



Non-Certified Agency Head or Single Employee Personal Character Affidavit for Nebraska Law Enforcement Certification

The applicant for law enforcement certification/licensure 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 Basic.

The applicant is required to answer all questions and sections truthfully. Falsification or omission of information is grounds for denial to admission to an academy and denial of or revocation of your law enforcement certification/license 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.

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

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/LICENSURE, AND POSSIBLE CRIMINAL PENALTIES.

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

I. PERSONAL IDENTIFICATION

Name: _____
 First Middle Last

Date of Birth: _____
 Month Day Year

Social Security Number: _____/_____/_____

Other Names You Have Used:

 First Middle Last

 First Middle Last

If you have you ever used another date of birth or social security number provide that information and an explanation of why you used them.

Have you ever been fingerprinted?

YES NO If yes, provide details below.

WHEN	WHERE	REASON

Have you ever attended another law enforcement training academy?

YES NO If yes, provide details below.

When	Where	Graduate Yes/No if No, provide explanation on last page of Character Affidavit

II. CHARACTER AFFIDAVIT

Instructions: The applicant must answer each of the following statements with either a True or False response. If any statement cannot be answered with a True response, the applicant must provide a full explanation of the circumstances at the end of this document.

STATEMENT	True - False	Initials
1. I have not used marijuana for any purpose in the two years preceding this application for admission to the Training Center.		
2. I have not used illegal drugs or narcotics other than marijuana in the five years preceding this application for admission to the Training Center.		
3. I have not been convicted of a felony or any crime which carried a possible penalty of one year or more imprisonment or any crime which would have carried such a penalty if committed in Nebraska (Class 1 Misdemeanor).		
4. I have not been convicted for Driving Under the Influence / Driving While Intoxicated in the two years immediately preceding this application for admission to the Training Center.		
5. 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.		
6. I have not received a punitive discharge from the United States Armed Forces. Punitive discharges are discharges classified as Dishonorable or Bad Conduct.		
7. I have not been denied law enforcement certification/licensure status, or had my certification/license revoked or currently suspended in the state or another jurisdiction.		
8. 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.		
9. I have not been convicted of any crime involving the threat of or the actual sexual assault or abuse.		
10. I have not been convicted of any crime of physical violence or sexual abuse against a child or children.		
11. I have not been adjudicated or convicted of a crime of domestic violence as defined in the United States Code, 18 U.S.C. 922(g)(9), that would disqualify me from possessing a firearm.		
12. I am not subject to an order of protection that would disqualify me from possessing a firearm under the provisions of United States Code, U.S.C. 922(g)(8).		

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: _____ Arresting Agency, city and state: _____ Amended Charge _____ Date of Incident: _____ Were you booked into jail? Yes () No () Disposition of Case: _____ Narrative: _____ _____ _____ _____

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

If necessary to report any additional criminal offenses use the same format as above at the end of this document identified as III. #3, #4 etc.

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: _____
Citing/arresting agency, city and state: _____
Date of Offense: _____
Disposition of Case: _____
Narrative: _____

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

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

If necessary to report any additional traffic offenses use the same format as above at the end of this document identified as IV. #4, #5 etc.

A. Operator's License(s)

1. Current Vehicle Operator's License: (provide copy of current license)

- a. State: _____
- b. Number: _____
- c. Class and restrictions: _____
- d. Expiration date: _____

2. If you have possessed a vehicle operator's license issued by a state other than Nebraska provide the following:

State of Issue: ____ License #: _____ Year _____ License Type: ____
(Provide a copy of your out of state driving record abstract)

3. 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**, give details below.

a. If you answered **yes** to question #2, in this section, was such license ever restored?

YES NO If **no**, explain why:

4. Have you ever been involved in a motor vehicle accident?

YES NO If **yes**, provide date, location and circumstances of accident:

V. DRUG USE INFORMATION

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.

1. Under State or Federal law, have you illegally sold, produced, cultivated or transported marijuana or other controlled substance for sale?

YES

NO

If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.

2. Have you used marijuana for any purpose in the last two (2) years?

YES

NO

If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.

3. Have you used any controlled substance, not prescribed to you by a physician, while employed or appointed as a peace officer or law enforcement officer?

YES

NO

If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.

4. Have you used any controlled substance, other than marijuana, for any purpose in the past five (5) years?

YES

NO

If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.

VI. MILITARY SERVICE INFORMATION

Have you ever been a member of the armed forces of the United States including reserve components or the National Guard? (If yes, submit a copy of DD214 with this form. If no, go to Character Declarations.)

YES NO

1. I was a member of the armed forces

a. Regular armed forces:

Army Coast Guard Air Force Navy Marine Corps

Dates of Service: **FROM:** _____ **TO:** _____
Mo/Yr Mo/Yr

b. Reserve components:

Army Coast Guard Air Force Navy Marine Corps

Dates of Service: **FROM:** _____ **TO:** _____
Mo/Yr Mo/Yr

c. National Guard:

Army Coast Guard Air Force Navy Marine Corps

Dates of Service: **FROM:** _____ **TO:** _____
Mo/Yr Mo/Yr

d. My rank was/is: _____

2. 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:

YES NO

Army Coast Guard Air Force Navy Marine Corps

Active Reserve Component National Guard

Present Duty Station: _____

Address: _____

Name of commanding officer: _____

Telephone number: _____

1. While a member of the armed forces:

a. Did you receive an honorable discharge? YES NO

b. Where you ever court-martialed? YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document. Provide applicable military disciplinary records.)

c. Were you ever awarded non-judicial punishment? YES NO
(Art. 15 UCMJ)

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document. Provide applicable military disciplinary records.)

d. Were you allowed to resign in lieu of a court-martial? YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document. Provide applicable military disciplinary records.)

e. Were you administratively discharged? YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document. Provide applicable military disciplinary records.)

VII. CHARACTER DECLARATIONS

1. Have you **ever** been party in civil litigation?

YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

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

(If yes, provide a detailed explanation. Include name and location of court and copy of court pleadings and final disposition. If additional space is needed please include it at the end of this document.)

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

(If yes, provide a detailed explanation. Include name and location of court and copy of court pleadings and final disposition. If additional space is needed please include it at the end of this document.)

4. Have you ever had a professional certificate/license that you hold be under investigation?

YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

5. Have you had a law enforcement certificate/license or any other professional license/certificate revoked or suspended in this state or any other state?

YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

6. Is a professional certificate/license that you hold currently under investigation?

YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

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

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

8. Are you currently in violation of a court order to include an order for child support?

YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

9. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination from any job?

YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

VIII. RESIDENCES

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

RESIDENCE:	From: _____	To: _____	
	Mo/Yr	Mo/Yr	
ADDRESS:	_____		
	Full Street Address	Apt. #	P.O. Box

	City	State	Zip Code

	Country, if not United States		

RESIDENCE:	From: _____	To: _____	
	Mo/Yr	Mo/Yr	
ADDRESS:	_____		
	Full Street Address	Apt. #	P.O. Box

	City	State	Zip Code

	Country, if not United States		

RESIDENCE:	From: _____	To: _____	
	Mo/Yr	Mo/Yr	
ADDRESS:	_____		
	Full Street Address	Apt. #	P.O. Box

	City	State	Zip Code

	Country, if not United States		

IX. EDUCATION

NAME OF COLLEGE: _____

ADDRESS: _____
Full Street Address

City State Zip Code

From: _____ **To:** _____ **Degree:** _____
Mo/Yr Mo/Yr

NAME OF COLLEGE: _____

ADDRESS: _____
Full Street Address

City State Zip Code

From: _____ **To:** _____ **Degree:** _____
Mo/Yr Mo/Yr

NAME OF COLLEGE: _____

ADDRESS: _____
Full Street Address

City State Zip Code

From: _____ **To:** _____ **Degree:** _____
Mo/Yr Mo/Yr

Have you 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 school 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 yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

X. 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.

FROM: (mo/yr)	TO: (mo/yr)	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City,State, Zip)	
SUPERVISOR:		CO-WORKERS NAMES:	
DUTIES:			
REASON FOR LEAVING:			

FROM: (mo/yr)	TO: (mo/yr)	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City,State, Zip)	
SUPERVISOR:		CO-WORKERS NAMES:	
DUTIES:			
REASON FOR LEAVING:			

FROM: (mo/yr)	TO: (mo/yr)	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City,State, Zip)	
SUPERVISOR:		CO-WORKERS NAMES:	
DUTIES:			
REASON FOR LEAVING:			

FROM: (mo/yr)	TO: (mo/yr)	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City,State, Zip)	
SUPERVISOR:		CO-WORKERS NAMES:	
DUTIES:			
REASON FOR LEAVING:			

FROM: (mo/yr)	TO: (mo/yr)	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City,State, Zip)	
SUPERVISOR:		CO-WORKERS NAMES:	
DUTIES:			
REASON FOR LEAVING:			

FROM: (mo/yr)	TO: (mo/yr)	EMPLOYER:	PHONE:
JOB TITLE:		ADDRESS: (City,State, Zip)	
SUPERVISOR:		CO-WORKERS NAMES:	
DUTIES:			
REASON FOR LEAVING:			

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

NAME	FULL ADDRESS	PHONE

XII. 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 perform the duties of a law enforcement officer in a competent professional manner?

YES NO

(If yes, provide a detailed explanation. If additional space is needed please include it at the end of this document.)

XIII. APPLICANT ATTESTATION VERIFICATION

Instructions: To be completed by the applicant.

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 willful misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

_____ Date: _____
 Signature of Applicant

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

Notary Seal or Stamp _____
 Signature of Notary

XIV. 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 as a part of the background investigation on this applicant I have verified that the applicant has made no willful misrepresentations, omissions, or falsifications in the forgoing statements and answers to questions and that all statements and answers are true and correct to the best of my knowledge and belief.

_____ Date: _____
Signature of Background Investigator

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

Notary Seal or Stamp _____
Signature of Notary

