



Shelby Police Department
Basic Law Enforcement Training
Sponsorship Application

The Shelby Police Department offers a limited number of sponsorships in the Basic Law Enforcement Training program. These sponsorships in no way guarantee employment with our agency but provide assistance to participants in the BLET program who are interested in pursuing a career with our agency.

Minimum Guidelines for Agency Sponsorship

1. Must be at least twenty years of age
2. Must successfully complete agency background check
3. Must meet the minimum qualifications for law enforcement certification in NC
4. Must meet SPD appearance policy
5. Must be of good moral character
6. Must be interested in a career with the Shelby Police Department

Potential sponsorship candidates will be interviewed by the Chief of Police, or his designee, prior to being given sponsorship.

Interested candidates for sponsorship should complete the attached form and return it to the Shelby Police Department. The following documents should also be attached to this application:

1. A certified copy of your criminal history check from the Office(s) of the Clerk of Court in every County in which you have resided since your 16th birthday.
2. A driving record for every state you have lived in since receiving a driver's license

If you have any questions, please feel free to contact a member of our staff below.

Sgt. ~~GWh6fck~~ b
(704) 669-6658
gwhvckb@cityofshelby.com

Find out more about our agency at www.cityofshelby.com

SPONSORSHIP APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

High School/GED Information: _____
(Location/Date)

Additional Training (College, In-Service, Etc.): _____

Drivers License Number/State: _____

Have you ever been convicted of a misdemeanor or felony? Yes c No c

If yes, please explain:

References:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I, _____, acknowledge the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: ____ / ____ / _____

Date Received by SPD: ____ / ____ / _____ Received by: _____

Authorization for Release of Personal Information to Law Enforcement Agencies for Sponsorship Purposes

To Whom it May Concern:

I am an applicant for BLET sponsorship with the Shelby Police Department. In order to determine my suitability for sponsorship, I understand that the Shelby Police Department, City of Shelby, North Carolina must make a thorough investigation of personal records and personal background. It is public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

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 or 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 authorized agent of the Shelby Police Department, City of Shelby, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I here release the Shelby Police Department, City of Shelby, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my BLET sponsorship with the City of Shelby. And, I hereby release the issuing agency and its agency 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 rights to inspect or review any information compiled in reference to my application for sponsorship as allowed by law. I do further authorize the Shelby Police Department, 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 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 the _____ day of _____, 20____

Notary Public & Seal
My Commission Expires: _____

Applicant/Officer Signature

Printed Name

Address

Phone Number