



National Center for Missing & Exploited Children
Team Adam/Project ALERT
699 Prince Street
Alexandria, VA. 22314

Application for Team Adam and Project ALERT

Application for Project ALERT only

(Please Print or Type)

NAME _____
Last First Middle

ADDRESS _____
Street Apartment/Unit

City State Zip Code

TELEPHONE NUMBERS:

Home _____

Cell _____

Business or 2nd cell _____

FAX _____

E-MAIL ADDRESS _____

Please make sure your resume outlines your full law enforcement career and includes the following:

- Your experience in interagency coordination/liaison
- Multi-jurisdictional cases
- Violent crimes investigations
- Missing/abducted children cases
- Crimes against children investigations
- Command post experience
- Victim/witness assistance
- Search and rescue
- Child sexual exploitation

Please also include two letters of recommendation for these positions. This application will only be considered if it is filled out in its entirety with supplemental documents as requested.

Attached Resume: Yes No
Attached two letters of recommendation: Yes No

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 _____

DATE AVAILABLE TO JOIN TEAM ADAM/PROJECT ALERT:

Month _____ Day _____ Year _____

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

Describe Availability in relation to any current employment and other commitments:

**Are you available to work various and irregular hours including Saturday and Sunday?
Are you able to deploy for NCMEC on very short notice?**

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: _____

EMAIL ADDRESS: _____

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

YOUR JOB TITLE: _____

DATES OF EMPLOYMENT: _____

NUMBER OF YEARS: _____

REASON FOR LEAVING: _____

Did you retire from this Law Enforcement Agency? YES ___ NO ___

SUMMARIZE THE NATURE OF THE WORK YOU PERFORMED AND YOUR JOB RESPONSIBILITIES, HIGHLIGHTING INVESTIGATIVE EXPERIENCE:

ADDITIONAL 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: _____

EMAIL ADDRESS: _____

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

YOUR JOB TITLE: _____

DATES OF EMPLOYMENT: _____

NUMBER OF YEARS: _____

REASON FOR LEAVING: _____

Did you retire from this Law Enforcement Agency? YES ___ NO ___

SUMMARIZE THE NATURE OF THE WORK YOU PERFORMED AND YOUR JOB RESPONSIBILITIES, HIGHLIGHTING INVESTIGATIVE EXPERIENCE:

EDUCATIONAL BACKGROUND:

College / University

Name of Institution _____

City, State _____

Dates Attended _____

Academic Major _____ Degree _____ Year Conferred _____

College / University

Name of Institution _____

City, State _____

Dates Attended _____

Academic Major _____ Degree _____ Year Conferred _____

FOREIGN LANGUAGES

| | | |
|-------------------|--------------------|--------------------|
| Read _____ | Write _____ | Speak _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TRAINER or PUBLIC SPEAKING EXPERIENCE

Please list your ability and experience with instructing and/or public speaking. Please include any certifications (if certified law enforcement trainer please include copy of certification). Your inexperience with public speaking will not bar your acceptance as a Team Adam consultant.

SPECIAL SKILLS RELATED TO LAW ENFORCEMENT (attach additional pages for these questions if necessary)

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

SIGNIFICANT PROFESSIONAL ACCOMPLISHMENTS

List any Special Accomplishments, Awards, Publications etc.

OTHER ADDITIONAL INFORMATION

List any additional information, areas of expertise, investigative experience, etc. that you would like us to consider.

Type(s) of Investigative Experience
Crimes Against Person Investigations:

| | Yes | No | NCMEC staff comments: |
|-----------------------------|--------------------------|--------------------------|------------------------------|
| Homicide | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Rape | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Kidnapping | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Missing Children | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Non-Family Child Abductions | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Family Abductions | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Juvenile Crimes | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Child Sexual Exploitation | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Kidnapping | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Non Family Abductions | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Family Abductions | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Crimes Against Juveniles | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Specialized Experience / Assignments

| | Yes | No | NCMEC staff comments: |
|-------------------------|--------------------------|--------------------------|------------------------------|
| Command Post Operations | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Search and Rescue | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Computer Forensics | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Miscellaneous Experience:

List any additional experience (training, assignment, or education) that would make you qualified to conduct complex investigations pertaining to child abductions.

CURRENT OCCUPATION AND EMPLOYMENT

Please list all current employers, date employed, 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.*

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.

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.*

The information provided in this application is true and correct. I understand that all information contained herein is subject to verification for accuracy.

Signature

Date



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 consultant for Team Adam 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.

Signature _____

Witness to Signature: _____