



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 2<sup>nd</sup> 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](mailto:RLeonard@ncmec.org) and [PStegenga@ncmec.org](mailto: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](mailto:RLeonard@ncmec.org) and [PStegenga@ncmec.org](mailto: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:** \_\_\_\_\_