



**TOWN OF EDENTON
POLICE APPLICANT TRACKING FORM**

NAME _____ SS# _____ DATE _____

DOCUMENT REVIEW Date _____

Birth Certificate _____
Social Security Card _____
Driver's License _____
Education Data _____
Marriage License _____
DD-214 _____
BLET Certification _____
Credit Report _____
Criminal Record Check _____

Notification of: Verbal/Letter

Additional Info. _____
Initial Interview _____
Oral Board _____
Polygraph _____
Background _____
Psychological _____
Interview w/Chief _____
Nurse Apt _____
Doctor Apt _____
Report for work _____

INITIAL INTERVIEW Date _____

Criminal History Check _____
Driver History Check _____
Credit Check _____
Education Data Check _____

ORAL BOARD

_____ Results _____

POLYGRAPH

_____ Results _____

BACKGROUND

_____ Start Date _____ Finish Date _____

CONDITIONAL OFFER

Date of Letter _____

Date of Acceptance _____

PSYCHOLOGICAL

Date _____

INTERVIEW WITH CHIEF

Date _____ Yes _____ No _____

DRUG SCREEN

Date _____ Results _____

NURSE APPOINTMENT

Date _____

DOCTOR APPOINTMENT

Date _____

PHYSICIAN NAME _____

Results _____

EDENTON POLICE DEPARTMENT APPLICANT PACKET



EDENTON POLICE DEPARTMENT
301 N. OAKUM ST.
EDENTON, NC 27932
PHONE: 252-482-5144
FAX: 252-482-4999



Dear Applicant:

Thank you for your interest in the Edenton Police Department as a career opportunity.

Completing and returning the enclosed application in a timely manner is the first step in the application process. Selection of applicants for further examination is accomplished throughout the year. Our policy and practice is to select and process the most qualified applicants. Once an applicant has been selected for processing, the background investigation and testing process takes several months to complete. Applicants will be required to make at least three trips to Edenton for interviews and medical testing.

As with any employer, the personnel needs of the Edenton Police Department vary throughout the year. Because it is impossible to predict the exact needs of the department we are unable to inform you of the actual length of time your application may remain on file. However, you may make phone calls and inquire about the status of your application.

It is imperative that your application package be completed in its entirety. All blanks should be filled in unless you indicate that the particular question is not applicable. When giving addresses of employers and personal references, be sure to provide complete street address, zip codes and phone numbers. Please ensure that you provide a complete employment history, including all fulltime and all part-time employment and include any periods during which you were unemployed. **Failure to provide accurate and complete information will be cause to eliminate your application from further consideration.**

You will be mailed a confirmation card within two weeks of our receipt of your completed application package. After that, if there is material change in your application (for example, address change, phone number change, etc) this should be submitted in writing and mailed to our office.

If your application is selected for processing, you will be notified and scheduled for a job related medical screening and psychological testing provided by our agency. If you are not selected as a candidate for the position of police officer you will be notified by letter.

Once again, thank you for your interest in employment with the Edenton Police Department. And we look forward to your application.

INEXPERIENCED LAW ENFORCEMENT OFFICER **ESSENTIAL JOB FUNCTIONS**

The following are the "essential job functions" that are common to all inexperienced law enforcement officers in North Carolina, as determined by the N C Criminal Justice Education and Training Standards Commission and the Sheriff's Education and Training Standards Commission. The successful applicant must be able to perform ALL of the essential job functions of an inexperienced law enforcement officer, generally unassisted and at a pace and level of requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
4. Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
6. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
8. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.
10. Conduct visual and audio surveillance for extended periods of time.
11. Engage in law enforcement patrol functions that include such things as working rotating

STANDARDS FOR BECOMING A **POLICE OFFICER**

1. Be a citizen of the United States
2. Be at least 20 years of age
3. Be of good moral character as determined by a thorough background investigation
4. Have been fingerprinted and a search made of local, state, and national files to disclose any record
5. Have been examined and certified by a physician to meet physical requirements necessary to properly fulfill the officer's particular job responsibilities
6. Have produced a negative result on a drug screen administered according to the standards of the Department of Health and Human Services for Federal Workplace Drug Testing Programs
7. Have undergone a psychological screening examination by a clinical psychologist or psychiatrist licensed to practice in North Carolina to determine the officer's mental and emotional suitability to properly fulfill the job responsibilities
8. Have been interviewed personally by the Department Head or his representative to determine such things as the applicant's appearance, demeanor, attitude, and ability to communicate
9. Notify the Criminal Justice Standards Division of all criminal offenses for which the officer is arrested, charged, pleads no contest or guilty, or is found guilty; not have committed or been convicted of: a felony; a crime for which the punishment could have been imprisonment for more than two years; a crime or unlawful act defined as a "Class B misdemeanor" within the five year period prior to the date of application for employment; or four or more crimes or unlawful acts defined as "Class B misdemeanors" regardless of the date of conviction; or four or more crimes or unlawful acts defined as "Class A misdemeanors" except the applicant may be employed if the last conviction occurred more than two years prior to the date of an application for employment
10. Be a high school graduate or have passed the General Educational Development Test indicating high school equivalency
11. Satisfactorily complete the employing agency's in-service firearms training program as prescribed in 12 NCAN 09E.0105-00106

EDENTON POLICE DEPARTMENT SUPPORTING DOCUMENTS

ALL COPIES OF DOCUMENTS MUST BE ON SEPARATE SHEETS OF PAPER:

1. BIRTH CERTIFICATE (1 COPY)
 2. DRIVER LICENSE (1 COPY)
 3. SOCIAL SECURITY CARD (2 COPIES MUST BE FROM ORIGINAL)
 4. HIGH SCHOOL DIPLOMA (1 COPY)
 5. MARRIAGE CERTIFICATE (1 COPY)
 6. DIVORCE DECREE (1 COPY)
 7. COLLEGE DIPLOMA (1 COPY)
 8. SELECTIVE SERVICE REGISTRATION CARD (1 COPY) ALL MALES 18 -25 YEARS OF AGE
 9. 00-214 (1 COPY) IF APPLICANT SERVED IN US ARMED FORCES
 10. NATURALIZATION PAPERS (IF YOU ARE A NATURALIZED US CITIZEN)
 11. BASIC LAW ENFORCEMENT TRAINING CERTIFICATE (1 COPY)
 12. LAW ENFORCEMENT AND MILITARY TRAINING CERTIFICATES (1 COPY)
 13. *Credit Report*
 14. *Criminal Record Search From each county you lived in (Detailed F-1 of the AOC)*
- THE INCLUDED APPLICATION SHOULD BE TYPED OR HANDWRITTEN IN BLACK INK AND BE RETURNED TO THE EDENTON POLICE DEPARTMENT AS SOON AS POSSIBLE. MAKE SURE THE APPROPRIATE FORMS ARE NOTARIZED AND SIGNED PRIOR TO SUBMISSION. THE EDENTON POLICE DEPARTMENT HAS NOTARIES ON HAND DURING THE WEEK TO HANDLE THIS IF NEEDED.

SEND APPLICATION TO:

EDENTON POLICE DEPARTMENT

301 N. OAKUM ST

EDENTON, NC 27932

252-482-5144

FAMILY HISTORY
POLICE APPLICANT

FATHER: _____ **NAME:** _____

ADDRESS: _____

DATE OF BIRTH: _____

MOTHER: **NAME:** _____

ADDRESS: _____

DATE OF BIRTH: _____

BROTHERS: **NAME:** _____

ADDRESS: _____

DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SISTERS: **NAME:** _____

ADDRESS: _____

DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PERSONAL AFFIDAVIT

This is to advise that I, _____ am under no investigation by any Federal, State, or Local Agency in the state of North Carolina or any other state.

Signature: _____ Date: _____

Sworn to before me this _____ day of _____ 200

Signature of Notary _____

My Commission Expires: _____



Edenton

POLICE DEPARTMENT

General Release

I, _____
hereby authorize those parties to whom this document is presented to make full
disclosure of any and all records, reports and related documents or information
including all medical records that would reflect favorably or unfavorably upon my
application to the Edenton Police Department.

I further release from liability any person or persons or office or institution so providing
aforementioned information in connection with this investigation.

Signature

You may contact my present employer ____yes ____no

initial

Sworn to before me this
_____ day of _____ 201__

Signature of Notary

My Commission Expires: _____



TOWN OF EDENTON EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed to: Town of Edenton, P. O. Box 300 or hand delivered to 400 South Broad Street
Edenton, NC 27932 <http://www.townofedenton.com>

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does not accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

CURRENT INFORMATION

- (1) POSITION TITLE _____ DATE: _____
- (2) When will you be available for employment? (i.e. immediately, 2 weeks notice) _____
- (3) Are you seeking ☐ Full-time regular ☐ Part-time regular ☐ Temp./prefer regular ☐ Temporary Only
- (4) NAME: _____
(Last) (First) (Middle)
- (5) ADDRESS: _____
Street & No. or P.O. Box Town State Zip
- (6) HOME TEL # () _____ BUS. TELEPHONE # () _____
MOBILE TEL# _____ E-MAIL ADDRESS _____
- (7) Are you 18 or older? ☐ Yes ☐ No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

- (8) Apart from absences for religious observances, check conditions that you are willing to accept.
- | | | | | | |
|-------------|-------------------------------------|---------------------------------------|-----------------------------------|--|------------------------------------|
| Occasional: | <input type="checkbox"/> night work | <input type="checkbox"/> weekend work | <input type="checkbox"/> overtime | <input type="checkbox"/> rotating shifts | <input type="checkbox"/> "on-call" |
| Regular: | <input type="checkbox"/> night work | <input type="checkbox"/> weekend work | <input type="checkbox"/> overtime | <input type="checkbox"/> rotating shifts | <input type="checkbox"/> "on-call" |
| Frequent | <input type="checkbox"/> night work | <input type="checkbox"/> weekend work | <input type="checkbox"/> overtime | <input type="checkbox"/> rotating shifts | <input type="checkbox"/> "on-call" |
- (9) Have you ever been employed with the Town of Edenton? ☐ Yes ☐ No
If YES, what department and when: _____
- (10) Have you applied to the Town of Edenton before? ☐ Yes ☐ No
If YES, indicate what position and when: _____
- (11) Are you willing to accept a salary within the advertised normal starting salary range? ☐ Yes ☐ No
- (12) Are you now or were you previously related in any way to a Town employee? ☐ Yes ☐ No
If YES, give name, relationship and department: _____
- (13) Are you able to perform all of the duties of the job you have applied for? ☐ Yes ☐ No
- (14) Are you an American citizen or do you currently have authorization to work in the U.S.? ☐ Yes ☐ No
- (15) Did you receive any of your education or employment experience under another name? ☐ Yes ☐ No
If YES, please explain under EXPLANATIONS.

EDUCATION

Provide your complete history

(16) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(17) Name of High School _____ Town _____ State _____

(18) Have you received a high school diploma or equivalent? ☐ Yes ☐ No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

(a) _____ (e) _____
 (b) _____ (f) _____
 (c) _____ (g) _____
 (d) _____ (h) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank - Number: _____ State: _____

(26) Is your driver's license a Commercial Driver's License? ☐ Yes ☐ No
 If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____

REASON FOR LEAVING _____

F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # () _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

- (27) Have you had disciplinary action taken against you in the past 12 months? ? ☐ Yes ☐ No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (28) a) Have you ever been dismissed or forced to resign from any job held? ☐ Yes ☐ No
b) Were you dismissed or forced to resign for disciplinary reasons? ☐ Yes ☐ No
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (29) May we contact your present employer for reference prior to an interview (if granted)? ☐ Yes ☐ No
If you are not currently employed, please check here N/A (). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____
ITEM # _____
ITEM # _____
ITEM # _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Edenton; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Edenton to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Edenton, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager

SIGNATURE _____ **DATE** _____

**SUPPLEMENT TO TOWN OF EDENTON
EMPLOYMENT APPLICATION**

The Town of Edenton is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR: _____

NAME: Last _____ First _____ Middle _____

DATE OF APPLICATION: _____

II. SEX: (Please circle) Male Female

III. ETHNIC CATEGORY: (Please circle)

White - Origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black - Origins in any of the Black racial groups of Africa. (Not Hispanic)
Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
American Indian or Alaskan Native - Origins in any of the original peoples of North America.

HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)

____ Newspaper (specify): _____
____ Employment Security Commission
____ Job Line
____ Employment Interest Card
____ Came to Municipal Building
____ Employment Opportunity List (where posted): _____
____ Internet
____ Other (specify): _____

DRUG SCREENING

All FINAL applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 26, have you registered for Selective Service?

(Please circle) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name _____ Date _____

An Equal Opportunity/Affirmative Action Employer



NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using the online form or legibly printing in ink fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

NOTE: The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Agency: _____ Month: _____ Day: _____ Year: _____

Position(s) applied for: ☐ Police Officer ☐ Corrections Officer
☐ Probation/Parole Officer ☐ Juvenile Justice Officer ☐ Juvenile Court Counselor

PERSONAL

1. Name: _____ 2. Social Security Number: _____
First Middle Last

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name been legally changed after age 12? ☐ Yes ☐ No
If yes, submit documentation with date and attach to this form.

3. Present Mailing Address: _____
Street & Number City County State Zip Code

Permanent Mailing Address: _____
Street & Number City County State Zip Code

Telephone Number: _____
(Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify _____

Applicant Name: _____

Agency Applied: _____

NOTE: Data solicited in this box will be used for Equal Employment statistical purposes only.

7. a. Ethnicity (Check One) ☐ Hispanic or Lantino ☐ iNot Hispanic or Latino

b. Race (check all that apply)

☐ American Indian or Alaska NativeAsian ☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☐ White

☐ Black or African American ☐ Other _____

8. Sex ☐ Male ☐ Female

9. Have you previously submitted an application for employment with this agency?

☐ Yes

☐ No

Approximate Date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

☐ Traditional

☐ Home School

☐ Distance Learning

☐ Did not attend high school

☐ Other: _____

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools					
Universities or Colleges					
Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

☐ Yes

☐ No

If yes, when and where did you complete the GED?

Applicant Name: _____

Agency Applied: _____

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

MARITAL

12. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

13. Name of Spouse: _____

Name of Former Spouse(s):

14. List all of your children, including any adopted or stepchildren.

Name	Birth Date	Relationship	Address	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency? ☐ Yes ☐ No

If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole? ☐ Yes ☐ No

If yes, give name(s) and details:

Applicant Name: _____

Agency Applied: _____

RESIDENCES

17. List every city/county in which you have lived since attaining the age of 16, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State	Landlord

FINANCIAL

18. What income other than salary do you have at present?

19. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**):

20. Are you now supporting all children born to you, adopted by you and stepchildren?

☐ Yes ☐ No If not, give details:

21. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? ☐ Yes ☐ No If yes, give name and details:

22. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)

☐ Yes ☐ No ☐ Not sure (explain) If yes, give details:

23. What is the total amount of all your debts at present? \$ _____

24. What is the average monthly total of all of your bills, payments, and current living expenses? \$ _____

Applicant Name: _____

Agency Applied: _____

25. List credit references, including creditors to which you make monthly payments:

A. _____ Amount Owning \$ _____
Name of Business

Street Address	City and State
----------------	----------------

B. _____ Amount Owning \$ _____
Name of Business

Street Address	City and State
----------------	----------------

C. _____ Amount Owning \$ _____
Name of Business

Street Address	City and State

D. _____ Amount Owning \$ _____
Name of Business

Street Address	City and State

E. _____ Amount Owing \$ _____
Name of Business

Street Address	City and State
----------------	----------------

F. _____ Amount Owing \$ _____
Name of Business

Street Address	City and State
----------------	----------------

WORK HISTORY

26. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency which required certification or licensure from any Commission, Board or Agency after a conditional offer of employment was made?

☐ Yes ☐ No If yes, list agency name and give details:

Applicant Name: _____

Agency Applied: _____

27. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.) ☐ Yes ☐ No

27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

27b. If such certification or license was ever suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

28. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

☐ Yes ☐ No If yes, list organization name and give details:

29. Do you object to wearing a uniform? ☐ Yes ☐ No

30. Do you object to working nights? ☐ Yes ☐ No

31. Do you object to working rotating shifts? ☐ Yes ☐ No

32. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? ☐ Yes ☐ No

33. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

Applicant Name: _____

Agency Applied: _____

A. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time _____ Yrs _____ Mos

☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

B. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time _____ Yrs _____ Mos

☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

Applicant Name: _____

Agency Applied: _____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time _____ Yrs _____ Mos

☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

D. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time _____ Yrs _____ Mos

☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

Applicant Name: _____

Agency Applied: _____

E. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos

☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

F. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos

☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

G. Explain Periods of unemployment of three months or more.

Applicant Name: _____

Agency Applied: _____

MILITARY SERVICE

34. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No

Were you ever denied entrance into the military? ☐ Yes ☐ No If yes, why?

35. What is your service number? _____

36. What was the highest rank that you held? _____

37. What was the last rank that you held? _____

38. What was the date and location of your first enlistment or commission? Date: _____

39. List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

40. List all duty stations: _____

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

41. Have you ever received any of the following types of discharge:

Uncharacterized ☐ Yes ☐ No
Honorable ☐ Yes ☐ No
General (Under honorable conditions) ☐ Yes ☐ No
Under other than honorable conditions ☐ Yes ☐ No
Bad Conduct Discharge ☐ Yes ☐ No
Dishonorable Discharge ☐ Yes ☐ No
Dismissal ☐ Yes ☐ No

Applicant Name: _____ Agency Applied: _____

42. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

☐ Yes ☐ No If yes, explain what occurred and what type of punishment you received:

43. List all medals and decorations awarded you during your military service:

44. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

45. Do you drink alcoholic beverages? ☐ Yes ☐ No

NOTE: In questions 46, and 47, the word '**used**' means "**one time or more, including experimentation.**" If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

46. Have you ever used, to include tasting, any illegal drugs including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time?

47. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

Applicant Name: _____ Agency Applied: _____

48. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? ☐ Yes ☐ No ☐ I don't know
(explain below)

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

You must include any and all offenses and convictions regardless of whether or not the offenses/convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8A, 15A-146, or expunged or sealed with a similar out-of-state law. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

49. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" as used in this question includes being issued a criminal citation or summons).

☐ No-Applicant's Initials _____ ☐ Yes, please list below

1. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Probation ☐ No ☐ Yes

2. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Probation ☐ No ☐ Yes

Applicant Name: _____ Agency Applied: _____

3. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Probation ☐ No ☐ Yes

4. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Court Docket # _____

County/State: _____ Probation ☐ No ☐ Yes

(ATTACH EXTRA SHEETS, IF NECESSARY)

49A. Have you ever had a criminal offense or criminal conviction expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law?

☐ No – Applicant's Initials _____ ☐ Yes, please list below

1. Offense Expunged/Sealed: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

2. Offense Expunged/Sealed: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

3. Offense Expunged/Sealed: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: _____

Agency Applied: _____

50. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

51. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year" as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 15 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

☐ Yes ☐ No ☐ I don't know (explain below) If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

☐ Yes ☐ No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

Applicant Name: _____

Agency Applied: _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5., 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law)?

☐ Yes ☐ No If yes, give details:

54. Have you ever been placed on probation? ☐ Yes ☐ No If yes, give details:

55. Do you possess a valid driver's license from the State of North Carolina? ☐ Yes ☐ No

Driver's License Number _____

Year Issued _____

56. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina? ☐ Yes ☐ No

If yes, give state and number _____

57. Was your driver's license ever suspended or revoked? ☐ Yes ☐ No If yes, state which and give reasons:

58. Was your driver's license ever restored? ☐ Yes ☐ No When? _____

59. Have your driving privileges ever been restricted? ☐ Yes ☐ No If yes, give details:

CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

Applicant Name: _____

Agency Applied: _____

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____

(Applicant Signature in Full)

(Applicant Print Name in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(c))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.