



## **Basic Law Enforcement Training Application**

**Asheville-Buncombe Technical Community  
College  
340 Victoria Rd.  
Asheville, North Carolina 28801**

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification by the school director and any incorrect statements or omissions may bar or remove you from the program. Truthful statements to any item requested will not necessarily exclude you from consideration. **THIS FORM MUST BE NOTARIZED UPON COMPLETION.**

NOTE: The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. **DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

**THIS IS NOT AN APPLICATION  
FOR EMPLOYMENT**



**EDUCATION**

10. Indicate below the schools you have attended and degrees completed.

Name Address (city/state)	# of Years Attended	Dates Attended	Graduated (yes or no)	Degree
---------------------------------	------------------------	-------------------	--------------------------	--------

A. <u>High Schools</u> 1. 2. 3. 4.				
B. <u>Colleges/Universities</u> 1. 2. 3. 4.				
C. <u>Extension/Correspondence</u> 1. 2. 3. 4.				

11. If you did not graduate from high school, have you passed the General Educational Development Test (GED) or the High School Equivalency Program? \_\_\_ yes \_\_\_ no  
If yes, when and where did you take these tests?

\_\_\_\_\_

\_\_\_\_\_

**MARITAL**

12. Marital Status (check one) \_\_\_\_\_ single \_\_\_\_\_ married  
\_\_\_\_\_ engaged \_\_\_\_\_ separated  
\_\_\_\_\_ divorced \_\_\_\_\_ widowed

13. Spouse's Name \_\_\_\_\_  
First Maiden Last

14. Do you have any children or dependents living with you other than your spouse? \_\_\_ yes  
\_\_\_ no  
If yes, how many? \_\_\_\_\_

**FAMILY**

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

\_\_\_\_ yes \_\_\_\_ no

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

16. Person to notify in case of an emergency:

\_\_\_\_\_  
First Name                      Middle Last                      Relationship                      Phone

**RESIDENCES**

17. List addresses that you have resided at starting with present address at top:

From: (Mo/Yr)	To: (Mo/Yr)	Address, City, State	County	Landlord

**WORK HISTORY**

18. Title of present position \_\_\_\_\_

Full-Time or Part-Time \_\_\_\_\_ Shift \_\_\_\_\_

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

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

Employer/Company Phone Number \_\_\_\_\_

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

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

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

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

Employer/Company Phone Number \_\_\_\_\_

20. If you are a full-time student, please check here \_\_\_\_\_

### **MILITARY**

21. Were you or are you in the U.S. Military? (National Guard or Reserves)  
\_\_\_\_ yes \_\_\_\_ no Branch of Military: \_\_\_\_\_ Dates served: \_\_\_\_\_

22. Have you had any Military disciplinary action taken against you? \_\_\_\_ yes \_\_\_\_ no  
If yes, please give details: \_\_\_\_\_

### **USE OF DRUGS OR ALCOHOL**

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

24. Have you ever used marijuana? (experimentation included) \_\_\_\_ yes \_\_\_\_ no  
If yes, to what extent? (occasionally, everyday, 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, please give details: \_\_\_\_\_  
\_\_\_\_\_

27. Are you addicted to any controlled substance (alcohol included)? \_\_\_\_ yes \_\_\_\_ no  
If yes, please 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 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.**

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 \$50.00? (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 North Carolina?  yes  no  
If yes, give \_\_\_\_\_  
Driver’s License Number Date Issued

34. Do you possess a driver’s license issued by any state other than North Carolina?  
 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 reasons:  
\_\_\_\_\_

36. Was your license restored?  yes  no

---

37. Have your driving privileges been restricted? \_\_\_ yes \_\_\_ no If yes, give restrictions:

\_\_\_\_\_

**CAREER PLANS**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
A.			
B.			
C.			

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions 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 Basic Law Enforcement Training school director any additional information which occurs after the signing of this document.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_ (Applicant's signature in full)

Subscribed and sworn to before me,  
This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)

My Commissions Expires \_\_\_\_\_, 20\_\_\_\_