BCSO Internship Questionnaire

1. Why do you want to intern?

2. What is the area of focus for your internship? (This will help us with placing you)

3. If given the opportunity, what are you looking to gain from an internship here at the Brunswick County Sheriff’s Office?

Last Name, First Name ___________________________________ Date __________________________
STATE OF NORTH CAROLINA  
COUNTY OF BRUNSWICK  

CONFIDENTIALITY AGREEMENT  

It is understood and agreed to that the Brunswick County Sheriff’s Office, hereafter “Discloser” and the undersigned Intern, hereafter “Recipient” would like to exchange certain information that may be considered confidential. To ensure the protection of such information and in consideration of the agreement to exchange said information, the parties agree as follows:

1. The confidential information to be disclosed by Discloser under this Confidentiality Agreement (“Agreement”) can be described as and includes:

   a. All investigative materials and information, including but not limited to reports, notes, interviews, photographs, audio recordings, video recordings, summaries, test results, logs, evidence information, suspect information, and any and all other information that may be disclosed to Recipient, regardless of whether such information is designated as confidential information at the time of its disclosure.

   b. In addition to the above, confidential information shall also include, and the Recipient shall have a duty to protect information regarding other unrelated investigations being conducted by the Brunswick County Sheriff’s Office which is (a) disclosed by Discloser to Recipient; and/or (b) disclosed to Recipient in any other manner while Recipient is acting in the capacity of an intern.

2. Recipient shall not disclose information to any third party (whether an individual, corporation, or other entity) without the prior written consent of Discloser.

3. Recipient shall not charge or receive any compensation to provide consultation services or testimony as an expert witness in any proceeding involving materials or information disclosed to Discloser.

4. Discloser warrants that he/she has the right to make the disclosures under this Agreement.

5. If there is a breach or threatened breach of any provision of this Agreement, it is agreed and understood that Discloser shall have no adequate remedy in money or other damages and accordingly shall be entitled to injunctive relief; provided however, no specification in this Agreement of any particular remedy shall be
construed as a waiver or prohibition of any other remedies in the event of a breach or threatened breach of this Agreement.

14. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

**Recipient of Confidential Information:**

Name (Print or Type): _________________________________________________________________

Company:  _________________________________________________________________

Title:  _________________________________________________________________

Address:  _________________________________________________________________

City, State & Zip: _________________________________________________________________

Signature:  _________________________________________________________________

Date:   _____________________________

**Discloser of Confidential Information:**

Name:   John W. Ingram, V.
Agency:    Brunswick County Sheriff’s Office
Title:  Sheriff of Brunswick County
Address:  70 Stamp Act Drive
City, State & Zip: Bolivia, NC 28422

Signature: __________________________________________________________________

Date:  _______________________
Waiver, Release, Consent, Assumption of Risk and Covenant Not to Sue

Notice to persons signing this document and agreeing to its terms. This form is an important legal document. It affects your legal rights and prevents you or anyone on your behalf from bringing any suit or otherwise seeking payment for any injuries or death which may arise out of or as a consequence of your participation in this activity or program or otherwise. It is important that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided.

Print name:_____________________________________ , voluntarily agrees to participate in a program and/or activity under the auspices of the Office of the Sheriff of Brunswick County, North Carolina, and each person signing below voluntarily agrees to the terms and intent of this Waiver, Release, Consent, and Covenant Not to Sue. The Participant will be riding in a Brunswick County Sheriff’s Office vehicle or watercraft and otherwise accompanying a sworn law enforcement officer who is engaged in law enforcement activities. The persons signing below understand that law enforcement is a dangerous task and that participation in this program is voluntary, and the participant and the participants parents or legal guardians assume any and all risks inherent with accompanying a law enforcement officer in the performance of his/her duties.

The persons signing below understand that the dangers participant may be exposed to include, but are not limited to: diseases such as Tuberculosis, AIDS, HIV, Hepatitis B and other blood borne or airborne diseases; intoxicated persons; violent persons; mentally unstable persons, person who may have dangerous weapons such as firearms, knives, hypodermic needles and other dangerous weapons. The persons signing below further understand that due to the nature of law enforcement activities, participant may be exposed to mature topics and language that may be offensive or otherwise considered unsuitable for children.

The persons signing below understand that participant’s safety cannot be guaranteed during participation in this activity. The persons signing below also recognize that the operation of a motor vehicle or a watercraft is inherently dangerous and that the operation of a law enforcement vehicle or watercraft may be more dangerous because of emergency responses.

The persons signing below understand that the program or activity involves inherent danger and may result in harm or injuries, both known and unknown, and which may be foreseeable or not readily foreseeable. Understanding such risks, even those not fully known or knowable, and in consideration of the Office of the Sheriff’s agreement to allow such participation in the program or activity, each person signing below does forever release and discharge and shall hold harmless the Sheriff of Brunswick County, and the deputies, agents, heirs, assigns, contractors, employees, and elected officials of the Office of the Sheriff and/or Brunswick County from any and all claims, demands, damages,
rights of action or causes of action, present or future, known or unknown, arising out of or in any manner connected with participation in this or any such program or activity and of any kind, nature, or extent, including, but not limited to, any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OR IN ANY MANNER CONNECTED WITH THE PROGRAM OR ACTIVITY.

Each participant and/or person signing this release, waiver, consent, and covenant not to sue, acknowledges that each has thoroughly read this document and fully understands that it is, among other things, a release and waiver of liability, and assumption of the risk, and a waiver of any right to sue or otherwise to assert any claim for recovery of damages or monies for any harm or injury. By signing this document, each participant and/or each person signing below is waiving any right that he or she or any of his or her successors, agents, heirs, or assigns might have to bring a legal action or assert a claim of any kind against the County of Brunswick, the Sheriff, any deputies, employees, elected officials or others referred to in this document for any negligence, gross negligence, or conduct causing harm.

________________________________________________________________________________________

Participant’s Printed Name  Participant’s Signature       Date

State of North Carolina  County of Brunswick

I, ________________________________________, a Notary Public for ______________________ County, certify that _________________________________________, the parent/guardian of the above named participant personally appeared before me this day and acknowledged the execution of the foregoing document for the purposes expressed therein.

Witness my hand and seal this the ______ day of _____________, ________.

______________________________

Notary Public

My Commission expires: ________________

(Seal)
State of North Carolina
County of Brunswick

I, _________________________________________, a Notary Public for ______________________ County, certify that _______________________________________________, the participant named above personally appeared before me this day and acknowledged the execution of the foregoing document for the purposes expressed therein.

Witness my hand and seal this the _______ day of _____________, ________.

_____________________________________
Notary Public

My Commission expires: _______________ (Seal)
Authorization for Release of Information

I am an applicant for a justice officer position with the ____________________________

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 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 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 the ______ day of ____________, 20___

________________________________________

(Applicant Signature)

Printed Name: ____________________________

Address: __________________________________

________________________________________

(Notary Signature)

Expires: __________________________________

Phone: ________________________________
EMPLOYMENT DISQUALIFIERS

Any one or more of the following could disqualify an applicant from further consideration for employment.

- **Certification**
  - Failure to be eligible for certification by North Carolina Sheriff’s Training and Standards Commission.

- **Automatic Disqualification**
  - Untruthfulness or the falsification of any application, certificate, credential, interview, test, or documents associated with the application for this position.
  - Failure to provide complete and accurate information any time during application process or other document associated with this position.

- **Credit**
  - Current unsatisfactory credit history rating as determined by the Sheriff.
  - Factors that will be reviewed include, but are not limited to, the following:
    - Known unsatisfied judgments at time of application other than traffic fines and cost.
    - Any arrears in child support or failure to pay child support

- **Criminal History**
  - Any felony conviction.
  - A misdemeanor conviction that either would prohibit certification or could result in suspension of certification by North Carolina Sheriff’s Training and Standards Commission and or deemed to be inappropriate as determined by the Sheriff.
  - Any individual that has been respondent and/or defendant in an active domestic violence protective order (50B Order) issued by a judge or a court of competent jurisdiction.
  - Any individual convicted of any offense arising from a domestic violence as defined by 18 U.S. code Section 921 (a).

- **Drugs**
  - Involvement in the unlawful sale of any controlled substances (illegal drugs) which lead to an arrest and conviction.
  - Unless medically prescribed, use of any drug scheduled in the Controlled Substance Act of North Carolina (Schedule I-V) within the past ten (10) years immediately preceding the date of application.
  - Distribution, possession or use of Marijuana or a derivative thereof within the twelve (12) month immediately preceding the date of application.
• Traffic
  o Conviction in any jurisdiction of Driving Under the Influence of Drugs or Alcohol within the seven (7) years immediately preceding the date of application.
  o Refusal to take the Blood or Breath Test as required by the implied consent law of any jurisdiction.
  o Conviction of Eluding Police, Hit and Run, Vehicle Speed Competition or Death by Motor Vehicle.
  o The suspension of revocation of driving privileges in any jurisdiction within the past five (5) years for any reason other than failure to pay fines and costs.
  o More than two (2) moving violation within the twelve (12) months immediately preceding the date of application.

• Other
  o Not being a United States Citizen.
  o Background investigation indicates a less than acceptable job performance with past employers.
  o Behavior unsuitable or inappropriate for a Deputy Sheriff/Detention Officer as determined by the Sheriff.
  o Failure to comply with deadlines to return requested information to the background investigator and the Brunswick County Sheriff’s Office.
  o Refusal to take CVSA and Polygraph Tests.
  o Dishonorable Discharge from any military service, a less than Honorable or General Discharge could or will be reviewed on a case by case basis.

STATE OF _____________________________________
COUNTY OF ___________________________________

I hereby certify that I understand each and every statement make on this form and that discovery of any of the above disqualifiers will result in the immediate disqualification of my application for employment with the Brunswick County Sheriff’s Office.

THIS THE _________ DAY OF ___________________________, ________
____________________________________
(SIGNATURE IN FULL)

Subscribed and Sworn to before me, this the ______________ day of ______________________, ______
________________________________ ___
(SIGNATURE IN FULL)

Notary Public Official Seal
My Commission Expires _____________________________________,_______
**BRUNSWICK COUNTY**
*An Equal Opportunity Employer*  
*(Please Print)*

**EMPLOYMENT APPLICATION**

<table>
<thead>
<tr>
<th><strong>Position applied for</strong></th>
<th><strong>Filing Code</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th><strong>SOCIAL SECURITY NUMBER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
</tr>
<tr>
<td>(Middle, if married use maiden)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Present Mailing Address</strong></th>
<th><strong>Date</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street &amp; No. or RFD)</td>
<td>(City)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Permanent Mailing Address</strong></th>
<th><strong>Telephone: Home</strong></th>
<th><strong>Business</strong></th>
<th><strong>If none, where can you be reached by telephone?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Street &amp; No. or RFD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(City)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(State)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Zip Code)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Whom would you want notified in case of an emergency?: Name</strong></th>
<th><strong>Relationship</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Complete Address:</strong></th>
<th><strong>Telephone No.:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Were you in the US Armed Forces?</strong></th>
<th><strong>If yes, what branch?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Dates of duty from</strong></th>
<th><strong>Rank at Discharge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) to ( )</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>List Duties in Service including Special Training:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Have you taken any training under the G.I. Bill?</strong></th>
<th><strong>If yes, please describe</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What type of license do you have?:</strong></th>
<th><strong>License Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Driver’s or Chauffeur’s)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Issued in what State?</strong></th>
<th><strong>What is the expiration date?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you presently employed?</strong></th>
<th><strong>Do you mind if we contact your current employer?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Have you ever worked for Brunswick County before?</strong></th>
<th><strong>Who referred you to Brunswick County for work?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Are you related by blood or marriage to any person now employed by Brunswick County?</strong></th>
<th><strong>If yes, give name(s) and relationship(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>GENERAL</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>What is your opinion of working evenings, Saturdays, and Sundays?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>How many days notice would you require before reporting for work?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Is there any other information you feel is relevant to your qualifications?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>REFERENCES: List 3 persons who are familiar with your qualifications for employment:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Name</td>
</tr>
<tr>
<td>(B) Name</td>
</tr>
<tr>
<td>(C) Name</td>
</tr>
</tbody>
</table>

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO  If yes explain fully on an additional sheet.)
EDUCATION – Give your complete educational history below:

<table>
<thead>
<tr>
<th>Education Beyond High School</th>
<th>Name and Location</th>
<th>Attended From</th>
<th>To</th>
<th>Circle Number Years Completed</th>
<th>Did You Graduate</th>
<th>Degree or Diploma and Year Received</th>
<th>Major Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>College or University</td>
<td></td>
<td>Mo. Yr. Mo. Yr.</td>
<td></td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate or Professional</td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Education Internship, etc.</td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

List typing and shorthand skills, machines you can operate, and other skills in which you are proficient.

If the position applied for calls for specific courses, indicate courses and credits received.

EMPLOYMENT RECORD – Answer questions for each period of employment. Include previous employment with Brunswick County, military service and related volunteer work. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet.

### Period 1

- **Title of present or last position**
- **Starting salary**
- **Last salary**
- **Date employed**
- **Date separated**
- **Full-time, Years Months**
- **Part-time, Years Months**
- **If part-time, number of hours worked per week**
- **Reason for Leaving**

- **Name and title of supervisor**
- **No. employees supervised by you**

- **Employer**
- **Address**

- **Duties**

### Period 2

- **Title of next to last position**
- **Starting salary**
- **Last salary**
- **Date employed**
- **Date separated**
- **Full-time, Years Months**
- **Part-time, Years Months**
- **If part-time, number of hours worked per week**
- **Reason for Leaving**

- **Name and title of supervisor**
- **No. employees supervised by you**

- **Employer**
- **Address**

- **Duties**

### Period 3

- **Title of next position**
- **Starting salary**
- **Last salary**
- **Date employed**
- **Date separated**
- **Full-time, Years Months**
- **Part-time, Years Months**
- **If part-time, number of hours worked per week**
- **Reason for Leaving**

- **Name and title of supervisor**
- **No. employees supervised by you**

- **Employer**
- **Address**

- **Duties**

---

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience, and that if employed, false statements on this application shall be sufficient cause for dismissal.

Applicant’s Signature
Please complete the information requested below. This information is necessary for statistical purposes only and will be retained separate from the application for employment.

1. Name

(Last) (First) (Middle)

2. Social Security Number

3. Date of Birth

(Month) (Day) (Year)

4. Citizenship

☐ U.S. ☐ Other - Specify

5. Ethnic Background

☐ (A) White
☐ (B) Black
☐ (C) Hispanic
☐ (D) Asian or Pacific Islander
☐ (E) American Indian or Alaskan Native
☐ (F) Other

6. Sex

(1) ☐ Male
(2) ☐ Female

7. Marital Status

☐ Single
☐ Married
☐ Engaged
☐ Divorced
☐ Separated
☐ Widowed

8. Who referred you to Brunswick County for work?

9. Position(s) applied for

10. What is your present Selective Service Classification?

11. What method of transportation will you use to get to work?

Date

Applicant's Signature