain below)

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

You must include any and all offenses and convictions regardless of whether or not the offenses/convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8A, 15A-146, or expunged or sealed with a similar out-of-state law. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

49. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" as used in this question includes being issued a criminal citation or summons).
 No-Applicant's Initials _____ Yes, please list below

1. Offense Charged: _____
 Misdemeanor Felony
Disposition Offense if different than original offense: _____
 Misdemeanor Felony
Date of Offense: _____ Disposition/Date _____ Court Docket # _____
County/State: _____ Probation No Yes

2. Offense Charged: _____
 Misdemeanor Felony
Disposition Offense if different than original offense: _____
 Misdemeanor Felony
Date of Offense: _____ Disposition/Date _____ Court Docket # _____
County/State: _____ Probation No Yes

Applicant Name: _____

Agency Applied: _____

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____

(Applicant Signature in Full)

(Applicant Print Name in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

Applicant Name: _____ Agency: _____

5. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Date Expunged: _____

6. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Date Expunged: _____

7. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Date Expunged: _____

8. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Date Expunged: _____

9. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Date Expunged: _____

10. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Date Expunged: _____

11. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

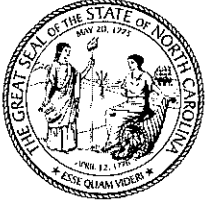
County/State: _____ Date Expunged: _____

EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

20-28,	Driving while license permanently revoked (20-28(b)[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(b)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION



Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
Fax (919) 779-8210

MEDICAL HISTORY STATEMENT

Form F-1
(Rev. 11-2022)

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standards Division**

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Last 4 Digits of SSN: _____

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List ALL hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

Males Only:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

Females Only:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations? Date Received: _____
- 23. When did you receive your last tetanus (lockjaw) immunization? _____

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in the criminal justice field?
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
Fax (919) 779-8210

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 11-2022)

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standard Division**

Instructions:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: _____ Last 4 Digits SSN: _____

Name: _____ Date of Birth: _____
Last First Middle

Employing Agency: _____

Height: _____ Weight: _____

Vision

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With contacts: R - 20 / _____ L- 20 / _____ Both - 20 / _____

How long have contacts been worn? _____

Color Perception: Normal Abnormal: _____

Peripheral Vision: Normal Abnormal: _____

Hearing

Hearing Acuity: Audiogram or 15' whispered conversation (check one)

Right ear: Normal Abnormal: _____

Left Ear: Normal Abnormal: _____

Cardiovascular

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Abnormal Findings

HEENT: Normal Abnormal _____

Lungs: Normal Abnormal _____

Abdomen: Normal Abnormal _____

Musculoskeletal: Normal Abnormal _____

Genitourinary: Normal Abnormal _____

Neurological: Normal Abnormal _____

Skin: Normal Abnormal _____

Urinalysis Normal Abnormal _____

TB Risk Questionnaires Administered: Yes No Additional Screening Required: Yes No

Specify Additional Screening: _____

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?

No Yes:

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes:

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Signature of Qualified Medical Professional

Medical License #

Date

Name and Address of Qualified Medical Professional (Please Type)

Tuberculosis Risk Questionnaire

- 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? Yes No
- 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? Yes No
- 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? Yes No
- 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? Yes No
- 5) Have you ever been exposed to anyone with infectious tuberculosis? Yes No

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

- 1) Unexplained cough lasting more than 3 weeks Yes No
- 2) Unexplained fever lasting more than 3 weeks Yes No
- 3) Night sweats (sweating that leaves bedclothes and sheets wet) Yes No
- 4) Shortness of breath Yes No
- 5) Chest Pain Yes No
- 6) Unintentional weight loss Yes No
- 7) Unexplained fatigue (very tired for no reason) Yes No

Americans with Disabilities Act

(If you are not familiar with this act or need more information, please contact the school director at 252-451-8278)

In accordance with the Americans with Disabilities Act, BCCC and the Criminal Justice Standards Division will provide students with disabilities every reasonable opportunity to participate in commission-mandated courses. You may request a reasonable accommodation for a disability in order to attend training. All requests for reasonable accommodations must be submitted immediately so they may be sent to the Criminal Justice Training and Standards Commission for review.

I _____ would like to request an accommodation under the Americans with Disabilities Act.

I _____ would **NOT** like to request an accommodation under the Americans with Disabilities Act.

Witness this, my hand and seal, this the ____ day of _____, _____.

Student _____

Notary

My Commission Expires _____.

BCCC
Washington, NC

RELEASE AGREEMENT

DATE: _____

For and in consideration of my being permitted to participate in the physical education courses/activities conducted by BCCC for Basic Law Enforcement Training (BLET) or Detention Officer Certification Course in which I am a student.

I hereby affirm that I am in good physical condition and that I have no limitations that will prevent my engaging in active exercise or that will be detrimental to my health, safety, comfort or physical condition. I acknowledge that it is my responsibility to inform BCCC of any changes in my health state that may affect my ability in any fitness class or activity. I am aware that injuries may occur in any physical activity, including exercise/aerobic activity.

I understand that during training in this class, I will be exposed to tear gas, mace, and pepper mace. I understand that individuals with respiratory difficulties including asthma must not participate in this training and/or in employment that uses these products. I certify that I have no respiratory difficulties and am physically able to engage in training exercises using tear gas, mace and pepper mace.

I do by these presents, for myself and my heirs, assigns and representatives, forever release, give up, surrender and quitclaim any and all rights which I may have against the institution BCCC including all of its instructors, volunteers, trainees, and other personnel to recover, from the institution, individuals, or agency, money, damages, or any other thing of value as a result of any accident, incident, or happening growing out of or in any way connected with said activities.

Witness this my hand and seal, this the ____ day of _____, _____.

Student

Notary

My Commission Expires _____

AUTHORIZATION TO RELEASE GRADES TO SPONSOR

I _____ grant permission to the Basic Law Enforcement Training (BLET) School Director at BCCC to release my BLET grades and practical evaluation sheets, to the agency sponsoring my participation and any law enforcement agency conducting a background investigation for employment purposes.

Student Signature

School Director

Date

Date

Authorization to Release Records

In order to determine my suitability for enrollment into the Basic Law Enforcement Training program, BCCC is conducting a personal background investigation.

I, _____, do hereby authorize any military organization, educational institutions, governmental agencies, banks, and credit agencies, former and present employers, and individuals to furnish the Basic Law Enforcement School Director at BCCC or their authorized agent, all available information regarding me, whether or not it is in their records. I hereby release them from civil or criminal liability whatsoever for issuing the information.

I hereby authorize BCCC to release all information obtained during the background investigation and during the academy to my employer/sponsor or to any agency conducting an investigation for hiring purposes. I understand that all information gathered during the course of this investigation is to be held in the strictest of confidence, other than as previously authorized.

I hereby certify that there are no willful misrepresentations or falsifications of my statements and answers to the questions. I am aware that should an investigation disclose such misrepresentation or falsification, my application will be rejected.

Signature

Date

Witness

Reading Comprehension Pre-Requisite Testing

As of June 1, 2010, all BLET cadets must be tested to determine their reading comprehension level. All BLET cadets must test at or above a tenth (10th) grade reading level to be admitted into the academy. If you do not test at or above a tenth-grade reading level, you may get assistance at our basic skills location to bring your reading comprehension level up. This assistance is at no charge to the student.

Potential Cadet _____ is to complete a reading comprehension test under the TABE testing unit. Please record the grade below and schedule any student that scores below a tenth-grade reading comprehension level for assistance under My Skills Tutor so they may improve their scores.

TABE Test Score Grade Equivalent _____

Test Proctor _____ Date _____

LETTER OF SPONSORSHIP

TO: BCCC BLET SCHOOL DIRECTOR

Please admit the individual named below in BCCC BLET school under sponsorship of the below named enforcement agency.

By requesting the admission of the individual, *I am attesting to the fact that a background check was conducted and revealed nothing that would prohibit this individual from being employed by a law enforcement agency.* Furthermore, I attest that I am aware of nothing in this person's character or reputation that would bring discredit upon my agency, law enforcement, or BCCC.

In the event this individual is not currently employed by this agency, he/she understands that this sponsorship does not guarantee them employment with this or any other law enforcement agency, nor does this sponsorship express or imply in any way a guarantee of employment in law enforcement with this agency or any other agency in the future.

I further attest the below named individual is at least 20 years of age or will be 20 years of age prior to the date of the BLET state examination.

The below named individual and I are aware of the supply fee and book cost for the BLET school. Supply fee and books will be paid by _____.
(Individual or Agency)

(Signature of Agency Representative)

(Date)

(Agency Name)

(Signature of Cadet)

NAME _____ DATE _____

IDENTITY HISTORY SUMMARY REQUEST FORM

Information * Denotes Required Fields

*Last Name <input type="text"/>		*First Name <input type="text"/>	
Middle Name 1 <input type="text"/>		Middle Name 2 <input type="text"/>	
*Date of Birth: <input type="text"/>	*Place of Birth: <input type="text"/>	*U.S. Citizen or Legal Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Country of Citizenship: <input type="text"/>	Country of Residence: <input type="text"/>	Prisoner Number (if applicable): <input type="text"/>	
*Last Four Digits of Social Security Number: <input type="text"/>			

*Race (please check appropriate box):
 Asian Black Caucasian Native American Unknown

*Sex (please check appropriate box):
 Male Female Other

Address

C/O <input type="text"/>	ATTN <input type="text"/>
*Address <input type="text"/>	
<input type="text"/>	
*City <input type="text"/>	*State <input type="text"/>
*Postal (Zip) Code <input type="text"/>	*Country <input type="text"/>
Phone Number <input type="text"/>	E-Mail <input type="text"/>

Payment Enclosed: (please check appropriate box)

CERTIFIED CHECK MONEY ORDER CREDIT CARD FORM

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary. This is not a national background check and may not include information from state repositories which would be included on an employment background check. If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency.

* REQUESTOR SIGNATURE DATE

Mail the signed requestor information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division – Summary Request
 1000 Custer Hollow Road
 Clarksburg, West Virginia 26306**

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

PAPERWORK REDUCTION ACT STATEMENT:

Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.