



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 2<sup>nd</sup> 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**

<b>Read</b> _____	<b>Write</b> _____	<b>Speak</b> _____
_____	_____	_____
_____	_____	_____

**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.

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

	<b>Yes</b>	<b>No</b>	<b>NCMEC staff comments:</b>
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**

	<b>Yes</b>	<b>No</b>	<b>NCMEC staff comments:</b>
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:** \_\_\_\_\_