

NORTH CAROLINA
ALCOHOL LAW ENFORCEMENT BRANCH
ACCEPTANCE OF BENEFITS AND CONDITIONS (AL-25)

Applicant's Name
Social Security (last four only)
Phone (Best Contact)
E:Mail

The following Alcohol Law Enforcement employee benefits and job-related working conditions have been fully explained to me by an Alcohol Law Enforcement recruiter

1. Salaries and fringe benefits.
2. Duties, responsibilities and risks involved in law enforcement.
3. Station assignments and work schedules. I understand that I must be willing to live and work in any area of the State and may be transferred at any time at the discretion of the Director.
4. Opportunities for advancement and promotion procedure.
5. Military leave policy.
6. Retirement provisions.
7. Worker's Compensation.
8. Sick leave and vacation leave policy.
9. Requests for transfer of duty station within two (2) years following initial employment will be denied.
10. Each member of the Alcohol Law Enforcement Branch serves a twenty-four (24) months probationary period during which time his or her performance is evaluated to determine whether or not he or she may continue as a member of the Branch. Under the provisions of Chapter 126 of the General Statutes, Agency members will not become "Career State Employees" until employed in a permanent position appointment by the State of North Carolina, or a qualified local entity, in a position subject to the State Personnel Act for the immediate twenty-four (24) preceding months.
11. It is the policy of the State of North Carolina to give overtime compensation in the form of compensatory time off rather than in monetary compensation. The decision to give either compensatory time off or monetary compensation is a decision to be made by management and is not my choice. Acceptance of these policies is a pre-condition of my employment with the Alcohol Law Enforcement Branch.
12. I certify that I have given true, accurate and complete information on my application for employment and on all other material submitted for consideration in employment. I further acknowledge all credentials provided by me must be verified. Any misinformation or untrue information is grounds for disqualification or dismissal.

I, _____, fully understand the above, and accept all conditions
(Applicant's Name Printed)
and wish my application for employment as a member of the Alcohol Law Enforcement Branch to remain under consideration.

Signature of Applicant

Date