



National Center for Missing & Exploited Children
Team Adam
333 John Carlyle Street
Alexandria, VA. 22314

Application for Team Adam

(Please Print or Type)

NAME _____
Last First Middle

ADDRESS _____
Street Apartment/Unit

City State Zip Code

TELEPHONE NUMBERS:

Home _____

Cell _____

Business or 2nd cell _____

E-MAIL ADDRESS _____

ARE YOU A CURRENT SWORN LAW ENFORCEMENT OFFICER OR AGENT? _____

If current, anticipated date of retirement? _____

Have you ever submitted an employment application or application to perform volunteer work to the National Center for Missing & Exploited Children (NCMEC)? YES ___ NO ___

LAW ENFORCEMENT EMPLOYMENT HISTORY

MOST RECENT LE AGENCY: _____

ADDRESS: _____

CURRENT TELEPHONE NUMBERS: _____

EMAIL ADDRESS: _____

YOUR JOB TITLE: _____

DATES OF EMPLOYMENT: _____ **NUMBER OF YEARS:** _____

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:

AGENCY: _____

ADDRESS: _____

CURRENT TELEPHONE NUMBERS: _____

EMAIL ADDRESS: _____

YOUR JOB TITLE: _____

DATES OF EMPLOYMENT: _____ **NUMBER OF YEARS:** _____

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.

PLEASE ATTACH ANY ADDITIONAL EMPLOYMENT INFORMATION TO END OF APPLICATION.
Please attach your resume including all positions/titles & assignments held and these items:

- Violent crimes investigations
- Missing/abducted children cases
- Crimes against children investigations
- Command post experience
- Search and rescue

***** Please also include two letters of recommendation.*****

(Letters can be sent separately or emailed to RLeonard@ncmec.org and PStegenga@ncmec.org)

DATE AVAILABLE TO JOIN TEAM ADAM

Month _____ Day _____ Year _____

PLEASE LIST ALL CURRENT EMPLOYMENT (including part time & occasional 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: _____

CURRENT TELEPHONE NUMBERS: _____

NAME AND TITLE OF SUPERVISOR: _____

JOB TITLE / POSITION: _____

DATES OF EMPLOYMENT: _____

POST SECONDARY EDUCATION: _____

Dates Attended _____

Degree _____ *Year Conferred* _____

OTHER ADDITIONAL INFORMATION

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

Applicant Signature: _____ **Date:** _____

This application will only be considered if it is filled out in its entirety with supplemental documents as requested. Scan and email to: RLeonard@ncmec.org and PStegenga@ncmec.org.



AUTHORIZATION TO RELEASE INFORMATION

Applicant's Name: _____

Applicant's Current Address: _____

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 with 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.

Signature _____

Witness to Signature: _____