Application Procedures and Admission Requirements for Basic Training

TRAINING SESSION SLOT REQUEST

Have you requested a seat in a training session?	Yes	No
If not, **you must request a seat** by contacting: ncc.nletcregistrar@nebraska.gov		

QUESTIONS

If you have any questions please contact the Training Center for assistance, 308-385-6030.

NOTICE

Applicant(s) **will not be admitted** until **all** of the **requirements are met**. Failure to provide all of the information by the processing deadline **will delay or prevent** the admission of your applicant into the requested basic.

MATERIALS CHECKLIST

All required documents and materials **must be competed and returned** to NLETC with the application for Basic Training.

Item #	Item Name	Included
1	Pages 2-40 below (pages **15-26** do not need to be sent to NLETC)	☐
2	Four (4) fingerprint cards. (MUST BE REQUESTED FROM martha.hutchinson@nebraska.gov **AND COMPLETED IN FULL**.)	☐
3	Copy of applicant's birth certificate.	☐
4	Copy of current driver's license.	☐
5	Copy of high school diploma, G.E.D., or official transcripts	☐
6	T.A.B.E. results. (Must be passed prior to training.)	☐
7	Copy of applicant's CPR/First Aid/AED certification. (Must include adult, child and infant.) - Completed prior to graduation.	
Date Completed	Adult - *required*	☐
Date Completed	Child - *required*	☐
Date Completed	Infant - *required*	☐
8	National Incident Command Systems online training - Completed prior to graduation.	
Date Completed	NIMS 100	☐
Date Completed	NIMS 200	☐
Date Completed	NIMS 700	☐
9	Copy of DD-214. (Veterans only.)	☐
10	Immunization Records	☐

RETURN ALL FORMS/INFORMATION TO:

Nebraska Law Enforcement Training Center: 3600 North Academy Road, Grand Island, NE 68801

Personnel Change-In-Status Form

This form must be completed and returned within 7 days of each change in status to:
Records Clerk, NLETC, 3600 North Academy Road, Grand Island, NE 68801

General Information: *(Complete entire section for each action.)*

Name: _____
Last First MI

D.O.B.: _____ Last 4 Digits of SSN: _____ Gender: _____

Racial/Ethnic Group: _____

Agency Information:

Agency Name: _____ Agency Phone: _____

Agency Address: _____
Street or PO Box City State Zip

Agency Email Address: _____

Effective Date of Status and/or Change: _____

Check all of the boxes that apply in the sections on the remainder of the document.

New Employee: *(Does **not** have Nebraska Certification)*

☐ Trainee (Employed by the agency, but not yet appointed as a law enforcement officer)

☐ Date of appointment as Law Enforcement Officer _____ *(Neb. Rev 81-1414 (6) Individual will be enrolled in the next scheduled session; Can only work for 16 consecutive weeks)*

☐ Full Time Officer ☐ Part-time Officer ☐ Reserve Officer

New Employee: *(Has a Nebraska Certification)*

☐ Full Certification ☐ Certified as a Reserve Officer

Date of Appointment as a Law Enforcement Officer with your Agency: _____

The following documents must be submitted with this form for a Nebraska Certified Officer:

☐ Completed Background Verification Form *(TC-915)*

☐ Code of Ethics or Applicant Attestation form *(Attestation form if Code of Ethics is on file at NLETC.)*

☐ Employee's Authority to Release Information *(791 form TC-919)*

Name Change: *(complete this section to show a legal name change.)*

_____ _____
Previous Name New Name

Rank and/or Rank Change: *(Select or complete appropriate section.)*

☐ Full Time Officer ☐ Part Time Officer ☐ Reserve ☐ Sheriff: Elected Appointed
(*Circle One*)

☐ Supervisory Position ☐ Management Position *(See Title 79 Chapter 1 to define Supervisor or Manager)*

Change In Rank: _____ _____
Previous Rank New Rank

Separation of Employment: *(Select or complete appropriate section.)*

Resignation:

☐ In-Lieu-of termination. Grounds based on 81-1414.15. Report required to be submitted within 30 days of action to the NLETC Director, the Crime Commission designee.

☐ Before initiation or completion of an internal affairs investigation into allegations that, if founded, could result in revocation.

☐ Accepted law enforcement position with another law enforcement agency

New Agency: _____

☐ Accepted non-sworn position.

☐ Other: _____

Dismissal:

☐ Grounds based on 81-1414.15. Report required to be submitted within 30 days of action to the NLETC Director, the Crime Commission designee.

☐ Agency discipline not based on 81-1414.15.

☐ Unable to meet agency standards.

☐ Other: _____

Retirement:

☐ Good standing.

☐ In-Lieu-Of termination based on 81-1414.15. Report required to be submitted within 30 days of action to the NLETC Director, the Crime Commission designee.

☐ Before initiation or completion of an internal affairs investigation into allegations that, if founded, could result in revocation.

Other:

☐ Due to physical, mental, or emotional incapacity.

☐ Resignation ☐ Dismissal ☐ Retirement

☐ Death

Previous sworn law enforcement employment:

Agency Name **Dates of Employment**

_____

_____

_____

_____

_____

_____

Return to active status:

New employee that has not been employed as a law enforcement officer (inactive) for more than thirty (30) days but less than four (4) years. The new employee has met the following requirements:

☐ Qualified with handgun. Date: _____

☐ Updated CPR/First Aid. Date: _____

Certification: *(This must be signed by Agency Head or Hiring Authority.)*

I, the undersigned, hereby certify that the above and foregoing information contained on this form is accurate, true and correct.

Printed Name and Title: _____

Signature: _____

Date: _____

APPLICATION FOR TRAINING

Complete all sections of this form and submit it to the Registrar at the NLETC.

Training Requested: **Basic** ☐ **Reciprocity** ☐ **Reactivation** ☐ **Reserve** ☐

Applicant Information:

1. Name: _____
   Last, First MI

2. D.O.B.: _____
   Month Day Year

3. Home Address: _____
   Street or P.O. Box City State Zip

4. Home Phone: _____ 5. E-mail Address: _____

6. Enrollment Dates Requested (available on website): _____

7. Previous Law Enforcement Certification Training (if any):

   Date: _____ Course of Instruction: _____

   Location: _____ Hours: _____

8. Applicant will be staying in the dormitory: YES (☐) NO (☐)

9. If you answered Yes to #8: Gender: Male (☐) Female (☐)
   Smoker (☐) Non-smoker (☐)

10. Person to contact in event of emergency:

    Name: _____ Phone: _____

    Address: _____
    Street or P.O. Box City State Zip

    Relationship to Applicant: _____

Agency:

Name of Agency: _____

Agency Address: _____
Street or P.O. Box City State Zip

AUTHORITY TO RELEASE INFORMATION

Certification Application

FULL NAME _____ DATE OF BIRTH _____
(PRINT or TYPE)

CURRENT ADDRESS _____

This release is being made in conjunction with my application for Certification Training.

I do hereby authorize a review and full disclosure of any and all records or files (or any part thereof) pertaining to me, including but not limited to the files and records of any school or other educational institution, financial or credit agency, public utility companies, any hospital, clinic, doctor or other medical practitioner, the military or armed forces of the United States, any agency or business pre-employment or employment records and/or personnel files including background investigation reports, results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as medical examinations, attorneys' files, court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges involving me whether in writing or in electronic media databases.

I further authorize the release of information to the NLETC concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to become trained and certified as a law enforcement officer, even if the information is not contained in written records and regardless of whether the information is considered privileged or confidential in nature.

I further authorize NLETC to release any and all information it has regarding me to my employing agency including but not limited to information referenced above together with any and all NLETC records and information, grades, disciplinary and other actions and investigations or anything else obtained or occurring during my training at NLETC.

I release and hold harmless the State of Nebraska and the Nebraska Law Enforcement Training Center for all actions taken as a result of the information it receives and/or disseminates.

This release of information form, or a duly executed photo copy and/or fax is valid for a period of one year from the date of execution or through the completion of training, which ever occurs first.

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

Signature _____ Date _____

Subscribed and sworn to before me on this ____ day of _____, 20____.

_____
Notary Public

Return form to: Nebraska Law Enforcement Training Center, 3600 North Academy Road, Grand Island, NE 68801

BACKGROUND CHECK WAIVER

This form must be completed and signed by every current or prospective student, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under Nebraska law.

I hereby authorize the Nebraska Law Enforcement Training Center to submit a set of my fingerprints and this form to the Nebraska State Patrol for the purpose of accessing and reviewing the Nebraska and FBI national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the above agency with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. Information on how to challenge your federal report can be found at FBI.gov. To challenge your Nebraska state record, contact the Nebraska State Patrol Criminal Identification Division. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

I ☐ have *OR* ☐ have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

_____

_____

_____

I am a current or prospective (check one): ☐ Student ☐ Employee ☐ Volunteer ☐ Contractor/Vendor

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Date of Birth: _____

Part A: MEDICAL HISTORY STATEMENT

To be completed by the Applicant

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

INSTRUCTIONS:
Complete prior to the physical examination and present to the person conducting the examination at the time of examination. All questions must be answered completely and accurately. The original or a copy must be retained in a personnel file by the appointing agency.

Name:_____ **D.O.B.:** _____ _____ _____
Last First Middle Month day year

Address: _____
City State Zip Code

Telephone#: _____ **SS# (Last 4 digits only)** _____
Including area code

CURRENT MEDICATIONS: (Include prescription and/or over the counter and specify reason for taking)

_____
_____
_____
_____

ALLERGIES: List all known allergies (list drug or environmental allergies and 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 had any of the following types of medical conditions: [Provide an explanation of any "YES" answers below.]

YES	NO	
☐	☐	**1**. **CANCER:** any type of cancer
☐	☐	**2.** **MAJOR INFECTIOUS DISEASE**: such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever, etc.
☐	☐	**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, etc.
☐	☐	**4.** **PSYCHOLOGICAL PROBLEMS**: such as depression, manic episodes, psychotic episodes, post traumatic stress disorder, etc.
☐	☐	**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, etc.
☐	☐	**6.** **EAR PROBLEMS**: such as injury, chronic or long lasting infections, use of a hearing aid
☐	☐	**7.** **NOSE PROBLEMS**: such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections, etc.
☐	☐	**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, etc.
☐	☐	**9.** **LUNG PROBLEMS**: such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess, etc.
☐	☐	**10**. **HEART AND CIRCULATION PROBLEMS**: such as a heart murmur, heart disease, heart attack, irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and blood pressure conditions, etc.
☐	☐	**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, gallstones, stomach or intestinal bleeding, etc.
☐	☐	**12.** **HORMONE OR ENDOCRINE PROBLEMS**: such as diabetes, thyroid disease, parathyroid or adrenal problems, etc.
☐	☐	**13.** **URINARY TRACT PROBLEMS**: such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections, etc.
☐	☐	**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, fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, loss of a finger or toe, knee injuries, joint replacements, ACL repairs, shoulder injuries and carpal tunnel.
☐	☐	**16.** **BLOOD SYSTEM PROBLEMS**: such as anemia, hemophilia or bleeding disorder, white blood cell abnormality, etc.

EXPLANATION OF ANY YES ANSWERS: (Identify by number and use additional paper if necessary; write name, last 4 SS#, sign and date. **Include any restrictions or limitations that exist.**

_____

_____

_____

_____

_____

_____

MALES ONLY

YES	NO	
☐	☐	**17.** Prostate problems such as enlargement or prostatitis?
☐	☐	**18.** Genital problems such as epididymitis or testicular injury?

FEMALES ONLY

YES	NO	
☐	☐	**19.** Currently pregnant?
☐	☐	**20.** History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

IMMUNIZATIONS

YES	NO	
☐	☐	**21.** Have you received Hepatitis B vaccinations? (If "NO", the vaccine or a Titer Test is required.)
☐	☐	**22.** Have you had a tetanus (lockjaw) immunization?

Date of last tetanus (lockjaw) immunization? _____
(If date is unknown, or over 10 years ago, tetanus immunization is required.)

OCCUPATIONAL HISTORY

Have you ever been exposed to any of the following, whether at home, work, military or any other setting?
(Provide an explanation of any "YES" answers below.)

YES	NO	
☐	☐	**23.** Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
☐	☐	**24.** Chemical exposure to skin or lungs?
☐	☐	**25.** Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?
☐	☐	**26.** Have you ever received or applied for a pension or compensation because of a disability or injury?

If yes, what percentage? _____ % (Provide documentation, including any restrictions below.)

☐	☐	**27.** Have you ever missed any work because of back or neck discomfort?
		27a. If yes, how many days of work last year did you miss? _____
		27b. If yes, how many days a year do you have back or neck pain? _____
☐	☐	**28.** Have you ever had a motor vehicle accident 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, digits or non-functioning joints?
☐	☐	**31.** Have you ever been advised by a physician to avoid lifting above a certain weight limit?
☐	☐	**32.** Have you ever been advised by a physician to avoid sitting or standing over a certain time?
☐	☐	**33.** Have you ever worked in law enforcement?
		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 of service for any medical or psychological problem?
☐	☐	**35.** Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
☐	☐	**36.** Do you have any difficulty driving at high speeds in a motorized vehicle?
☐	☐	**37.** Have you ever had an automobile accident while driving over sixty (60) miles per hour?

YES	NO	
☐	☐	**38.** Have you ever had any automobile accidents as a result of losing control of your vehicle?
☐	☐	**39.** Do you have any difficulty driving for three (3) consecutive hours without stopping?
☐	☐	**40.** Do you have any difficulty running for five (5) consecutive minutes without stopping?
☐	☐	**41.** Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

EXPLANATION OF ANY YES ANSWERS: (Identify by number and use additional paper if necessary)
May use additional sheets of paper; write name, last 4 SS#, sign and date.
Include any restrictions or limitations that exist.

_____
_____
_____
_____
_____
_____
_____

PENALTY:
Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a Nebraska Law Enforcement Officer.

CERTIFICATION:
I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

_____ _____
Signature of Applicant (ink) Date Signed

_____
Printed Name of Applicant

EXAMINER REVIEW:

_____ _____
Signature of Examiner (ink) Date Reviewed

_____
Printed Name and Address of Examiner Completing Review
(Examiner must be a Licensed Physician, Physician Assistant, or Advanced Practice Registered Nurse.)

Part B: MEDICAL EXAMINATION REPORT

To be completed by an approved examiner
(Licensed Physician, Physician Assistant or Advanced Practice Registered Nurse)

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

INSTRUCTIONS:
To be completed by a Licensed Physician, Physician Assistant, or Advanced Practice Registered Nurse. The original or a copy of this report must be retained in a personnel file by the appointing agency. **All items must be completed unless specifically noted.**

Name: _____ **Date of Birth:** _____ _____ _____
Last First Middle Month day year

Gender: _____ **Height:** _____ **Weight:** _____

PLEASE PROVIDE AN EXPLANATION FOR ANY ABNORMAL RESULTS

SECTION 1 – 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 / _____

Depth Perception:	☐ Normal	☐ Abnormal	_____
Color Perception:	☐ Normal	☐ Abnormal	_____
Peripheral Vision:	☐ Normal	☐ Abnormal	_____

SECTION 2 – HEARING

Hearing Acuity tested by an (check one): ☐ Audiogram – or - ☐ 15' whispered conversation

Right Ear:	☐ Normal	☐ Abnormal	_____
Left Ear:	☐ Normal	☐ Abnormal	_____

SECTION 3 – PERIPHERAL VASCULAR SYSTEMS and CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination:	☐ Normal	☐ Abnormal	_____
Peripheral Circulation:	☐ Normal	☐ Abnormal	_____
EKG (if necessary)	☐ Normal	☐ Abnormal	☐ Not required _____
HEART:	☐ Normal	☐ Abnormal	_____

SECTION 4 – RESPIRATORY

LUNGS: ☐ Normal ☐ Abnormal _____

SECTION 5 – GASTROINTESTINAL SYSTEM

ABDOMEN: ☐ Normal ☐ Abnormal _____

SECTION 6 – MUSCULOSKELETAL SYSTEM

MUSCULOSKELETAL: ☐ Normal ☐ Abnormal _____

SECTION 7 – GENITOURINARY SYSTEM

GENITORINARY: ☐ Normal ☐ Abnormal _____

SECTION 8 – NEUROLOGICAL SYSTEM

NEUROLOGICAL: ☐ Normal ☐ Abnormal _____

SECTION 9 – DERMATOLOGICAL SYSTEM

SKIN: ☐ Normal ☐ Abnormal _____

SECTION 10 – ENDOCRINE AND METABOLIC SYSTEM

URINALYSIS: ☐ Normal ☐ Abnormal _____

SECTION 11 – CONTAGIOUS INFECTIOUS DISEASE

TB Skin Test: ☐ Normal ☐ Abnormal _____

(REQUIRED: PLEASE PROVIDE DOCUMENTATION OF TEST)

EXPLANATION OF ANY ABNORMAL RESPONSES (Identify by SECTION).
May use additional sheets of paper; write name, last 4 SS#, sign and date.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Are there any conditions, physical, emotional, or mental, which, in your opinion, suggest further examination? If yes, provide an explanation.

☐ Yes ☐ No

_____

_____

_____

_____

_____

_____

Do you have any reservations about this candidate's ability to physically or emotionally perform required duties? If yes, provide an explanation.

☐ Yes ☐ No

_____

_____

_____

_____

_____

_____ _____

Examiner's Signature Date
(Licensed Physician, Physician Assistant, or Advanced Practice Registered Nurse.)

Name and Address of Examiner
(Print or Stamp)

TO THE EXAMINER:

The medical exam is divided into two sections. Part A provides an explanation of each component of the exam, which will be conducted. A Licensed Physician, Physician's Assistant or Advanced Practice Registered Nurse (APRN) may conduct the examination.

Part A is the Medical History Statement to be completed by the applicant. Part B is the Medical Examination Report to be completed by the examiner.

MEDICAL SELECTION GUIDELINES (POTENTIALLY DISQUALIFYING CONDITIONS)

First, the following conditions, although explicitly related to one or more essential tasks, are not necessarily an exclusive list. If the examining physician identifies a condition not included below, which he or she feels could adversely affect the ability of the candidate to perform any or all of the essential tasks of a law enforcement officer, that condition should be noted.

Second, because many of the tasks below involve physical exertion and danger in their performance, we ask that the physician, to the extent possible, assess, on an individualized basis, whether the candidate is able to perform the essential tasks of the job safely, and whether his/her inability may pose a "direct threat to the health and safety of himself/herself or others". As EEOC guidance suggests, "this assessment shall be based on a reasonable medical judgment that relies on the most current medical knowledge and/or the best available objective evidence". In particular, the examining physician should consider, in identifying a "direct threat", whether "in performing the particular functions of a job would result in a high probability of substantial harm" to the individual or others. This determination must be based on individualized, factual data rather than "stereotypic or patronizing assumptions". Generalized fears about risks cannot be used by an employer to disqualify an individual with a disability.

SECTION ONE – EYES AND VISION

VISUAL ACUITY

All candidates must have binocular vision. Corrected vision shall be at least 20/20 (Snellen) in the weaker eye and shall be for both eyes together.

Use of Glasses: Due to the empirical evidence that glasses may dislodge, break, fog, etc., during the performance of essential tasks, it is expected that candidates who wear glasses shall meet an uncorrected far acuity standard of not worse than 20/100. Furthermore, if the candidate uses glasses and passes the uncorrected acuity standard, it is expected that the employing agency will ensure that the candidate uses athletic head straps to minimize the dangers attendant to losing one's glasses.

Use of Contact Lenses: If the candidate uses soft contact lenses and the employing agency monitors the use of SCLs then the uncorrected standard can be waived. This waiver does not extend to users of hard lenses due to the increased possibilities of dislodgement or particulate entrapment.

Examples of Essential Tasks Requiring Visual Acuity:

1) Low light searches
2) Use of deadly force

3) High speed vehicle operation (day and night)
4) Physical struggle with resisting persons

DEPTH PERCEPTION

Depth perception shall be sufficient to demonstrate normal stereo depth perception with or without correction to the standard of 80 ARC seconds. (A standard office test of peripheral vision is an acceptable alternative for initial testing, e.g., Titmus Testing Machine.)

Examples of Essential Tasks Requiring Depth Perception:

1) Operate vehicle at high speeds
2) Use deadly force
3) Engage in physical combat

COLOR VISION

The preferred test to be used is the 24 plate edition of the Ishihara Test (1974 or subsequent equivalent edition). (However, if necessary, the 14 plate Ishihara is an acceptable alternative.) Generally, perception of color should be deemed acceptable if the candidate correctly reads at least nine (9) or more of the first 13 plates of the 24-Plate Edition of the Ishihara Test. As described in the test manual, this test should be given under lighting conditions approximating a daylight illuminated room (indirect daylight), and not primarily using tungsten or fluorescent lamps. The MacBeth Easel Lamp of the True Daylight Illuminator (TDI), which meets the standards specified by the International Commission of Illumination, or equivalent, may be used, e.g., True Daylight Illuminator.

If the candidate's color perception is deemed unacceptable through the use of said test, and he/she believes the results to be incorrect, then such individual must be informed that he/she has recourse to additional testing and a facility identified where he/she may, at his/her own expense, take the Farnsworth D-15 Test.

Examples of Essential Tasks Requiring Color Vision:

1) Recognize colors of suspect clothing
2) Recognize colors of vehicles, license plates, etc.
3) Search crime scenes
4) Use deadly force

PERIPHERAL VISION

The presence of either monocularity or significant bilateral field defects in a patrol officer are likely to create a direct threat to self or others. Significant field defects include cases in which the horizontal binocular field is restricted to less than 120 degrees in each eye, total vertical field is less than 100 degrees, or when large scotomas are present.

Examples of Essential Tasks Requiring Peripheral Vision:

1) Encounter suspects approaching from far left or far right
2) Encounter hostile crowd surrounding an officer
3) Operating vehicle, at high speed and observe activity/condition to either side
4) Execute self-defense maneuver
5) Use deadly force

NIGHT BLINDNESS

A history of night blindness should be evaluated to determine candidate's ability to perform essential tasks at night or in low light settings. This is not on the examination form. If it is necessary to review, include it in the Explanation section.

REFRACTIVE SURGERY

If candidate has undergone such procedure, a Night Blindness Test must be conducted by a qualified ophthalmologist. The examiner should also consider adverse side effects such as sensitivity to glare, reduced corneal strength, etc. This is not on the examination form. If it is necessary for review, include it on the Explanation section.

Examples of Essential Tasks Requiring Night Vision:

1) Use deadly force in low light
2) Recognize suspects in low light circumstances
3) Operate vehicle (at high speeds) in inclement weather at night for extended periods of time
4) Conduct searches of grounds and buildings in low light or dark

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ANY OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

These may include:

Cataracts
Chronic External Eye Disease
Chronic Inflammation
- Choroiditis
- Optic Neuritis
  - Retinitis
  - Uveitis

Diplopia
Eyelid Disorder
Glaucoma
Macular Degeneration
Retinal Detachment
Stereopsis
Strabismus
Nystagmus

SECTION TWO – <u>EARS AND HEARING</u>

HEARING ACUITY

The candidate must have aided or unaided hearing in both ears sufficient to perform essential tasks without posing a direct threat to themselves or others. An acceptable test is a whispered conversation at 15 feet or, preferably, using an audiometer, the candidate should have no average loss of 25 or more decibels at the 500, 1000, 2000, and 3000 Hertz (Hz) levels in either ear with no single frequency loss in excess of 40.

OTITIS MEDIA, ITITIS EXTERNA, AND MASTOIDITIS

If the candidate meets Hearing Acuity guidelines and the condition is resolved or improving under adequate medical care, then the condition is non-disqualifying.

ANY INNER/MIDDLE/OUTER EAR DISORDER AFFECTING EQUILIBRIUM, E.G. MENIERE'S DISEASE OR SYNDROME

If the candidate has a history of persistent or recurrent vertigo, he/she must receive further evaluation and may be disqualified.

Examples of Essential Tasks Requiring Hearing Acuity:

1) Conduct searches in low light or dark
2) Use deadly force
3) Conduct high risk stops
4) Work with loud sounds from multiple directions
5) Operate emergency vehicles at high speeds
6) Control crowds, domestic conflict, etc.
7) Control traffic, etc.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ANY OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

These may include:

Abnormalities of ear canal, e.g. Stenosis
Eustachian Tube Obstruction
Perforated Tympanic Membrane

SECTION THREE – PERIPHERAL VASCULAR SYSTEM

HYPERTENSION

Resting Blood Pressure should be less than, or equal to, 140 mmHg systolic and 90 mmHg diastolic on three successive readings. (If the candidate has controlled hypertension not exceeding the above standard and is on medication with side effect profiles, which do not interfere with performance of duty, then the condition may not be excludable.) Please note that this section should be revised if and when the appropriate National Consensus Guideline is released.

Candidate must have a functional and therapeutic cardiac classification no greater than Heart Association Class 1A, i.e. Functional Capacity I: Patients with cardiac disease and no limitation of physical activity. Ordinary physical activity does not cause discomfort. Patients in this class do not have symptoms of cardiac insufficiency, nor do they experience angina pain. Therapeutic Classification A: Patients with cardiac disease whose physical activity need not be restricted.

PERIPHERAL VASCULAR ABNORMALITY

Any condition which is severe and/or symptomatic may be excludable, e.g.
Vascular Insufficiency or its Sequelae
Thrombophlebitis
Reynaud's Disease

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties, e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances, e.g. domestic, death scene, deadly force, etc.
3) Exposure to numerous environmental circumstances, e.g. cold, heat, etc.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM THE ESSENTIAL TASKS OF THE JOB IN QUESTION. FURTHERMORE, ANY CONDITION THAT REQUIRES CHRONIC USE OF ANTI-COAGULANTS IS DISQUALIFYING AND SHOULD BE NOTED.

These may include:

Peripheral Vascular Disease – Arterial
Peripheral Vascular Disease – Venous
Carotid Artery Disease
Aortic Aneurysm (Thoracic or Abdominal)

HEART AND CARDIOVASCULAR SYSTEM

If the candidate's functional work capacity is unimpaired, and if there is no evidence of a direct threat to his/her health or safety, then the condition is non-excludable. Nevertheless, a prior history of any of the following conditions will require further evaluation:

CONGENITAL HEART DISEASE

CORONARY ARTERY DISEASE

Condition requires further evaluation to determine candidate is free of coronary vascular disease.

ECG ABNORMALITIES (If associated with organic heart disease)

Including, but not limited to:

WPW syndrome
3 Degree A-V Block
Mobitz Type II A-V Blocks
Sinoatrial Block or Sick Sinus Syndrome
Ventricular Extrasystoles (Frequent-20 minute with exercise, 10 minute without exercise
Ventricular Tachycardia
Atrial Fibrillation or Flutter
Episodic, Supraventricular Tachycardia or Consistent Supraventricular Tachycardia at rest or persistent after exercise even if asymptomatic

CONGESTIVE HEART FAILURE

CARDIOMYOPHY, to include Hypertrophic Heart Disease

PERICARDITIS, ENDOCARDITIS, AND MYOCARDITIS

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties, e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances, e.g. domestic, death scene, deadly force, etc.
3) Exposure to numerous environmental circumstances, e.g. cold, heat, etc.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ANY OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

SECTION FOUR – RESPIRATORY SYSTEM

THE RESPIRATORY SYSTEM SHOULD BE FREE OF CHRONICALLY DISABLING CONDITIONS THAT WOULD INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ESSENTIAL TASKS.

INFECTIOUS OR POTENTIALLY INFECTIOUS PULMONARY TUBERCULOSIS AND/OR OTHER MYCOTIC DISEASES

CHRONIC OBSTRUCTIVE PULMONARY DISEASE OF ANY CAUSE

RESTRICTIVE LUNG DISEASES

PNEUMONECTOMY

ASTHMA *

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, dust, particulates, etc.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ANY OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

*Please note that the Methacholine Challenge Test may be used to determine the severity of the patient's asthma.

SECTION FIVE – GASTROINTESTINAL SYSTEM

COLITIS

Including but not limited to Crohn's Disease, Ulcerative Colitis, Irritable Bowel Syndrome (symptomatic or needing medication), and Bacterial Colitis. If the candidate's condition is controlled and is on medication with side effect profiles that do not interfere with performance or essential tasks, then the condition may not be excludable.

ESOPHAGEAL DISORDERS

Including but not limited to Esophageal Stricture, Lower Esophageal Ring and Esophageal Spasm. If the candidate's condition is controlled, then the condition is non-disqualifying.

PANCREATITIS

GALL BLADDER DISORDERS

ACTIVE PEPTIC ULCER DISEASE

SYMPTOMATIC INGUINAL, UMBILICAN, VENTRAL, FEMORAL, OR INCISIONAL HERNIAS

MALIGNANT DISEASE OF THE LIVER, GALL BLADDER, PANCREAS, ESOPHAGUS, STOMACH, SMALL OR LARGE BOWEL, RECTUM OR ANUS

GASTROINTESTINAL BLEEDING

ACTIVE OR CHRONIC HEPATITIS

CIRRHOSIS OF THE LIVER

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ANY OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

SECTION SIX – MUSCOLOSKELETAL SYSTEM

DISORDERS THAT LIMIT MOTOR PERFORMANCE

CERVICAL SPINE OR LUMBOSACRAL FUSION

DEGENERATIVE, CERVICAL, OR LUMBAR DISC DISEASE (IF SYMPTOMATIC), SYMPTOMATIC, OR ASYMPTOMATIC HERNIATED DISC

EXTREMITY AMPUTATION (Condition is excludable only if it hinders performance of essential tasks)

OSTEOMYELITIS

MUSCULAR DYSTROPHY

LOSS IN MOTOR ABILITY FROM TENDON OR NERVE INJURY/SURGERY

ARTHRITIS/GOUT
If a candidate possesses this condition with no functional impairment, then condition is non-excludable.

MISCELLANEOUS ORTHOPEDIC ISSUES, e.g. COLLEGEN VASCULAR DISEASE, FRACTURES, etc.

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief around the clock.
5) Withstand periods of fatigue.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ALL OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

SECTION SEVEN – GENITOURINARY SYSTEM

PREGNANCY (State of pregnancy may affect person's immediate employability)

NEPHRECTOMY
If candidate possesses this condition with normal renal function, then condition is non-disqualifying.

ACUTE NEPHRITIS

NEPHROTIC SYNDROME

ACUTE OR CHRONIC RENAL/URINARY CALCULI

RENAL TRANSPLANT

RENAL FAILURE

HYDROCELE AND VARICOCELE (SYMPTOMATIC)

MALIGNANT DISEASES OR BLADDER, KIDNEY, URETER, CERVIX, OVARIES, BREASTS, PROSTATE, etc.

GENITOURINARY TRACT INFECTIONS AND INFLAMMATORY DISEASES

POLYCYCTIC KIDNEY DISEASE

ENDOMETRIOSIS

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM THE ESSENTIAL TASKS OF THE JOB IN QUESTION.

SECTION EIGHT – NEUROLOGICAL SYSTEM

SEIZURE DISORDER (ALL TYPES)
Requires case-by-case review and waiver by qualified physician approved by the employer.

MOVEMENT DISORDERS e.g. Parkinson's, Tremors, etc.

CEREBRAL ANEURYSMS
Requires case-by-case review and waiver by qualified physician approved by the employer.

SYNCOPE

PROGRESSIVE NEUROLOGICAL DISEASES

PERIPHERAL NERVE DISORDER

NARCOLEPSY OR OTHER CONDITIONS THAT MAY AFFECT MENTAL ALERTNESS
Requires case-by-case review and waiver by qualified physician approved by the employer.

CEREBRAL VACULAR ACCIDENT

CENTRAL NERVOUS SYSTEM INFECTIONS

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties, e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock.
5) Stand and/or walk for long periods of time.
6) Withstand periods of fatigue.

THE EXAMINER IS TO NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ALL OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

SECTION NINE – DERMATOLOGICAL CONDITIONS

ANY DERMATOLOGICAL CONDITIONS THAT, IN THE OPINION OF THE EXAMINER, MAY HINDER A CANDIDATE'S ABILITY TO PERFORM ESSENTIAL TASKS SHALL REQUIRE A CASE-BY-CASE EVALUATION.

Examples of Essential Tasks Requiring Freedom from Dermatological Conditions:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock.
5) Stand and/or walk for long periods of time.
6) Withstand periods of fatigue.

SECTION TEN – ENDOCRINE AND METABOLIC SYSTEMS

UNCONTROLLED THYROID DISEASE

DIABETES MELLITUS

Excludability requires a case-by-case assessment as to the control of diabetes and presence and severity of symptoms and complications. Disqualifiers may include recurrent episodes of hypoglycemia, ketoacidosis, or any other diabetes related complications.

INSULIN DEPENDENCE

Requires specific medical waiver from qualified physician as approved by the employer.

ADRENAL DYSFUNCTION – Including, but not limited to, Addison's Disease and Cushing's Disease

PITUITARY DYSFUNCTION

PARATHYROID DISEASES

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ALL OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

SECTION ELEVEN – CONTAGIOUS INFECTIOUS DISEASES (CID)

ANY CID THAT, IN THE OPINION OF THE EXAMINER, MAY POSE DIRECT THREAT TO THE HEALTH AND SAFETY OF THE PERSON AND/OR OTHERS SHALL REQUIRE A CASE-BY-CASE EVALUATION.

Examples of Essential Tasks Requiring Freedom from Infectious Diseases:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock.
5) Stand and/or walk for long periods of time.
6) Withstand periods of fatigue.

OTHER HEALTH CONDITIONS TO BE REVIEWED

HEMATOPOIETIC AND LYMPHATIC SYSTEMS

ANY HEMATOPOIETIC DISORDERS (INCLUDING BLEEDING, HEMOLYTIC, THROMBOTIC, MALIGNANT OR OTHER DISEASE STATES)

Examiner may require evaluation by a specialist.

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock.
5) Stand and/or walk for long periods of time.
6) Withstand periods of fatigue.

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ALL OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

MALIGNANT DISEASES

ANY MALIGNANT DISEASE THAT, IN THE OPINION OF THE EXAMINER, MAY HINDER A CANDIDATE'S ABILITY TO PERFORM ESSENTIAL TASKS SHALL REQUIRE A CASE-BY-CASE EVALUATION.

Examples of Essential Tasks Requiring Freedom from Malignant Diseases:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock.
5) Stand and/or walk for long periods of time.
6) Withstand periods of fatigue.

ALLERGIC CONDITIONS AND THEIR MANIFESTATIONS

ANY ALLERGIC CONDITIONS THAT, IN THE OPINION OF THE EXAMINER, MAY HINDER A CANDIDATE'S ABILITY TO PERFORM ESSENTIAL TASKS SHALL REQUIRE A CASE-BY-CASE EVALUATION.

Examples of Relevant Essential Tasks:

1) Perform numerous physically demanding duties e.g. fight, run, pull, carry, etc.
2) Endure emotionally stressful circumstances e.g. domestic, death scene, deadly force, etc.
3) Endure exposure to numerous environmental circumstances e.g. cold, heat, etc.
4) Work without relief and around the clock.
5) Stand and/or walk for long periods of time.
6) Withstand periods of fatigue.

NOSE, THROAT AND MOUTH

LOSS OF SENSE OF SMELL

If a history of loss of smell is present, the candidate should be referred for further evaluation.

APHONIA, SPEECH LOSS OR SPEECH DEFECTS

ABNORMALITIES OF THE NOSE, THROAT OR MOUTH

If the abnormality does not interfere with the candidate's breathing, or the proper fitting of a face/respirator mask, then the condition is non-excludable.

Examples of Relevant Essential Tasks:

1) Recognize DUI
2) Recognize hazardous materials
3) Come into contact with toxic gases, liquids, etc.
4) Search crime scenes
5) Wear protective gear to prevent contact with riot gases, infectious diseases, etc.
6) Present testimony
7) Speak to project control and reduce changes of escalation

THE EXAMINER SHALL NOTE ANY ADDITIONAL CONDITION(S) OR MEDICATION PROFILE(S) THAT MAY INTERFERE WITH THE CANDIDATE'S ABILITY TO PERFORM ANY OF THE ESSENTIAL TASKS OF THE LAW ENFORCEMENT OFFICER'S JOB.

These may include:

Epistaxis
Nasal Obstruction
Sinusitis
Laryngeal Disorder
Tonsillitis/Peritonsillitis
Tracheal Disorders

LAW ENFORCEMENT AGENCY BACKGROUND VERIFICATION

A thorough background investigation must be completed on all applicants for a sworn law enforcement position. The steps of a thorough background investigation are outlined in Title 79 Chapter 8.

The background investigation of an agency head who is uncertified, or not Nebraska certified, shall be conducted by the Director of the Nebraska Law Enforcement Training Center per Title 79 Chapter 8.

Applicant Information

Name: _____ DOB: _____ SSN #: _____

☐ This person **is not** a Nebraska Certified Officer.

☐ A psychological evaluation has been conducted on this individual.

☐ This person **is** a Nebraska Certified Officer.

☐ The applicant has submitted an Authority to Release Information to Prospective Employer (TC-919).

☐ All previous law enforcement agencies have been contacted and personnel records of the applicant have been reviewed as required in Neb. Rev. §81-1414.15. Please include Reference Check (TC-920).

The previous law enforcement agencies are listed below: (Please attach names of additional agencies if needed.)

_____ _____
(AGENCY NAME) (AGENCY NAME)

Background Investigator

☐ I hereby certify that a background investigation was conducted according to Title 79, Ch. 8 Section 005-04B on the above individual.

_____ _____ _____
(INVESTIGATOR PRINTED NAME) (INVESTIGATOR SIGNATURE) (DATE)

Agency Head/Designee Verification (Signature must be notarized.)

I certify that I am the agency head or designee authorized to sign this document.

Based on the results of the background investigation conducted, I find that the applicant has met the qualifications as outlined in Title 79, Chapter 4 004.02B(3) and has demonstrated good character as outlined in Title 79, Chapter 8 005.02A-005.02A(6)(d).

_____ _____ _____
(PRINTED NAME) (SIGNATURE) (DATE)

Sworn and subscribed before me this _____ day of _____, _____

Notary Seal or Stamp

_____
Notary Signature

Personal Character Affidavit for Nebraska Law Enforcement Certification

REQUIREMENT

The applicant for law enforcement certification **must complete all sections** of this affidavit. **Failure to complete** the Character Affidavit in its entirety **may result in rejection of the application or lose priority seating** for attending Certification Training or testing.

ADVISORY

- The applicant is required to answer all questions and sections truthfully.
- **If you have any doubts whether something should be included, list it on the affidavit.**
- **Failure to list information may result in termination of training, denial of certification, and possible criminal penalties.**
- **Falsification or omission of information is grounds for denial of certification or revocation of your law enforcement certification in Nebraska.**

If there is not adequate room to provide all information on the specific question, additional space is located at the end of the document.

REVIEW

The background investigator **must review** the completed document and **verify the information contained within is accurate and complete**.

SUBMISSION NOTE

Agency Academies **must** submit this affidavit for each student to the NLETC **thirty (30) days prior** to the start of a certification class or testing.

Section I: Personal Identification

Name: *Last, First, MI*	
Date of Birth: *Month Day Year*	
Social Security Number:	

Other Names You Have Used	
Name: *Last, First, MI*	
Name: *Last, First, MI*	

If you have ever used another date of birth or social security number provide that information and an explanation of why you used them. If additional space is needed, please include it on page #12.

Have you ever been fingerprinted? ☐ Yes ☐ No

If yes:

When	Where	Reason

Section II: Character Affidavit

Instructions: The applicant **must answer each of the following statements** with either a True or False response and initial the response. **If any statement cannot be answered with a True response, the applicant must provide a full explanation of the circumstances on page #12 identified as Section II. #3, #4 etc.**

	Statement	Response		Initials
1.	I have **not** used marijuana for any purpose in the two years preceding this application for admission to Certification Training/Testing.	☐ True	☐ False	
2.	I have **not** used illegal drugs or narcotics other than marijuana in the five years preceding this application for admission to Certification Training/Testing.	☐ True	☐ False	
3.	I have **not**, under State or Federal law, illegally sold, produced, cultivated or transported marijuana or other controlled substance for sale.	☐ True	☐ False	
4.	I have **not** used marijuana or other controlled substance, other than one prescribed by a physician, while employed or appointed as a peace officer or law enforcement officer.	☐ True	☐ False	
5.	I have **not** been convicted of a felony or any crime which carried a possible penalty of one year or more imprisonment or jail, or any crime which would have carried such a penalty if committed in Nebraska (Class 1 Misdemeanor).	☐ True	☐ False	
6.	I have **not** been convicted for Driving Under the Influence / Driving While Intoxicated in the two years immediately preceding this application for admission to Certification Training / Testing.	☐ True	☐ False	
7.	I have **not** been convicted of either a federal or state misdemeanor which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed against a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.	☐ True	☐ False	
8.	I have **not** received a punitive discharge from the United States Armed Forces. Punitive discharges are discharges classified as Dishonorable or Bad Conduct.	☐ True	☐ False	
9.	I have **not** been denied law enforcement certification status, or had my certification revoked or currently suspended in this state or any other jurisdiction.	☐ True	☐ False	
10.	I have **not** been convicted of any crime involving the threat of or the actual use of physical violence that would constitute a Class I Misdemeanor in this state.	☐ True	☐ False	
11.	I have **not** been convicted of any crime involving the threat of or the actual act of sexual assault or abuse.	☐ True	☐ False	
12.	I have **not** been convicted of any crime of physical violence or sexual abuse against a child or children.	☐ True	☐ False	
13.	I have **not** been adjudicated or convicted of a crime of domestic violence as defined in the United State Code, 18 U.S.C. 922(g)(9), that would disqualify me from possessing a firearm.	☐ True	☐ False	
14.	I am **not** subject to an order of protection that would disqualify me from possessing a firearm under the provisions of U.S.C. 922(g)(8).	☐ True	☐ False	

Section III: Criminal Violations

Instructions: The applicant **must list all violations of the law** for which he/she has **been cited, arrested, charged or convicted** which occurred either as a juvenile or as an adult. Provide detailed explanation of incident and disposition.

Have you ever, either as an adult or juvenile, been cited, arrested, charged, or convicted for a violation of any law (except for moving traffic violations and parking violations)? ☐ Yes ☐ No

If yes, complete the information below for each incident.

1.	Original Charge/Citation:	
	Date of Incident:	
	Were you booked into jail?	☐ Yes ☐ No
	Arresting Agency, city and state:	
	Amended Charge:	
	Disposition of Case:	
	Narrative:	

2.	Original Charge/Citation:	
	Date of Incident:	
	Were you booked into jail?	☐ Yes ☐ No
	Arresting Agency, city and state:	
	Amended Charge:	
	Disposition of Case:	
	Narrative:	

If necessary to report any additional criminal offenses use the same format as above on page #12 identified as Section III. #3, #4 etc.

Section IV: Traffic Violations

Instructions: All traffic violations for which the applicant has been cited, arrested or convicted must be reported. Provide detailed explanation of violation and disposition.

Have you ever been cited, arrested or convicted of any moving traffic violation with the exception of minor parking violations? ☐ Yes ☐ No

If yes, complete the information below.

1.	Traffic Violation:		Narrative:
	Date of Offense:		
	Citing/arresting agency, city and state:		
	Disposition of Case:		

2.	Traffic Violation:		Narrative:
	Date of Offense:		
	Citing/arresting agency, city and state:		
	Disposition of Case:		

3.	Traffic Violation:		Narrative:
	Date of Offense:		
	Citing/arresting agency, city and state:		
	Disposition of Case:		

4.	Traffic Violation:		Narrative:
	Date of Offense:		
	Citing/arresting agency, city and state:		
	Disposition of Case:		

5.	Traffic Violation:		Narrative:
	Date of Offense:		
	Citing/arresting agency, city and state:		
	Disposition of Case:		

If necessary to report any additional traffic offenses use the same format as above on page #12 identified as Section IV. #4, #5 etc.

Section IVa: Operator's License(s)

	State	Number	Class/Restrictions	Expiration
Current				
Previous Operator's License				
Previous Operator's License				
Previous Operator's License				
Previous Operator's License				
Previous Operator's License				
Previous Operator's License				

Provide a copy of your out of state driving record abstract if applicable.

1. Have you ever had your vehicle operator's license suspended or revoked? If your driver's license was revoked due to points, you must list all of the violations that contributed to revocation of your license. ☐ Yes ☐ No

If yes, provide details:

If you answered yes to question #1, in this section, was such license ever restored? ☐ Yes ☐ No

If no, provide details:

2. Have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No

If yes, provide date, location and circumstances of accident:

If additional space is needed, please include it on page #12 identified as Section IVa. #1, #2 etc.

Section V. Military Service Information

1. Have you ever been a member of the armed forces of the United States including reserve components or the National Guard? ☐ Yes ☐ No

If yes, submit a copy of DD214 with this form. If no, go to Character Declarations.

I **was a member** of the armed forces:

	Army	Coast Guard	Air Force	Navy	Marine Corps	Dates of Service	
						FROM *Month/Year*	TO *Month/Year*
Regular armed forces							
Reserve components							
National Guard							

My rank was:

I am **presently a member** of the armed forces. Applicant is currently on active duty in the Armed forces, to include reserve component or National Guard:

Army	Coast Guard	Air Force	Navy	Marine Corps	Rank	Present Duty Station

Address:	
Commanding officer:	
Telephone number:	

1. Did you receive an honorable discharge? ☐ Yes ☐ No
2. Where you ever court-martialed? ☐ Yes ☐ No
3. Were you ever awarded non-judicial punishment? (Art. 15 UCMJ) ☐ Yes ☐ No
4. Were you allowed to resign in lieu of a court-martial? ☐ Yes ☐ No
5. Were you administratively discharged? ☐ Yes ☐ No

If you answered yes to any of the above, provide a detailed explanation below. Note the item number in your response. If additional space is needed, please include it on page #12 identified as Section V. #3, #4 etc. Provide applicable military disciplinary records.

Section VI: Character Declarations

1.	Have you ever been party in civil litigation to include: Divorce, Child Support, Collections, Small Claims, etc.?	☐ Yes	☐ No
2.	Have you ever had a complaint filed against you in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, or forgery?	☐ Yes	☐ No
3.	Have you ever had a civil case dismissed because of a finding of abuse of legal process including the filing of a frivolous lawsuit?	☐ Yes	☐ No
4.	Have you ever had a professional license/certification that you hold be under investigation?	☐ Yes	☐ No
5.	Have you had a law enforcement certification/license or any other professional license/certificate revoked or suspended in this state or any other state?	☐ Yes	☐ No
6.	Is a professional license/certification that you hold currently under investigation?	☐ Yes	☐ No
7.	Have you ever filed a petition for bankruptcy or had a credit or charge account turned over to a collection agency, or a credit card or charge account debt charged off or revoked?	☐ Yes	☐ No
8.	Are you currently in violation of a court order to include an order for child support?	☐ Yes	☐ No
9.	Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?	☐ Yes	☐ No

If you answered yes to any of the above, provide a detailed explanation below. Note the item number in your response. If additional space is needed, please include it on page #12 identified as Section VI. #3, #4 etc. Provide the name and location of any court and copy of court pleadings and final disposition if applicable.

Section VII: Statement of Health and Signature

Do you currently have any condition or impairment (including but not limited to substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated, could affect your ability to successfully perform the duties of a law enforcement officer?

☐ Yes ☐ No

If you answered yes to any of the above, provide a detailed explanation below. If additional space is needed, please include it on page #12 identified as Section VII.

Section VIII: Applicant Attestation Verification

Instructions: **To be completed by the applicant**.

Title 79, Chapter 8, 005.04A2 states: "Applicants are under a duty to disclose any and all information that may affect the applicant's qualifications for entrance into certification training. Any omissions, falsifications, and/or misrepresentations made on the application or through the application process, including the background investigation, are grounds for denial of entrance into a Training Academy, suspension from training or termination of training.

I am aware that this document constitutes a public record and knowingly making a false entry in, or false alteration of a public record is a violation of Nebraska Revised Statute 28-911.

I hereby certify that there are no misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions and that all statements and answers are true and correct.

_____ _____

Signature of Applicant **Date**

Sworn to and subscribed before me, this _____ day of _____, _____

Notary Seal or Stamp

_____

Signature of Notary

Section IX: Background Investigator Attestation

Instructions: **To be completed by the individual who conducted the background investigation.**

I am aware that this document constitutes a public record and knowingly making a false entry in, or false alteration of a public record is a violation of Nebraska Revised Statute 28-911.

I hereby certify that a diligent background investigation of this applicant was conducted in accordance with Title 79, Chapter 8, 005.04B and, to the best of my knowledge, all foregoing statements and answers to questions by the applicant are true and correct.

_____ _____

Signature of Background Investigator **Date**

Sworn to and subscribed before me, this _____ day of _____, _____

Notary Seal or Stamp

_____

Signature of Notary

Section X: Additional Documentation

Instructions: This section is to be used for providing additional information for any incidents previously mentioned. Please reference the page number, section number and item number.

EMPLOYMENT VERIFICATION FORM

This form must be completed, in full, by the City Clerk, Village Clerk, or County Clerk and must be properly notarized by a notary public.

For the purpose of this verification form, a law enforcement employee shall mean either (1) a law enforcement officer who is being paid regularly by the governmental subdivision for the performance of duties as specified in NEB. REV. STAT. §81-1401 or (2) a law enforcement trainee who is being paid regularly by the governmental subdivision while attending Basic Officer Certification training and will receive appointment as a law enforcement officer from that governmental subdivision upon completion of such course.

I _____ verify that _____
(City or Village Clerk or County Clerk) (Name of Student)

as of this date _____is a
(Hire Date)

- ☐ Non-Certified Conditional Officer (an appointed law enforcement officer)
- ☐ Trainee (may not interact with the public in a law enforcement capacity)
- ☐ Certified Officer requiring Reactivation

of, _____ and will be paid regularly while attending
(Agency or Municipality)
training and is covered under the political subdivision's worker's compensation insurance plan.

_____
Signature

Subscribed and sworn to before me on this

_____ day of _____, 20___.

_____
Notary Public