

D. RANK CHANGE:

Current Rank: _____

Previous Rank: _____

Date of Rank Change: ____/____/____

E. CERTIFICATION/TRAINING:

Currently Nebraska certified: ____ Yes ____ No

Type of Certification:

- Basic (Nebraska)
 Supervision
 Management
 Reserve

F. OTHER STATE/FEDERAL LAW ENFORCEMENT EMPLOYMENT:

Agency/State	Position	Dates of Employment	Certificate or License	
_____	_____	_____	____ Yes	____ No
_____	_____	_____	____ Yes	____ No
_____	_____	_____	____ Yes	____ No
_____	_____	_____	____ Yes	____ No

G. INFORMATION FOR STATISTICAL PURPOSES:

- Gender Male
Racial/Ethnic Group: Black
 Alaska Native
 American Indian
 Female
 White
 Hispanic
 Asian or Pacific Island

H. CERTIFICATION REQUIRED FOR RETURN TO ACTIVE STATUS:

(To be completed if the employee is a Nebraska certified officer who has been on inactive status for over 30 days and less than 10 years.)

I certify the employee named on this report has shot and passed the State Handgun Qualification Course in compliance with Rule and Regulation, Title 79, Chapter 11 and that the employee has a valid CPR/First Aid certification.

Signature of Sheriff, Chief, or Hiring Authority

Date

I. CERTIFICATION:

I, the undersigned, hereby certify that the above and foregoing information contained on this form is accurate, true and correct.

Signature of Sheriff, Chief, or Agency Head

Date