Application for
BASIC LAW ENFORCEMENT TRAINING ACADEMY

OFFICE USE ONLY:
Returned _______ Accepted _______ Day _______ Night _______ Hoke _______
Step one:
All applicants must obtain a background check from the FBI. This is in addition to the certified background checks you are required to obtain from every place you have lived since you were sixteen (16) years of age. The following website will walk you through the steps needed to obtain the required background check.
https://www.edo.cjis.gov/#/

This background check is due 30 days prior to the start of class.
Dear Prospective Student:

Thank you for your interest in the Basic Law Enforcement Training program at Sandhills Community College. Throughout the years we have amassed a team of highly qualified, experienced and dedicated instructors who are committed to meeting your educational needs and professional development. Collectively and individually, they will assist you in establishing a competent, confident and complete sense of preparedness for your employment with any law enforcement agency in North Carolina.

The BLET program in NC is established, monitored, and entirely controlled by the NC Department of Justice. The curriculum for this program is reviewed and approved by the NC Criminal Justice Education and Training Standards Commission. All administrative matters are handled through the NC Criminal Justice Education and Training Standards Division of the NC Department of Justice. Sandhills Community College maintains accreditation, by the NC Department of Justice, to deliver BLET.

The BLET curriculum consists of thirty-six (36) blocks of instruction. Each block is concluded with a cognitive testing instrument and many of the blocks have an additional practical skill element. Prior to sitting for the Comprehensive State Exam, a cadet must successfully complete all cognitive and practical skill testing in each and every block of instruction.

Persons interested in enrolling in the HOKE program should turn in their packet no later than the first week of July. Persons interested in enrolling in the EVENING program should turn in their packet no later than the last week of November. Persons interested in enrolling in the SUMMER program should turn in their packet no later than the first week of April. Class seats are available first come, first serve based on a completed packet and confirmation from the School Director. Registration for these classes will be completed no less than one week prior to the start of each class. Cadets do not have to be present for registration; the course planning guide will be completed by the School Director. Classes for the HOKE delivery is held on a rotational basis 8:00 am to 11:00 pm, Tuesday and Saturday one week, Thursday the next week. Some Saturday classes and night hours are required. Classes for the EVENING delivery will be held 6:00 pm to 11:00 pm M-F. Some Saturday day/evening hours are required. Classes for the SUMMER delivery will be held M-F 8:00 am to 6:00 pm. Some Saturday classes and night hours are required.

A prospective student may obtain a BLET application packet in one of three ways. Packets can be downloaded from our website, picked up from the BLET office in Blue Hall room 127 or the Continuing Education Registration desk in Van Dusen Hall, Pinehurst Campus, or picked up at the Hoke campus in Raeford. You may also request a packet be mailed to you by contacting Robert Kehoe at 910-693-2666 or email: kehoer@sandhills.edu.

The application packet may be delivered to Sandhills Community College in person or mailed to the College, Attention: Robert Kehoe at 3395 Airport Road, Pinehurst, NC 28374.
THE ENTIRE BLET PACKET MUST BE COMPLETED.
FAILURE TO DO SO WILL PROHIBIT ADMISSION INTO THE ACADEMY.

The estimated cost associated with attendance in the academy is approximately one thousand dollars ($1,000.00). This amount should cover books and uniforms. Students are required to wear specific uniforms to class and physical training. Books must be purchased before the first day of class and must be the most recent updated lesson plans.

Books can be purchased at the NC Criminal Justice Academy Bookstore in Salemburg NC. Phone number 910-926-6099. Credit card orders are accepted, and shipping is available. If you have applied for financial aid, please let me know before you purchase your books.

Student shirts will be purchased from the uniform vendor. Every effort will be made to have a representative available the first day of class unless otherwise notified.

Black BDU’s (511 tactical pants), a black jacket, black sweatpants, black sweatshirt, black leather boots, black socks and a black belt will be the responsibility of the trainee to purchase. Note: Commercially purchases items must be all black with no logos. Shorts must be no shorter than mid-thigh area of the leg and no longer then the top of the knee cap.

Several documents to give you a better insight into the academy have been included with this packet. Should you have further questions, please contact Robert Kehoe 910-693-2666 or kehoer@sandhills.edu.

Good luck and we look forward to seeing you on the first day of the academy.

Sincerely,
Robert Kehoe
BLET School Director
Sandhills Community College
Basic Law Enforcement Training Academy

The Application Process

Read this completely and follow exactly!

Applications for the Basic Law Enforcement Training Academy can be downloaded from our website picked up from the BLET office in Blue Hall room 127 or the Continuing Education Registration desk in Van Dusen Hall, PInehurst Campus or picked up at the Hoke campus in Raeford. You may also request a packet be mailed to you by contacting Robert Kehoe at 910-693-2666 or email: kehoer@sandhills.edu.

The application packet may be delivered to Sandhills Community College in person or mailed to the College, Attention: Robert Kehoe at 3395 Airport Road, Pinehurst, NC 28374.

The BLET Application, when complete, will include the following:

1. Sandhills Community College Application, to be completed online at http://www.sandhills.edu/admissions/apply/index.php. To be completed immediately after receiving this package. If you are interested in applying for financial aid, you may do so at www.fasfa.gov.
2. Applicants will be notified by e-mail of the date and time to complete the reading comprehension test. A 10th grade reading level is required to attend BLET.
3. Copy of your birth certificate or other documentation supporting US citizenship.
4. Copy of your driver’s license.
5. Copy of uncertified driving record from DMV http://www.ncdot.gov/dmv/records/
6. Copy of your DD214 (Military Separation Papers, if applicable) or military ID card.
7. A local criminal history records check for both misdemeanors and felonies from the Clerk’s of Courts for each jurisdiction in which you have resided since your 16th birthday, and if applicable, a complete military criminal records check. You will need to contact the local Clerk’s of Courts, Sheriff’s Office or Police Department for each jurisdiction for information on their procedures for receiving the criminal history. It may help to inform the agency that you are requesting the criminal history to attend the police academy. You cannot and will not be allowed to attend the academy unless you have all of your criminal histories. A military criminal history will only cover overseas duty and military violations. You must get a local criminal history for every place you have been stationed in CONUS, Alaska and Hawaii including basic and any initial schools. Military criminal records checks for any overseas duty can be obtained by mailing a request to the following addresses.

**Army Records**
US Army Crime Records Center
27130 Telegraph Road
Quantico, Virginia 22134-2253
Records must be requested electronically:
See ML Coffey 910.693.2667

**Air Force Records**
HQAF OSI/XILI
Information Release Division
27130 Telegraph Road
Quantico, Virginia 22134-2253
Navy/U.S.M.C. Records
Naval Criminal Investigative Service
Attn: Records Management Branch (Code 11C1)
27130 Telegraph Road
Quantico, Virginia 22134-2253

Should an agency refuse to provide you with a local criminal history records checks and they refer you to a state agency you must get the name, title, agency name and phone number of the person referring you to a state agency.

If you have any questions contact me for clarification.

8. Official GED Diploma or official transcripts (in a sealed envelope) verifying graduation. **Graduation from an online or correspondence GED or High School does not qualify. If you are going to apply for any financial aid or VA benefits you MUST provide official transcripts from High School and EVERY college attended.**

9. Completed North Carolina Education and Training Standards Division Form F-1, Medical History Statement, **completed by you and signed by a Medical Doctor, Nurse Practitioner or a Physician Assistant licensed to practice medicine in the State of North Carolina or military doctor or surgeon** showing your accurate and true physical condition to the best of your knowledge. Must be current within 180 days of the first day of class. **Please make sure the Physician signs this form.**

10. Completed North Carolina Education and Training Standards Division Form F-2, Medical Examination Report, **completed by a Medical Doctor, Nurse Practitioner or a Physician Assistant licensed to practice medicine in the State of North Carolina or military doctor or surgeon**, stating that you are physically able to participate in rigorous law enforcement physical fitness training. Must be current within 180 days of the first day of class. **Please make sure the Physician signs this form.**

11. Memo to Physician detailing Physical Fitness and POPAT requirements. **Please make sure the Physician signs this form.**

12. A completed Sandhills Community College Basic Law Enforcement Training Academy Application.


14. A signed sponsorship letter from a city, town, county or state law enforcement agency. The sponsorship letter must be dated prior to the first day of class. Do not delay in contacting agencies for sponsorship. Many agencies have additional requirement that must be met and you need to allow time to meet those requirements.

15. **Applicant** must make a copy of all items contained in the application packet prior to returning it to the Office of Basic Law Enforcement Training. The Office of Basic Law Enforcement Training will **NOT** make copies of your application for you. You will need portions of this packet for hiring purposes. **Make your copies prior to turning in your application.**

The criteria used for acceptance/denial is based on the contents of the complete application, criminal histories, the reading comprehension scores, successful completion of the physical fitness assessments and sponsorship acceptance by a **North Carolina law enforcement agency**. Applicants are advised to
be as neat, precise and thorough in the completion of their application as possible. Applicants will be notified of the date of their Pre-POPAT fitness assessment upon return of their COMPLETED application. This Pre-POPAT will take approximately three (3) hours. Please adjust your schedules accordingly. An applicant must complete the Pre-POPAT within six (6) minutes for the chase and apprehension phase and three (3) minutes for the rescue phase to be accepted into the academy. Only those applicants who have turned in a 100% completed application package, successfully completed the Pre-POPAT fitness assessments, and have a signed letter of sponsorship will be seated in class. Notification of acceptance will be made as quickly as possible.

DO NOT PURCHASE ANY MATERIALS EQUIPMENT OR SUPPLIES FOR THE CLASS UNTIL YOU HAVE BEEN NOTIFIED OF YOUR ACCEPTANCE.

We look forward to receiving your application,

Robert Kehoe                      email: kehoer@sandhills.edu
BLET School Director               Phone: 910.693.2666
Criminal Justice Instructor         website: www.sandhills.edu

Sandhills
COMMUNITY COLLEGE

LEARN • ENGAGE • BELONG

3395 Airport Road
Pinehurst, NC 28324
All applicants must, in addition to the required certified background checks from every place you have lived since 16 years of age, obtain a background check from the FBI. The following website will walk you through the steps needed to obtain the required background check. https://www.edo.cjis.gov/#/ This report is due at least 30 days prior to the start of class.
Sponsorship for Basic Law Enforcement Training

AGENCY ____________________________________________

STUDENT __________________________________________

The above listed law enforcement agency agrees to sponsor the above listed student in the BASIC LAW ENFORCEMENT TRAINING (BLET) program at Sandhills Community College. This sponsorship does not constitute any agreement to hire the sponsored student upon completion of the BLET program or to provide any financial assistance to the student for or during enrollment in the course.

ACKNOWLEDGE

I, the undersigned sponsored student, understand that the above listed agency has undertaken no obligation to provide financial support or assistance for such training.

I, the undersigned sponsored student, further understand that the above listed agency has made no commitment for my employment upon completion of the BLET program or at any time in the future.

I, the undersigned sponsored student, accept responsibility for the nature and inherent risk to Basic Law Enforcement Training and do hereby release and discharge the above listed sponsoring agency, its agents, and its employees, from any and all claims, damages, or causes of actions resulting from or arising out of participation in the BLET program.

_________________________________________________  ___________________________________________________
Agency Head Signature  Sponsored Student Signature

_________________________  __________________________
Date  Date
12 NCAC 09B .0203  ADMISSION OF TRAINEES

(a) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course who is not a citizen of the United States.

(b) The school shall not admit any individual younger than 20 years of age as a trainee in any non-academic basic criminal justice training course. Individuals under 20 years of age may be granted authorization for early enrollment as trainees in a presentation of the Basic Law Enforcement Training Course with prior written approval from the Director of the Standards Division. The Director shall approve early enrollment if the individual will be 20 years of age prior to the date of the State Comprehensive Examination for the course.

(c) The school shall give priority admission in certified criminal justice training courses to individuals holding full-time employment with criminal justice agencies.

(d) The school shall not admit any individual as a trainee in a presentation of the "Criminal Justice Instructor Training Course" who does not meet the education and experience requirements for instructor certification under Rule .0302 of this Subchapter within 60 days of successful completion of the Instructor Training State Comprehensive Examination.

(e) The school shall not admit an individual, including partial or limited enrollees, as a trainee in a presentation of the Basic Law Enforcement Training Course unless the individual, within one year prior to admission to the Basic Law Enforcement Training Course, places into course DRE 098 or above at a North Carolina Community College as a result of taking the Reading and English component of the North Carolina Diagnostic Assessment and Placement test as approved by the State Board of Community Colleges on October 17, 2014, (http://www.nccommunitycolleges.edu/state-board-community-colleges/meetings/october-17-2014), or has taken the reading component of a nationally standardized test within one year prior to admission to Basic Law Enforcement Training and has scored at or above the tenth grade level or the equivalent. For the purposes of this Rule:

(1) Partial or limited enrollee does not include enrollees who hold, or have held within 12 months prior to the date of enrollment, general certification pursuant to 12 NCAC 09C .0304.

(2) A "nationally standardized test" means a test that:
   (A) reports scores as national percentiles, stanines, or grade equivalents; and
   (B) compares student test results to a national norm.

(f) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course unless the individual has provided to the School Director a medical examination report, completed by a physician licensed to practice medicine in North Carolina, a physician's assistant, or a nurse practitioner, to determine the individual's fitness to perform the essential job functions of a criminal justice officer. The Director of the Standards Division shall grant an exception to this standard for a period of time not to exceed the commencement of the physical fitness topical area when failure to receive the medical examination report is not due to neglect on the part of the trainee.

(g) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course unless the individual is a high school, college, or university graduate or has received a high school equivalency credential recognized by the issuing state. High school diplomas earned through correspondence enrollment are not recognized toward the educational requirements.

(h) The school shall not admit any individual trainee in a presentation of the Basic Law Enforcement Training Course unless the individual has provided the School Director a certified criminal record check for local and state records for the time period since the trainee has become an adult and from all locations where the trainee has resided since becoming an adult. An Administrative Office of the Courts criminal record check or a comparable out-of-state criminal record check shall satisfy this requirement.

(i) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course who has been convicted of the following:

(1) a felony;
(2) a crime for which the punishment could have been imprisonment for more than two years;
(3) a crime or unlawful act defined as a Class B Misdemeanor within the five year period prior to the date of application for employment, unless the individual intends to seek certification through the North Carolina Sheriffs' Education and Training Standards Commission;
(4) four or more crimes or unlawful acts defined as Class B Misdemeanors, regardless of the date of conviction;
(5) four or more crimes or unlawful acts defined as Class B Misdemeanors, except the trainee may be enrolled if the last conviction date occurred more than two years prior to the date of enrollment;
(6) a combination of four or more Class A Misdemeanors or Class B Misdemeanors regardless of the date of conviction, unless the individual intends to seek certification through the North Carolina Criminal Justice Education and Training Standards Commission.

(j) Individuals charged with crimes specified in Paragraph (i) of this Rule may be admitted into the Basic Law Enforcement Training Course if such offenses were dismissed or the person was found not guilty, but completion of the Basic Law Enforcement Training Course does not ensure that certification as a law enforcement officer or justice officer through the North Carolina Criminal Justice Education and Training Standards Commission will be issued. Every individual who is admitted as a trainee in a presentation of the Basic Law Enforcement Training Course shall notify the School Director of all criminal offenses the trainee is arrested for or charged with, pleads no contest to, pleads guilty to, or is found guilty of, and of all Domestic Violence Orders (G.S. 50B) that are issued by a judicial official after a hearing that provides an opportunity for both parties to be present. This includes all criminal offenses except minor traffic offenses and includes any offense of Driving Under the Influence (DUI) or Driving While Impaired (DWI). A "minor traffic offense" is defined, for the purposes of this Paragraph, as an offense where the maximum punishment allowable by law is 60 days or fewer. Other offenses under G.S. 20 (Motor Vehicles) or similar laws of other jurisdictions that shall be reported to the School Director are G.S 20-138.1 (driving while under the influence), G.S. 20-28 (driving while license permanently revoked or permanently suspended), G.S. 20-30(5) (fictitious name or address in application for license or learner's permit), G.S. 20-37.8 (fraudulent use of a fictitious name for a special identification card), G.S. 20-102.1 (false report of theft or conversion of a motor vehicle), G.S. 20-111(5) (fictitious name or address in application for registration), G.S. 20-130.1 (unlawful use of red or blue lights), G.S. 20-137.2 (operation of vehicles resembling law enforcement vehicles), G.S. 20-143.3 (unlawful racing on streets and highways), G.S. 20-141.5 (speeding to elude arrest), and G.S. 20-166 (duty to stop in event of accident). The notifications required under this Paragraph shall be in writing and specify the nature of the offense, the court in which the case was handled, the date of the arrest or criminal charge, the date of issuance of the Domestic Violence Order (G.S. 50B), and the final disposition and the date thereof. The notifications required under this Paragraph shall be received by the School Director within 30 days of the date the case was disposed of in court. The requirements of this Paragraph are applicable at all times during which the trainee is enrolled in a Basic Law Enforcement Training Course. The requirements of this Paragraph are in addition to the notifications required under 12 NCAC 10B .0301 and 12 NCAC 09B .0101(8).

History Note: Authority G.S. 17C-6; 17C-10;
Eff. January 1, 1981; Amended Eff. February 1, 2016; November 1, 2015; March 1, 2015; January 1, 2015; June 1, 2012; February 1, 2011; June 1, 2010; December 1, 2004; July 1, 2004; August 1, 2002; August 1, 2000; January 1, 1995; March 1, 1992; July 1, 1989; January 1, 1985.
It is the determination of Sandhills Community College that these guidelines are necessary in order to fully and adequately evaluate applicants for Basic Law Enforcement Training. These questions are designed to ascertain whether the applicant meets the minimum standards for entrance and certification and serve no other purpose.

Sandhills Community College BLET program requires full disclosure on all parts of the Personal History Statement. Therefore, if you have been found to have withheld information or falsified the Personal History Statement, you will not be eligible to attend the Basic Law Enforcement program at Sandhills Community College.

**PERSONAL HISTORY STATEMENT**

NAME: ____________________________________________
(Print Legibly)

DATE: ____________________________________________
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from enrolling or remaining in the Basic Law Enforcement Training program. Truthful statements to any item requested will not necessarily exclude you from consideration.

NOTE: Your Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. 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.

Position applied for: Cadet - Basic Law Enforcement Training

Agency: Sandhills Community College  DATE: ______/______/20____

PERSONAL:

1. NAME: ____________________________________________ 2. ____________________________________________
   First                  Middle                  Last                  Last 4 of SS #

All Previous Names: ____________________________________________

Nicknames or Aliases: ____________________________________________

3. Has your name been legally changed after age 12?  Yes  No
   If yes, submit documentation with date and attach to this form.

4. CURRENT MAILING ADDRESS:

   Street & Number or PO Box #  City  State  Zip Code

5. Phone Number: __________________________  __________________________  __________________________
   Home  Work  Cell

   E-Mail address________________________________________

6. Date of Birth: ______/______/______  5. Place of Birth: __________________________
   Day  Month  Year  (copy of birth certificate required)

7. Citizenship:  Born in USA ______  US Naturalized ________  Other - Specify _________
   (Documentation required)

8. NOTE: Data solicited with the next three questions will be utilized for statistical information purposes only.
   Age:_______  Race:______________  Gender: (male/female) ______________
9. Have you previously submitted an application for enrollment in the BLET program at Sandhills Community College?
   Yes  No  If yes, when: ________________

10. Indicate below the schools you have attended. (Include incomplete courses)
    Indicate the type of High School you attended
    Traditional   Home School   Distance Learning   Did not attend High School
    Other (please explain) __________________________________________________________

* High school diplomas earned through correspondence enrollment are not recognized toward the educational requirements.

***Have you at any time studied abroad or taken any mission trips?***

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<tr>
<th>Name of School - Address with City and State</th>
<th>When Attended From – To</th>
<th>Hours of Credits Received</th>
<th>Degree Attained (type)</th>
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<td>High School (copy of diploma required)</td>
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<td>Extension or Correspondence Courses</td>
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11. If you did not graduate from high school, have you passed the General Education Development (GED) Test?
   YES  NO  (If YES, copy of GED is required)

   If YES, when and where did you complete the GED? ________________________________
12. List all addresses you have lived since your sixteenth (16th) birthday, starting with present address at top:

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<th>FROM</th>
<th>TO</th>
<th>ADDRESS OF RESIDENCE</th>
<th>CITY, COUNTY &amp; STATE</th>
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13. Have you ever been denied employment by a criminal justice agency?  YES  NO

If YES, list agency and provide details:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

14. If you have ever been discharged or requested to resign from any position of employment because of criminal or personal misconduct or rules violations, give details:

__________________________________________________________________________
__________________________________________________________________________

15. List all the jobs you have held in the last ten years. List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary or part-time jobs.

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<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Date Employed Year Month</th>
<th>Date Separated Year Month</th>
<th>Number of Hours Worked per Week</th>
<th>Duties:</th>
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Reason for Leaving:
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<th>Name and Address of Employer</th>
<th>Date Employed Year Month</th>
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<th>Number of Hours Worked per Week</th>
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Explain periods of unemployment of three months or more.


16. Were you ever in the U.S. Military Service or any other military organization? YES NO

If NO, you may skip to question # 26. Otherwise, answer the following questions.

17. What is your service number? ______________________________

18. What was the highest rank that you held? ______________________________

19. What was the date and location of your first entrance into active duty?

   DATE: __________________________ LOCATION: ______________________________

20. What were your unit assignments in the service?

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<tr>
<th>BRANCH</th>
<th>UNIT/COMPANY OR SHIP</th>
<th>LOCATION</th>
<th>FROM MONTH</th>
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<th>YEAR</th>
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21. What was the date and location of your last discharge from active duty?

   DATE: __________________________ LOCATION: ______________________________

22. Was your last discharge honorable? YES NO

   If NO, explain the type of discharge you received and the circumstances warranting this discharge.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
23. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary actions while a member of the armed forces?

YES    NO    If YES, explain: __________________________________________

_____________________________________________________________________

24. List any disciplinary action taken against you in the National Guard or other reserve unit:

_____________________________________________________________________

25. List all medals and decorations awarded you during your military service:

_____________________________________________________________________

26. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

_____________________________________________________________________

NOTE: In questions 27 through 31, the words “drink” or “used” mean one time or more, including experimentation. If you answer yes in any of these questions, give full and complete details.

27. Do you drink alcoholic beverages?    YES    NO    If YES, to what degree?

_____________________________________________________________________

28. Have you ever used marijuana?    YES    NO    If YES, what were the circumstances?

_____________________________________________________________________

29. When was the last time you used marijuana? _______________________________________

30. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

    YES    NO    If YES, under what circumstances? _______________________________________

_____________________________________________________________________

When was the last time? _______________________________________

31. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?

    YES    NO    If YES, under what circumstances? _______________________________________

_____________________________________________________________________

NOTE: THE FOLLOWING QUESTIONS PERTAIN TO YOUR CRIMINAL HISTORY. Answer all of the following questions accurately and completely. Any falsifications or misstatements of fact may be sufficient to disqualify you from entering the BLET program and may obstruct your future certification as a law enforcement officer. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer “yes”. You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving with license permanently revoked, speeding to elude arrest, or duty to stop in event of an accident. Attached to this form is an additional list of North Carolina traffic offenses which must be listed.

You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.5.

32. Have you ever been arrested or issued a citation by a law enforcement officer or otherwise charged with a criminal offense? (The term “charged” as used in this question includes being issued a criminal citation or summons)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>If YES, give details below:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Attach extra sheets if necessary)

33. Have you ever had a Domestic Violence Protection Order issued against you? Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>If YES, describe below:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date of Issuance:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County/State of Issuance:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of Plaintiff:</td>
</tr>
</tbody>
</table>
34. Under the provisions of Federal Law, you may be disqualified to receive or possess a firearm if you meet any of the following conditions: (read carefully)

(a) You are currently under indictment or information in any court for a crime punishable by imprisonment for a term exceeding one year.
(b) You have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
(c) You are a fugitive from justice
(d) You are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
(e) You have been adjudicated mentally defective or have been involuntarily committed to mental institution.
(f) You have been discharged from the Armed Forces under dishonorable conditions.
(g) You are illegally in the United States
(h) You have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A “CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR” AS DISCUSSED IN (a) AND (b) ABOVE IS DEFINED IN FEDERAL LAW SO AS TO EXCLUDE MOST MISDEMEANORS IN NORTH CAROLINA.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of Federal Law?

YES  NO  If YES, explain below:

35. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use of attempted use of physical force or threatened use of a deadly weapon, committed by 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 cohabiting with or has cohabited with the victim as a spouse, parent, or guardian or by a person similarly situated to a spouse, parent, or guardian of the victim. (Domestic Violence Offense)

YES  NO  If YES, explain below:

36. Have you ever been charged with a felony?  YES  NO  If YES, explain below:
37. Have you ever been placed on probation?  YES  NO  If YES, explain below:

________________________________________________________________________

________________________________________________________________________

38. Have you ever been required to pay a fine in excess of $50.00? (This does not include court cost)

YES  NO  If YES, explain below:

________________________________________________________________________

________________________________________________________________________

39. Can you operate a motor vehicle?  YES  NO

40. Do you currently possess a valid motor vehicle operator’s license?  YES  NO

State Issued: _______  Date Issued: _____________  License Number: ___________

41. Has your motor vehicle license ever been suspended or revoked?

YES  NO  If YES, explain when and why below:

________________________________________________________________________

________________________________________________________________________

42. If you answered YES to question 41, when were your operating privileges restored?  __________

43. Briefly explain why you want to become a law enforcement officer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
44. What are your feelings about the use of deadly force if it were to become necessary in the performance of your official duties as a law enforcement officer?

I, (PRINT NAME) ________________________________________________, do, herewith, attest that I have read and answered the questions above with complete understanding and honesty. I further acknowledge and understand that any information omitted or found to be untrue can be cause for denial of entry to, or immediate removal from, the Basic Law Enforcement Training program at Sandhills Community College.

Signature: ___________________________ Date: _______________
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Date Range</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-28</td>
<td>Driving while license permanently revoked (20-28 (b)(b) Repealed)</td>
<td>10/1/94-11/12/96</td>
<td>1</td>
</tr>
<tr>
<td>20-28(d)(3)</td>
<td>Driving while license permanently revoked (3rd offense)</td>
<td>5/31/02-present</td>
<td>1</td>
</tr>
<tr>
<td>20-30(5)</td>
<td>Fictitious name or address in any application for a driver’s license or learner’s permit (20-35)</td>
<td>5/31/02-present</td>
<td>2</td>
</tr>
<tr>
<td>20-37.7(e)</td>
<td>Special identification card (fraud or misrepresentation in application or use thereof)</td>
<td>1/1/06-present</td>
<td>2</td>
</tr>
<tr>
<td>20-37.8</td>
<td>Fraudulent use of a fictitious name for a special identification case (20-37.8(b)) [Note violations of 20-37.8(b) became felonious eff.12/1/99]</td>
<td>10/1/94-12/1/99</td>
<td>2</td>
</tr>
<tr>
<td>20-37.8</td>
<td>Fraudulent use of a fictitious name for a special identification card (20-37.8(c))</td>
<td>5/31/02-present</td>
<td>2</td>
</tr>
<tr>
<td>20-63(g)</td>
<td>Registration of plates furnished by the Division etc. (alteration, disguise, or concealment of numbers)</td>
<td>1/1/06-present</td>
<td>2</td>
</tr>
<tr>
<td>20-71.4</td>
<td>Failure to disclose damage to a vehicle</td>
<td>1/1/06-present</td>
<td>2</td>
</tr>
<tr>
<td>20-102.1</td>
<td>False report of theft or conversion of a motor vehicle</td>
<td>10/1/94</td>
<td>2</td>
</tr>
<tr>
<td>20-111(5)</td>
<td>Fictitious name or address in application for registration</td>
<td>10/1/94-present</td>
<td>1</td>
</tr>
<tr>
<td>20-130.1</td>
<td>Use of red or blue lights on vehicle prohibited (20-130.1(e))</td>
<td>10/1/94-present</td>
<td>1</td>
</tr>
<tr>
<td>20-136.2</td>
<td>Air bag installation</td>
<td>1/1/06-present</td>
<td>1</td>
</tr>
<tr>
<td>20-137.2</td>
<td>Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))</td>
<td>10/1/94-present</td>
<td>1</td>
</tr>
<tr>
<td>20-138.1</td>
<td>Driving impaired (punishment level 1; 20-179(g) or20-179 (h))</td>
<td>10/1/94-5/31/02</td>
<td>M</td>
</tr>
<tr>
<td>20-138.1(d)</td>
<td>Driving impaired (punishment level 1; 20-179(g) or20-179 (h)</td>
<td>5/31/02-present</td>
<td>M</td>
</tr>
<tr>
<td>20-138.2</td>
<td>Impaired driving in a commercial vehicle (20-138.2e)</td>
<td>10/1/94-present</td>
<td>M</td>
</tr>
<tr>
<td>20-141(j)</td>
<td>At least 15 mph over; trying to elude arrest [Note repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)</td>
<td>10/1/94-12/1/97</td>
<td>1</td>
</tr>
<tr>
<td>20-141.3(a)&amp;(c)</td>
<td>Unlawful racing on streets and highways</td>
<td>11/12/96-present</td>
<td>1</td>
</tr>
<tr>
<td>20-141.5</td>
<td>Speeding to elude arrest</td>
<td>11/1/99-present</td>
<td>1</td>
</tr>
<tr>
<td>20-157(h)</td>
<td>Duty to move over</td>
<td>1/1/06-present</td>
<td>1</td>
</tr>
<tr>
<td>20-166(b)</td>
<td>Duty to stop in event of accident or collision</td>
<td>10/1/94-present</td>
<td>1</td>
</tr>
<tr>
<td>20-166(c)</td>
<td>Duty to stop in event of accident or collision</td>
<td>10/1/94-present</td>
<td>1</td>
</tr>
<tr>
<td>20-166(cl)</td>
<td>Duty to stop in event of accident or collision</td>
<td>10/1/94-present</td>
<td>1</td>
</tr>
<tr>
<td>20-183.8(b1)</td>
<td>Inspection violation by inspector</td>
<td>3/1/11-present</td>
<td>3</td>
</tr>
<tr>
<td>20-279.31(b)(1)</td>
<td>Other violations penalties(gives information required in a reportable accident, knowing/having reason to believe information is false)</td>
<td>1/1/06-present</td>
<td>1</td>
</tr>
<tr>
<td>20-279.31(b)(2)</td>
<td>Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)</td>
<td>1/1/06-present</td>
<td>1</td>
</tr>
<tr>
<td>20-279.31(b)(3)</td>
<td>Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility knowing/having reason to believe that evidence is forges/signed without authority)</td>
<td>1/1/06-present</td>
<td>1</td>
</tr>
<tr>
<td>20-313.1</td>
<td>Making false certification or giving false information</td>
<td>1/1/06-present</td>
<td>1</td>
</tr>
<tr>
<td>20-371</td>
<td>Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]</td>
<td>3/1/11-present</td>
<td>3</td>
</tr>
</tbody>
</table>

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4, & 5) are considered Class A Misdemeanor and should also be listed in response to number 31*
Request for Criminal History Report

TO: ___________________________ Criminal Records Division
    (AGENCY)
    ___________________________
    (ADDRESS)
    ___________________________
    (CITY, STATE, ZIP CODE)

TO WHOM IT MAY CONCERN:

I, ___________________________, (NAME) (SOCIAL SECURITY NUMBER)
    (RACE/SEX) (DOB)
    misdemeanors and felonies request that a certified criminal history for both

Robert Kehoe
Basic Law Enforcement Training
Sandhills Community College,
3395 Airport Road
Pinehurst, NC 28374
kehoer@sandhills.edu

Please send this report to the above name and address as I have made application to the Basic
Law Enforcement Training (BLET) program at Sandhills Community College and one of the
criteria for admission is a criminal history for misdemeanors and felonies from those locations I
have resided in from the date of my 16th birthday. I resided in your jurisdiction from ______ to
____________.

Thank you for your assistance and consideration in this matter.

__________________________  _______________________
    (NAME)                          (DATE)

__________________________  _______________________
    (ADDRESS)                    (CITY) (STATE) (ZIP)
MEDICAL EXAMINATION REPORT

This information is for official use only and will not be released to unauthorized persons. Payment for services rendered is the responsibility of the hiring agency or the individual. The Criminal Justice Standards Division is NOT responsible for payment. Mail form to hiring agency or individual DO NOT mail form to Criminal Justice Standard Division

Instructions:
To be completed by a qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: ___________________________ Last 4 Digits SSN: ____________

Name: ___________________________ Date of Birth: _________________

_________________________  __________________________  __________________________

Last    First    Middle

Employing Agency: ___________________________

Height: ________________ Weight: ________________

Vision

Visual Acuity: If applicant wears glasses or contacts, test and record acuity with and without glasses

Without glasses: R - 20 / ____________  L- 20 / ____________  Both - 20 / ____________

With glasses: R - 20 / ____________  L- 20 / ____________  Both - 20 / ____________

With contacts: R - 20 / ____________  L- 20 / ____________  Both - 20 / ____________

How long have contacts been worn? ________________

Color Perception: □ Normal    □ Abnormal: ___________________________

Peripheral Vision: □ Normal    □ Abnormal: ___________________________

Hearing

Hearing Acuity: □ Audiogram or □ 15’ whispered conversation (check one)

Right ear: □ Normal    □ Abnormal: ___________________________

Left ear: □ Normal    □ Abnormal: ___________________________
# Cardiovascular

<table>
<thead>
<tr>
<th>Blood Pressure:</th>
<th>Resting Pulse:</th>
</tr>
</thead>
</table>

**Cardiac Examination:**
- □ Normal
- □ Abnormal: ____________________________

**Peripheral Circulation:**
- □ Normal
- □ Abnormal: ____________________________

**ECG:**
- □ Indicated by hx or exam: _________________ (If resting pulse is less than 50 or greater than 100)

## Abnormal Findings

<table>
<thead>
<tr>
<th>HEENT:</th>
<th>□ Normal □ Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lungs:</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Abdomen:</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Musculoskeletal:</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Genitourinary:</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Neurological:</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Skin:</td>
<td>□ Normal □ Abnormal</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>□ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

**TB Risk Questionnaires Administered:** □ Yes □ No  
**Additional Screening Required:** □ Yes □ No

Specify Additional Screening: ____________________________

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?  
- □ No  □ Yes:

---

**Do you have any reservations about this candidate's ability to physically perform required duties?**  
- □ No  □ Yes:

---

*I have read and fully understand the Medical Screening Guidelines Implementation Manual for the certification of Criminal Justice Officers in the State of North Carolina.*

---

**Signature of Qualified Medical Professional**  
**Medical License #**  
**Date**

---

**Name and Address of Qualified Medical Professional (Please Type)**
Tuberculosis Risk Questionnaire

1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? Yes No

2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? Yes No

3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? Yes No

4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? Yes No

5) Have you ever been exposed to anyone with infectious tuberculosis? Yes No

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

1) Unexplained cough lasting more than 3 weeks Yes No

2) Unexplained fever lasting more than 3 weeks Yes No

3) Night sweats (sweating that leaves bedclothes and sheets wet) Yes No

4) Shortness of breath Yes No

5) Chest Pain Yes No

6) Unintentional weight loss Yes No

7) Unexplained fatigue (very tired for no reason) Yes No
MEDICAL HISTORY STATEMENT

This information is for official use only and will not be released to unauthorized persons. Payment for services rendered is the responsibility of the hiring agency or the individual. The Criminal Justice Standards Division is NOT responsible for payment. Mail form to hiring agency or individual. DO NOT mail form to Criminal Justice Standard Division.

Instructions:
To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: ________________

Name: ___________________________ Date of Birth: ________________

Last       First       Middle

Address: __________________________________________________________

City: _______________________ State: ________ Zip Code: ___________________

Telephone: ___________________ Last 4 Digits of SSN: ___________________

Current Medications
Prescription Medications: (Include pain relievers, birth control pills, etc.)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Allergies
Drug Allergies: (Include your reaction to the mediation)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Past Medical History

List ALL hospitalizations and operations since childhood:
(Include type of surgery, date of surgery, any complications or other significant information)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Have you EVER, in your life, had any of the following types of medical problems? [check all that apply to you]

☐ 1. CANCER: any type of cancer including skin cancer, breast cancer, and leukemia?
☐ 2. MAJOR INFECTIONAL DISEASE: such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
☐ 3. NEUROLOGICAL PROBLEMS: such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
☐ 4. PSYCHOLOGICAL PROBLEMS: such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
☐ 5. EYE PROBLEMS: such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
☐ 6. EAR PROBLEMS: such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
☐ 7. NOSE PROBLEMS: such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
☐ 8. MOUTH OR THROAT PROBLEMS: such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
☐ 9. LUNG PROBLEMS: such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
☐ 10. HEART AND CIRCULATION PROBLEMS: such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
☐ 11. DIGESTIVE SYSTEM PROBLEMS: such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
☐ 12. HORMONE OR ENDOCRINE PROBLEMS: such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
☐ 13. URINARY TRACT PROBLEMS: such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
☐ 14. HERNIA: such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
☐ 15. MUSCLE, BONE AND JOINT PROBLEMS: such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
☐ 16. BLOOD SYSTEM PROBLEMS: such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)
Males Only:

☐ 17. Prostate problems such as enlargement or prostatitis?
☐ 18. Genital problems such as epididymitis or testicular injury?

Females Only:

☐ 19. Currently pregnant?
☐ 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

☐ 21. Have you ever had a positive TB test?
☐ 22. Have you received Hepatitis B vaccinations?
☐ 23. When did you receive your last tetanus (lockjaw) immunization? ____________________________

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

☐ 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
☐ 25. Chemical exposure to skin or lungs?
☐ 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

☐ 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
☐ 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
☐ 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
☐ 30. Do you have any missing limbs or non-functional joints?
☐ 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
☐ 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
☐ 33. Have you ever worked in law enforcement?
   ☐ 33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
☐ 34. Have you ever served in any of the armed forces?
   ☐ 34a. If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
☐ 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
☐ 36. Do you have difficulty sitting for any extended period of time?
☐ 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
☐ 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
☐ 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
☐ 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
☐ 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
☐ 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
☐ 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
☐ 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)
Explanation of any “Yes” answers: (Identify by number)
Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.


Penalty:
Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

Certification:
I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Applicant (Use Ink) ___________________________ Date Signed ________________

Qualified Medical Professional Review:

Signature of Qualified Medical Professional (Use Ink) ___________________________ Date Reviewed ________________

Name, Title and Address of qualified medical professional completing review – Please Type.
MEMORANDUM

TO: Physician

FROM: Robert Kehoe
School Director
Basic Law Enforcement Training
Sandhills Community College

SUBJECT: Physician’s Certification of Fitness

RE: ___________________________
    Cadet Name

This certification is being presented to you by an applicant for the Basic Law Enforcement Training (BLET) program at Sandhills Community College. By requesting that you complete this certificate, the applicant is expressing a desire to participate and complete the physical fitness block and the Police Officers Physical Abilities Test (POPAT) course as a part of the BLET program. The class/course involves a combination of a lecture concerning wellness, lifestyle modifications, techniques and specific activities to improve physical fitness.

The applicant, as a student in the training program, will be given a physical assessment designed by the Institute of Aerobic Research, Dallas, Texas, and administered by a certified physical fitness instructor. The testing includes:

- Blood pressure
- Weight
- Vertical Leap
- Bench press
- 1 minute pushup
- 1 minute sit up
- 300 meter run
- 1.5 mile run

Students will also be required to participate in workout session three times per week that last approximately 60 minutes. Activities include, but are not limited to walking, calisthenics, jogging, running, stretching, cycling, circuit training, weight lifting, and step aerobics.

POPAT course consist of a chase/apprehension phase and a rescue phase.
Scenario #1: Chase/Apprehension

1. Chair to Cone 1 (40 ft.) and back (around chair) 2 times
2. Chair to Cone 2 (60 ft.) while successfully completing each obstacle before moving to the next:
   ____ broad jump____ fence climb____ crawl
3. Cone 2 to mat and perform Roll Drill
4. Roll Drill, 2 repetitions (a-d equals one repetition)
   a. Start on top of the 100 lb. heavy bag with left knee on mat
   b. Roll to the right until bag is over body
   c. Continue roll in same direction until back on top of heavy bag (complete when right knee touches mat)
   d. Perform complete turn to left until left knee touches mat
5. Perform 10 push-ups
6. Roll Drill, 2 repetitions
7. Return to Cone 2 while successfully completing each obstacle before moving to the next:
   ____ broad jump____ fence climb____ crawl
8. Cone 2 to step box and perform 15 Steps (up and down) on step box
9. Roll Drill, 2 repetitions
10. Perform 10 pushups
11. Roll Drill, 2 repetitions

Scenario #2: Rescue
1. Run from Cone 1 to Cone 2 (50 ft.) and back 2 times
2. Perform 15 Steps (up and down) on step box
3. Run from Cone 1 to Cone 2 (50 ft.) and back 2 times
4. Drag 175 lb. dummy from Cone 3 to Cone 4 (25 ft.) and back to Cone 3 (past line adjacent to cone each way)

Your completion of this form will imply that you are not aware of any conditions, i.e., physical, mental, or emotional, that would restrict or hinder the applicant from participating and completing this class/course requirement. Your signature also implies that you do not have any reservations about this applicant's ability to physically participate in this program.

If you need further information or have any questions or concerns, please contact me at Sandhills Community College, 910-693-2666.

Please sign below indicating your recommendation for the above named applicant.

______________________________  _______________________
(Physician's Signature)          (Date)

Name and address of Physician
Print or type/stamp