



# Non-Certified Agency Head or Single Employee 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**

|  |  |
|--|--|
| <b>Name:</b><br><i>Last, First, MI</i>         |  |
| <b>Date of Birth:</b><br><i>Month Day Year</i> |  |
| <b>Social Security Number:</b>                 |  |

|                                  |  |
|----------------------------------|--|
| <b>Other Names You Have Used</b> |  |
| Name:<br><i>Last, First, MI</i>  |  |
| Name:<br><i>Last, First, MI</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 #18.

Have you ever been fingerprinted?  Yes  No

| If yes: | When | Where | Reason |
|---------|------|-------|--------|
|         |      |       |        |
|         |      |       |        |
|         |      |       |        |
|         |      |       |        |
|         |      |       |        |

Have you ever attended another law enforcement training academy?  Yes  No

| If yes: | When | Where | Graduation Date: If you didn't graduate provide explanation on page 18. |
|---------|------|-------|---|
|         |      |       |   |
|         |      |       |   |
|         |      |       |   |

## 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 #18 identified as Section II. #3, #4 etc.**

| Statement  | Response | Initials |
|--|----------|----------|
| 1. I have <b>not</b> used marijuana for any purpose in the two years preceding this application for admission to Certification Training/Testing.   | True     | False    |
| 2. I have <b>not</b> 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 <b>not</b> , under State or Federal law, illegally sold, produced, cultivated or transported marijuana or other controlled substance for sale.   | True     | False    |
| 4. I have <b>not</b> 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 <b>not</b> 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 <b>not</b> 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 <b>not</b> 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 <b>not</b> 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 <b>not</b> 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 <b>not</b> 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 <b>not</b> been convicted of any crime involving the threat of or the actual act of sexual assault or abuse.  | True     | False    |
| 12. I have <b>not</b> 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?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Arresting Agency, city and state: |  |
|    | Amended Charge:                   |  |
|    | Disposition of Case:              |  |
|    | Narrative:                        |  |

|    |                                   |  |
|----|-----------------------------------|--|
| 2. | Original Charge/Citation:         |  |
|    | Date of Incident:                 |  |
|    | Were you booked into jail?        | <input type="checkbox"/> Yes <input type="checkbox"/> 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 #18 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 #18 identified as Section IV. #4, #5 etc.**

**Section IVa: Operator's License(s)**

|                                    | <b>State</b> | <b>Number</b> | <b>Class/Restrictions</b> | <b>Expiration</b> |
|------------------------------------|--------------|---------------|---------------------------|-------------------|
| <b>Current</b>                     |              |               |                           |                   |
| <b>Previous Operator's License</b> |              |               |                           |                   |
| <b>Previous Operator's License</b> |              |               |                           |                   |
| <b>Previous Operator's License</b> |              |               |                           |                   |
| <b>Previous Operator's License</b> |              |               |                           |                   |
| <b>Previous Operator's License</b> |              |               |                           |                   |
| <b>Previous Operator's License</b> |              |               |                           |                   |

**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 #18 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<br>Month/Year | TO<br>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 #18 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.?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Have you ever had a complaint filed against you in any civil, criminal or administrative forum, alleging fraud, deceit, misrepresentation, or forgery?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Have you ever had a professional license/certification that you hold be under investigation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Is a professional license/certification that you hold currently under investigation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Are you currently in violation of a court order to include an order for child support?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?   | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 #18 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: Residences**

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In chronological order, list each and every place which you have lived since age 18 beginning with your present address. (Include all addresses while you were in school and the military if applicable. Add additional pages as needed.)

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

**Section VII: Residences**

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

|                        |  |
|------------------------|--|
| Dates at address:      |  |
| Address:               |  |
| City/State/Zip:        |  |
| Country if not U.S.A.: |  |

**Section VIII: Education**

|                    |  |
|--------------------|--|
| Name of College:   |  |
| Address:           |  |
| City/State/Zip:    |  |
| Dates Attended:    |  |
| Degree or Diploma: |  |

|                    |  |
|--------------------|--|
| Name of College:   |  |
| Address:           |  |
| City/State/Zip:    |  |
| Dates Attended:    |  |
| Degree or Diploma: |  |

|                    |  |
|--------------------|--|
| Name of College:   |  |
| Address:           |  |
| City/State/Zip:    |  |
| Dates Attended:    |  |
| Degree or Diploma: |  |

Have you ever been dropped, suspended, warned or placed on scholastic or disciplinary probation, expelled, requested to resign or allowed to resign in lieu of discipline from any school above, the elementary level, or from any college or university, or otherwise subjected to discipline by any such school or institution, or requested or advised by any such school or institution to discontinue your studies therein?

Yes                      No

**If you answered yes provide a detailed explanation below. If additional space is needed, please include it on page #18 identified as Section VIII.**

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**Section IX: Employment**

List each job you have held since age 18 beginning with your current job. Include self-employment, temporary, or part-time employment and military service. Account for any period of time when you were unemployed. Add additional pages as needed.

|                             |                    |  |                      |                    |               |  |
|-----------------------------|--------------------|--|----------------------|--------------------|---------------|--|
| <b>Dates of Employment:</b> | <b>To: (mo/yr)</b> |  | <b>From: (mo/yr)</b> |                    | <b>Phone:</b> |  |
| <b>Address:</b>             |                    |  |                      |                    |               |  |
| <b>City/State/Zip:</b>      |                    |  |                      |                    |               |  |
| <b>Job Title:</b>           |                    |  |                      | <b>Supervisor:</b> |               |  |
| <b>Co-Workers Names:</b>    |                    |  |                      |                    |               |  |
| <b>Duties:</b>              |                    |  |                      |                    |               |  |
| <b>Reason For Leaving:</b>  |                    |  |                      |                    |               |  |
| <b>Dates of Employment:</b> | <b>To: (mo/yr)</b> |  | <b>From: (mo/yr)</b> |                    | <b>Phone:</b> |  |
| <b>Address:</b>             |                    |  |                      |                    |               |  |
| <b>City/State/Zip:</b>      |                    |  |                      |                    |               |  |
| <b>Job Title:</b>           |                    |  |                      | <b>Supervisor:</b> |               |  |
| <b>Co-Workers Names:</b>    |                    |  |                      |                    |               |  |
| <b>Duties:</b>              |                    |  |                      |                    |               |  |
| <b>Reason For Leaving:</b>  |                    |  |                      |                    |               |  |
| <b>Dates of Employment:</b> | <b>To: (mo/yr)</b> |  | <b>From: (mo/yr)</b> |                    | <b>Phone:</b> |  |
| <b>Address:</b>             |                    |  |                      |                    |               |  |
| <b>City/State/Zip:</b>      |                    |  |                      |                    |               |  |
| <b>Job Title:</b>           |                    |  |                      | <b>Supervisor:</b> |               |  |
| <b>Co-Workers Names:</b>    |                    |  |                      |                    |               |  |
| <b>Duties:</b>              |                    |  |                      |                    |               |  |
| <b>Reason For Leaving:</b>  |                    |  |                      |                    |               |  |

**Section IX: Employment**

|                      |             |  |               |             |        |  |
|----------------------|-------------|--|---------------|-------------|--------|--|
| Dates of Employment: | To: (mo/yr) |  | From: (mo/yr) |             | Phone: |  |
| Address:             |             |  |               |             |        |  |
| City/State/Zip:      |             |  |               |             |        |  |
| Job Title:           |             |  |               | Supervisor: |        |  |
| Co-Workers Names:    |             |  |               |             |        |  |
| Duties:              |             |  |               |             |        |  |
| Reason For Leaving:  |             |  |               |             |        |  |
| Dates of Employment: | To: (mo/yr) |  | From: (mo/yr) |             | Phone: |  |
| Address:             |             |  |               |             |        |  |
| City/State/Zip:      |             |  |               |             |        |  |
| Job Title:           |             |  |               | Supervisor: |        |  |
| Co-Workers Names:    |             |  |               |             |        |  |
| Duties:              |             |  |               |             |        |  |
| Reason For Leaving:  |             |  |               |             |        |  |
| Dates of Employment: | To: (mo/yr) |  | From: (mo/yr) |             | Phone: |  |
| Address:             |             |  |               |             |        |  |
| City/State/Zip:      |             |  |               |             |        |  |
| Job Title:           |             |  |               | Supervisor: |        |  |
| Co-Workers Names:    |             |  |               |             |        |  |
| Duties:              |             |  |               |             |        |  |
| Reason For Leaving:  |             |  |               |             |        |  |

**Section X: Family History**

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1. Are you a native born or naturalized citizen? (Proof of naturalization is required.)  
Yes          No

2. Provide the name of your spouse, father, mother, brothers and sisters.

| RELATIONSHIP | NAME | FULL ADDRESS | PHONE |
|--------------|------|--------------|-------|
|              |      |              |       |
|              |      |              |       |
|              |      |              |       |
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|              |      |              |       |
|              |      |              |       |

3. List names of three friends or associates. Do not include former employers or schoolteachers.

| RELATIONSHIP | NAME | FULL ADDRESS | PHONE |
|--------------|------|--------------|-------|
|              |      |              |       |
|              |      |              |       |
|              |      |              |       |

**Section XI: Statement of Health**

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 provide a detailed explanation below. If additional space is needed, please include it on page #18 identified as Section XI.**

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**Section XII: Applicant Attestation Verification**

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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 XIII: Background Investigator Attestation Verification**

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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.*

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**Signature of Background Investigator**

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**Date**

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_

Notary Seal or Stamp

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**Signature of Notary**

**Section X: Additional Documentation**

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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.