

JIMMY THORNTON
SHERIFF
SAMPSON COUNTY



112 FONTANA ST
CLINTON, NC 28328
www.sampsonsheriff.com

June 18, 2009

MEMORANDUM

To: BLET Applicants

From: Capt. Eric Pope

Subject: BLET Sponsorship Requirements and Process

In order to be considered for sponsorship in Basic Law Enforcement Training courses through the N.C. Community College System by the Sampson County Sheriff's Office, the following steps are required in order to be considered:

1. A Sampson County Employment Application for "Deputy Sheriff" must be submitted in addition to a Basic Law Enforcement Training Sponsorship Request.
2. You must include copies of your NC Driver's License, Social Security Card, High School Diploma/GED, and Birth Certificate in your application package.
3. You must submit a signed and notarized "Release Authorization" form.
4. You must meet the basic criteria for certification as a Criminal Justice Officer in accordance with the North Carolina Criminal Justice Education and Training Standards Commission and the North Carolina Sheriff's Education and Training Standards Commission.
5. You must be a resident of Sampson County, North Carolina at the time of application.

Please note that sponsorship letters will be sent directly to the Community College listed on the Sponsorship Request. Please allow a minimum of two weeks for processing all application materials. You will be contacted at the phone number listed on your application if there is a problem.

cc: file



SAMPSON COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed or hand delivered to 435 Rowan Road, Clinton, NC 28328

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the County. An application must be received by the County by 5 pm on the closing date posted to ensure consideration. The County does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

CURRENT INFORMATION

(1) POSITION TITLE _____ DATE: _____

(2) When will you be available for employment? (i.e. immediately, 2 weeks notice) _____

(3) Are you seeking Full-time regular Part-time regular Temp./prefer regular Temporary Only

(4) NAME: _____
(Last) (First) (Middle)

(5) ADDRESS: _____
Street & No. or P.O. Box County State Zip

(6) HOME TEL # () _____ BUS. TELEPHONE # () _____

E-MAIL ADDRESS _____ (if applicable)

(7) Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.

Occasional: night work weekend work overtime rotating shifts "on-call"
Regular: night work weekend work overtime rotating shifts "on-call"
Frequent night work weekend work overtime rotating shifts "on-call"

(9) Have you ever been employed with the County of Sampson? Yes No

If YES, what department and when: _____

(10) Have you applied to the County of Sampson before? Yes No

If YES, indicate what position and when: _____

(11) Are you willing to accept a salary within the advertised normal starting salary range? Yes No

(12) Are you now or were you previously related in any way to a County employee? Yes No

If YES, give name, relationship and department: _____

(13) Are you able to perform all of the duties of the job you have applied for? Yes No

(14) Have you ever been convicted of a felony? If YES, please explain under EXPLANATIONS. NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration. Yes No

(15) Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No

(16) Did you receive any of your education or employment experience under another name? Yes No
If YES, please explain under EXPLANATIONS.

EDUCATION

Provide your complete history

(17) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(18) Name of High School _____ County _____ State _____

(19) Have you received a high school diploma or equivalent? [] Yes [] No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

- (a) _____ (e) _____
 (b) _____ (f) _____
 (c) _____ (g) _____
 (d) _____ (h) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank - **Number:** _____ **State:** _____

(26) Is your driver's license a Commercial Driver's License? [] Yes [] No
 If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ___ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ___ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ___ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ___ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

- (27) Have you had disciplinary action taken against you in the past 12 months? ? Yes No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (28) a.) Have you ever been dismissed or forced to resign from any job held? Yes No
b.) Were you dismissed or forced to resign for disciplinary reasons? Yes No
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (29) May we contact your present employer for reference prior to an interview (if granted)? Yes No
If you are not currently employed, please check here N/A (____). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____
ITEM # _____
ITEM # _____
ITEM # _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the County.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the County of Sampson; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the County receives from an employer or educational institution under a promise of confidentiality.
- I also permit the County of Sampson to conduct a Court, Credit and/or Motor Vehicle Records Investigation of my background.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the County of Sampson, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the County Administrator.

SIGNATURE _____ DATE _____

Sampson County Sheriff's Office
112 Fontana Street
Clinton, NC 28328
(910) 592-4141 - Office
(910) 592-8641 - FAX
www.sampsonsheriff.com

Jimmy Thornton - Sheriff

Basic Law Enforcement Training Sponsorship Request



Applicant's First Name: _____

Applicant's Middle Name: _____

Applicant's Last Name: _____

Name Suffix: (i.e. - Sr., Jr., I, II, or III) _____

Other Names Applicant Has Gone By: _____

Full Maiden Name: _____

Other Names: _____

Social Security Information: (Note: The Social Security Number is used to make positive identification of the applicant. Disclosure is VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.)

Social Security #

NC Driver's License #

Residence Information: List your residences for the past ten years. If you were in the military please attach a copy of your DD214. (List the street address, city, county, state, and zip) Attach additional sheets of paper if necessary.

Current: _____

Previous _____

Previous _____

Previous _____

I attest that the information provided above is accurate to the best of my knowledge. I understand that sponsorship is not a promise or guarantee of employment with the Sampson County Sheriff's Office.

Applicant Signature: _____

Date: _____

Indicate Desired BLET Program and Start Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I am an applicant for a justice officer position with the Sampson County Sheriff's Office. In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that the both the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information, concerning my personal and employment history, be disclosed to the Sampson County Sheriff's Office.

Therefore, I, _____, DOB, _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the name hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA COUNTY
OF _____

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

Notary Public & Seal My Commission
Expires: _____

Applicant Signature

Printed Name: _____

Address: _____

Phone #: _____