



Personal 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

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: _____



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. §81-1457. 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 8 005.01A-005.01Q and has demonstrated good character as outlined in Section 005.02A-005.62A6d.

(PRINTED NAME)

(SIGNATURE)

(DATE)

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

Notary Seal or Stamp

Notary Signature



Code of Ethics Applicant Attestation

This section is to be completed by the applicant only when the applicant (1) is certified in Nebraska, but has been in an inactive status, (2) is reactivating his/her certification and (3) has a NE Law Enforcement Code of Ethics on file at the NLETC.

I _____
Printed First Name, MI, Last Name

D.O.B. _____
Month, Day, Year

Have read the Nebraska Code of Ethics and attest that nothing has happened in my personal and professional life that would be in violation of the Nebraska Law Enforcement Code of Ethics and I have not been cited, arrested, charged or indicted and/or convicted for any offense that would prohibit my initial certification pursuant to Title 79 NAC, Chapter 8, and I am not currently under investigation for conduct that would prohibit certification pursuant to Title 79 NAC, Chapter 8. I further attest that I have not had any action taken against any professional license in this state or in any other state, including relinquishment, suspension, or revocation, or are currently under investigation for any matter that would negatively reflect on this application or the law. I will abide by the Code of Ethics during my active certification status.

Signature of Applicant

_____, 20____
Date

* * * * *

This section to be completed by the notary public

Sworn and subscribed before me this _____ day of _____, 20____

Notary Seal or Stamp

Signature of Notary _____



**AUTHORITY TO RELEASE INFORMATION
TO PROSPECTIVE EMPLOYER (791)**

FULL NAME _____ SSN _____ DATE OF BIRTH _____
(Print or Type)

CURRENT ADDRESS _____

This release is being made in conjunction with a conditional offer of employment as a law enforcement officer with the following agency: _____.
(Type or print the name of agency and its address)

I do hereby authorize a review and full disclosure to the above-mentioned agency of any and all records, reports or files (or any part thereof) pertaining to me, from any agency where I have been previously employed as a law enforcement officer. Such records or files shall include, but not be limited to employment records and/or personnel files regarding reasons for separation from employment and the circumstances surrounding separation including results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as 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 pertaining to me whether in writing or in electronic media databases.

I further authorize the release of information to the above-mentioned agency concerning all of the above mentioned areas, or any other information which has a bearing on my fitness or ability to serve as a law enforcement officer in the State of Nebraska, regardless of whether the information is considered privileged or confidential in nature, which relate to incompetence, neglect of duty, incapacitation, dishonesty, felony violation of state or federal law, misdemeanor violation of state or federal law having a rational connection to my fitness or capacity to serve as a law enforcement officer, violation of oath of office, code of ethics or other statutory duties.

I release and hold harmless any previous agency, administrator or individual who releases information in accordance with this release for all actions taken as a result of the information provided.

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.

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

