



National Center For Missing & Exploited Children

APPLICATION FOR  
AMERICA'S LAW ENFORCEMENT  
RETIREE TEAM  
(PROJECT "ALERT")

Please Print Or Type

NAME \_\_\_\_\_  
*Last First Middle*

ADDRESS \_\_\_\_\_  
*Street Apartment/Unit*

\_\_\_\_\_ *City State Zip Code*

TELEPHONE NUMBERS : Home \_\_\_\_\_

*Business* \_\_\_\_\_

*FAX* \_\_\_\_\_

*Cell* \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY No. \_\_\_\_\_  
*Month Day Year*

Have you ever submitted an employment application or application to perform volunteer work to the NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN (NCMEC) ? YES \_\_\_ NO \_\_\_

If so, please indicate date(s) and position applied for. \_\_\_\_\_

Have you ever been employed by the NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN ? YES \_\_\_ NO \_\_\_ If so, please provide dates of employment, position/title and name of immediate supervisor..

*Dates of Employment:* \_\_\_\_\_

*Position/Title:* \_\_\_\_\_

*Name of Supervisor:* \_\_\_\_\_

**DATE AVAILABLE TO JOIN "PROJECT ALERT":** Month\_\_\_\_\_Day\_\_\_\_\_Year\_\_\_\_\_

Please indicate Days and Hours of Availability.

**Days:** SUN\_\_\_\_\_ MON\_\_\_\_\_ TUE\_\_\_\_\_ WED\_\_\_\_\_ THU\_\_\_\_\_ FRI\_\_\_\_\_ SAT\_\_\_\_\_

**Hours:** \_\_\_\_\_

**Have you ever been CONVICTED of a FELONY or MISDEMEANOR ?** YES\_\_\_\_\_NO\_\_\_\_\_

*If YES, explain below.*

**Have you ever been subject to DISCIPLINARY ACTION while employed as a LAW ENFORCEMENT OFFICER?** YES\_\_\_\_\_NO\_\_\_\_\_

*If YES, explain below*

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

*Please list ALL employers, dates of employment, position(s) / title(s) held, assignments, names of supervisors, organization's address and telephone numbers etc.*

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBERS:** \_\_\_\_\_

**NAMES OF SUPERVISORS:** *Include Titles and Direct Phone Numbers if known*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR JOB TITLE:** \_\_\_\_\_

**DATES OF EMPLOYMENT:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_  
\_\_\_\_\_

**RETIRED WITH ANNUITY:** YES \_\_\_\_\_ NO \_\_\_\_\_

**SUMMARIZE THE NATURE OF THE WORK YOU PERFORMED AND YOUR JOB RESPONSIBILITIES:**

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

*Please list ALL employers, dates of employment, position(s) / title(s) held, assignments, names of supervisors, organization's address and telephone numbers etc.*

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBERS:** \_\_\_\_\_

**NAMES OF SUPERVISORS:** *Include Titles and Direct Phone Numbers if known*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR JOB TITLE:** \_\_\_\_\_

**DATES OF EMPLOYMENT:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_  
\_\_\_\_\_

**RETIRED WITH ANNUITY:** YES \_\_\_\_\_ NO \_\_\_\_\_

**SUMMARIZE THE NATURE OF THE WORK YOU PERFORMED AND YOUR JOB RESPONSIBILITIES:**

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**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBERS:** \_\_\_\_\_

**NAMES OF SUPERVISORS:** *Include Titles and Direct Phone Numbers if known*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR JOB TITLE:** \_\_\_\_\_

**DATES OF EMPLOYMENT:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_  
\_\_\_\_\_

**RETIRED WITH ANNUITY:** YES \_\_\_\_\_ NO \_\_\_\_\_

**SUMMARIZE THE NATURE OF THE WORK YOU PERFORMED AND YOUR JOB RESPONSIBILITIES:**

**LAW ENFORCEMENT EMPLOYMENT HISTORY**

*Please list ALL employers, dates of employment, position(s) / title(s) held, assignments, names of supervisors, organization's address and telephone numbers etc.*

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBERS:** \_\_\_\_\_

**NAMES OF SUPERVISORS:** *Include Titles and Direct Phone Numbers if known*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR JOB TITLE:** \_\_\_\_\_

**DATES OF EMPLOYMENT:** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

\_\_\_\_\_

**RETIRED WITH ANNUITY:** YES \_\_\_\_\_ NO \_\_\_\_\_

**SUMMARIZE THE NATURE OF THE WORK YOU PERFORMED AND YOUR JOB RESPONSIBILITIES:**

**EDUCATIONAL BACKGROUND:**

**College / University**

*Name of Institution* \_\_\_\_\_

*Address* \_\_\_\_\_

*Dates Attended* \_\_\_\_\_

*Academic Major* \_\_\_\_\_ *Degree* \_\_\_\_\_ *Year Conferred* \_\_\_\_\_

**Technical / Trade School:**

*Name of Institution* \_\_\_\_\_

*Address* \_\_\_\_\_

*Dates Attended* \_\_\_\_\_

*Course of Study / Major* \_\_\_\_\_

*Degree, Diploma, Certificate Awarded* \_\_\_\_\_ *Year Conferred* \_\_\_\_\_

**High School:**

*Name of School* \_\_\_\_\_

*Address* \_\_\_\_\_

*Dates Attended* \_\_\_\_\_ *Diploma Awarded* **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Other:**

*Name of School* \_\_\_\_\_

*Address* \_\_\_\_\_

*Dates Attended* \_\_\_\_\_

*Field of Study* \_\_\_\_\_ *Certificate / Diploma Awarded* \_\_\_\_\_

**FOREIGN LANGUAGES**

**Read** \_\_\_\_\_ **Write** \_\_\_\_\_ **Speak** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

**Have you ever served in the Armed Forces or Uniformed Services of the United States ?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

*If yes, please answer the following:*

**Branch of Service:** \_\_\_\_\_ **Active Duty** \_\_\_\_\_ **Reserve** \_\_\_\_\_

**Dates of Service** \_\_\_\_\_ **Honorable Discharge: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Rank / Grade at Separation** \_\_\_\_\_ **Specialty** \_\_\_\_\_

**SPECIAL SKILLS**

*List any Special Skills, Licenses, Certifications, Trades etc.*

**SIGNIFICANT ACCOMPLISHMENTS**

*List any Special Accomplishments, Awards, Publications etc.*

**OTHER ADDITIONAL INFORMATION**

*List any additional information that you would like us to consider:*

**Please attach a resume and current photograph to this application for use in NCMEC's personnel files.**

**REFERENCES**

**List the name title / position and telephone number of three references from law enforcement who are not related to you and were not your direct supervisors.**

1.

2.

3.

**List the name and telephone number of three references who have known you for five (5) years or more.**

1.

2.

3.

**CURRENT OCCUPATION AND EMPLOYMENT**

*Please list all current employers, dates of employment, position(s) held, description of work performed, name(s) of supervisors, firm's complete address and applicable telephone numbers.*

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*Number Street*  
\_\_\_\_\_  
*City State Zip Code*

**TELEPHONE NUMBERS:** \_\_\_\_\_

**NAME AND TITLE OF SUPERVISOR:** \_\_\_\_\_  
\_\_\_\_\_

**JOB TITLE / POSITION:** \_\_\_\_\_

**DATES OF EMPLOYMENT:** \_\_\_\_\_

**POSITION DESCRIPTION:** *Please summarize the nature of the work you do, your responsibilities and The number and types of persons you supervise.*

**EMPLOYMENT AS A PRIVATE INVESTIGATOR**

Are you now or have you ever been licensed as a Private Investigator ? YES \_\_\_\_\_ NO \_\_\_\_\_

*If YES, please answer the following:*

**STATE(S) LICENSED:** \_\_\_\_\_ **LICENSE No.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Firms, Companies, Individuals employed by or associated with:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE NUMBERS:** \_\_\_\_\_

**DATE(S) EMPLOYED:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

**POSITION / JOB TITLE:** \_\_\_\_\_

**POSITION DESCRIPTION:** *Describe the Type and Nature of the Investigative work you performed.*



**AUTHORIZATION TO RELEASE INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Applicant's Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant's Social Security Number:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Authorization Expiration Date:** \_\_\_\_\_

**I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to Release Information by the above-stated agency, to release and disclose to such agency any and all information or records requested regarding me including, but not necessarily limited to, my employment records, military records, criminal information records (if any), in connection with my application to be a volunteer for Project ALERT and the National Center for Missing & Exploited Children.**

**Any person, firm, organization, or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance.**

**This Authorization expires on the date stated above.**

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**Signature**

**Witness to Signature:** \_\_\_\_\_



**APPLICANT DISCLOSURE AFFIDAVIT**

THIS DISCLOSURE IS REQUIRED TO BE COMPLETED BY THE APPLICANTS FOR POSITIONS IN ORDER TO BE CONSIDERED. ANY FALSIFICATION, MISREPRESENTATION OR INCOMPLETENESS IN THIS DISCLOSURE IS ALONE GROUNDS FOR TERMINATION.

STATE OF \_\_\_\_\_ )  
 )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

APPLICANT: \_\_\_\_\_

**The undersigned applicant states under oath (or affirmation) that I HAVE NOT at any time (whether as an adult or juvenile):**

- **Been convicted of;**
- **Plead guilty to (whether or not resulting in a conviction);**
- **Admitted;**
- **Have had any judgment or order rendered against me (whether by default or otherwise);**
- **Entered into any settlement of an action or claim of;**
- **Had any license, certificate or employment suspended, revoked, terminated or adversely affected because of;**
- **Been diagnosed as having or treated for any mental or emotional condition arising from;**
- **Or,**
- **Resigned under threat of termination of employment for**

**Any conduct, matter or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction);**

- **Any felony;**
- **Rape or other sexual assault;**
- **Any action/crime wherein the victim is a minor.**

Signed and sworn to before me this

Signed: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_  
Notary