

Personal Character Affidavit for Nebraska Law Enforcement Certification

REQUIREMENT

The applicant for law enforcement certification <u>must complete all sections</u> of this affidavit. <u>Failure to complete</u> the Character Affidavit in its entirety <u>may result in rejection of the application or lose priority seating</u> 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.
- <u>Failure to list information may result in termination of training, denial</u> of certification, and possible criminal penalties.
- <u>Falsification or omission of information is grounds for denial of</u> <u>certification or revocation of your law enforcement certification in</u> <u>Nebraska.</u>



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 <u>must review</u> the completed document and <u>verify the information contained within is</u> <u>accurate and complete</u>.

SUBMISSION NOTE

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

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

Other Names You	Have Used
Name: <i>Last, First, M</i> I	
Name: <i>Last, First, M</i> I	

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?

No

Yes

If yes:	When	Where	Reason

Instructions: The applicant <u>must answer each of the following statements</u> 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.

Sta	tement	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 <u>not</u> 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
3.	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 <u>not</u> 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 <u>not</u> 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

Instructions: The applicant <u>must list all violations of the law</u> for which he/she has <u>been cited</u>, <u>arrested</u>, <u>charged or</u> <u>convicted</u> 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)?

If yes, complete the information below for each incident.

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

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.

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 Yes No exception of minor parking violations?

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.

	<u>State</u>	<u>Number</u>	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.

1. Have you ever been a member of the armed forces of the United States including Yes No

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

I <u>was a member</u> of the armed forces:

	Armv	Coast Guard	Air Force		Marine	Dates of	Service
				Navy	Corps	FROM Month/Year	TO <i>Month/Year</i>
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.

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?

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

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, <u>to the best of my knowledge, all</u> foregoing statements and answers to questions by the applicant are true and correct.

day of

Signature of	Background	Investigator
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Date

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Sworn to and subscribed before me, this

Notary Seal or Stamp

Signature of Notary

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.