

# BELHAVEN POLICE DEPARTMENT

PROTECTING AND SERVING THE TOWN OF BELHAVEN

*125 West Main Street*

*Belhaven, NC 27810*

Thank you for your interest in employment with the Belhaven Police Department.

This packet contains the following forms:

1. Application Process Information Sheet
2. Authorization for Release of Information Form
3. Authorization for Release of Information Training & Standards Form
4. Town of Belhaven Employment Application
5. NC Criminal Justice Education and Standards' Commission Personal History Statement (F-3)
6. Essential Job Functions (Position specific)

Pay close attention to the following information:

Answer all questions honestly and completely. If the question does not apply to you, indicate it does not apply by writing "N/A." (Use additional sheets of paper when necessary.) Fill out each form with a black fine point pen. A current telephone number, street address, and mailing address is required to process your application.

You must submit a certified copy of your entire criminal history record from every county where you have resided during the last ten years. These criminal record checks must be submitted with your application packet at the time of application. (If you live in North Carolina, a criminal record check is available from the Office of the Clerk of Superior Court).

You must submit a copy of a civil record check from every county where you have resided during the past ten years. These civil record checks must be submitted with your application packet at the time of application. (If you live in North Carolina, a civil record check is available from the Office of the Clerk of Court, Civil Division).

List ALL criminal charges since age 16 except minor traffic infractions. Provide the date of offense, charging or arresting agency, location of court and the disposition. You must provide certified copies of warrants, summons, citations, and dispositions of all criminal and traffic charges including charges that were dismissed. Provide a separate sheet of paper if necessary. Be certain to list all criminal and traffic charges, including charges that were dismissed.

The Authorization for Release of Information Form's must be notarized and submitted along with the application. We will not accept forms that have not been notarized.

All applicants having prior military service must submit a copy of their Form DD-214.

All applicants having prior law enforcement service must submit a copy of their Personal History Statement (F-3) from each agency.

You must submit a copy of your Birth Certificate and High School Diploma/GED.

When you submit your application packet to The Belhaven Police Department, it must contain the following items:

1. ☐ Completed Town of Belhaven Employment Application.
2. ☐ Completed and Notarized NC Criminal Justice Education and Standards. Commission Personal History Statement (F-3).
3. ☐ Completed and Notarized Authorization for Release of Information Form.
4. ☐ Completed and Notarized Authorization for Release of Information Training & Standards Form.
5. ☐ Your Certified Criminal History from every county of residence within 10 years.
6. ☐ Your Civil Records Check from every county of residence within 10 years.
7. ☐ DD-214 (for prior Military applicants only).
8. ☐ Prior Personal History Statements (F-3) from each Agency (if applicable).
9. ☐ Copy of your Birth Certificate.
10. ☐ Copy of your High School Diploma or GED.
11. ☐ Copy of your Driver's License.
12. ☐ Copy of your Social Security Card.
13. ☐ Any Educational Transcripts, Training Certificates, or other documents you wish to be considered.

If you have any questions or concerns with the application process, please don't hesitate to contact me by phone or email.

Chief Wesley Waters  
Phone No. (252) 943-2242  
wwaters@townofbelhaven.com



## TOWN OF BELHAVEN

315 East Main Street; Belhaven, NC 27810  
[www.TownofBelhaven.com](http://www.TownofBelhaven.com)

**The Town of Belhaven** is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State, or local law.

**Application must be completed in its entirety for consideration.**

### APPLICANT INFORMATION

Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Position Applied for:		Desired Salary:	
How did you hear of this opening?		Date Available:	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			

### EDUCATION

High School:	Location:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
College:	Location:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
College:	Location:
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
Other Training (seminars, conferences, certifications):	
Type:	Location:
Type:	Location:
Type:	Location:
In addition to your work history, do you have any other qualifications that are relevant to the position for which you are applying?	

**PREVIOUS EMPLOYMENT** *(Please complete in its entirety. “See Resume” is not acceptable.)*

Company:

Job Title:

Address:

From: To:

Supervisor:

Starting Salary \$

Ending Salary \$

Phone:

Responsibilities:

Reason for Leaving:

Company:

Job Title:

Address:

From: To:

Supervisor:

Starting Salary \$

Ending Salary \$

Phone:

Responsibilities:

Reason for Leaving:

Company:

Job Title:

Address:

From: To:

Supervisor:

Starting Salary \$

Ending Salary \$

Phone:

Responsibilities:

Reason for Leaving:

## REFERENCES

May we contact your present employer?

*Please list three professional references:*

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

## DISCLAIMER AND SIGNATURE

In exchange for the consideration of my job application to the Town of Belhaven - TOB (hereinafter called "the Organization"), I agree that:

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Town Manager. Both the undersigned, and TOB may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Organization may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I expressly authorize, without reservation, the Organization, its representatives or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Company, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Organization does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that (1) the Organization has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Organization shall be probationary for a period of nine months (90) days, and further that any time during the probationary period or thereafter, my employment relationship with the Organization is terminable at will for any reason by either party.

I certify that all information I have provided in order to apply for secure work with the Organization is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the Organization's service, whenever it is discovered.

Signature

Date

## **POLICE OFFICER**

DEPARTMENT: POLICE  
REPORTS TO: POLICE CHIEF  
PAY GRADE: 16

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### **General Statement of Duties**

Performs responsible general duty law enforcement work to protect life and property in the Town.

### **Distinguishing Features of the Class**

An employee in this class performs a full range of general law enforcement duties in the patrol division. Work includes patrolling the Town during a shift in a police car, on foot, by bicycle, or other appropriate means preventing, detecting and investigating disturbances and crime; investigating traffic accidents, helping victims, and performing traffic control work; apprehending suspects; testifying in court; and executing related assignments. Employees must exercise judgment, initiative and calm control when performing duties, but more difficult problems are normally carried out under the direction of or in conjunction with the supervisor. Work involves frequent public contact which requires tact, firmness, and decisiveness. Work is performed in accordance with departmental policy and state and federal law, supplemented with specific directions from superior officers. Employees are subject to the usual hazards of law enforcement work. The employees are also subject to Level III OSHA Standards on blood borne pathogens. Work is performed under regular supervision, and is evaluated through observation, review of reports, and discussion concerning how particular incidents or activities were handled.

### **Duties and Responsibilities**

#### Essential Duties and Tasks

- Patrols streets in a police car, on foot, by bicycle or other appropriate means; checks doors and windows; examines premises of unoccupied residences or buildings; detects unusual conditions, may maintain surveillance and observation for stolen cars, missing persons, or suspects; reports dangerous or defective streets, sidewalks, traffic lights, or other hazardous conditions.
- Responds to calls for assistance, complaints, suspicious activity, domestic disputes, loud and disruptive behavior, and other's needs; completes calls by determining true nature of the situation and taking whatever legal or persuasive action is warranted.
- Investigates traffic accidents; enforcement traffic laws and issues traffic citations; directs traffic and participates in other emergency operation activities.
- Performs investigations of accidents and possible crimes through observation, questioning witnesses, and gathering physical evidence; performs investigative tasks assigned by the Police Sergeant or other senior officer; arrests and processes criminal suspects.
- Advises the public on laws and local ordinances; testifies in court; executes search warrants; serves papers as needed.
- Regulates and directs vehicular traffic at busy times or when traffic signal malfunctions or accidents require; maintains order at public gatherings.
- Operates a two-way radio to receive instructions and information from or to report information to police headquarters.

- Performs funeral and bank escorts.
- Prepares detailed records and reports of activities.

#### Additional Job Duties

Performs related duties as required.

### **Recruitment and Selection Guidelines**

#### Knowledge, Skills and Abilities

- Considerable knowledge of state and federal laws, local ordinances and policies of the police department, especially relating to arrest, search and seizure, and traffic control.
- Knowledge of the application of information technology to the work.
- Working knowledge of law enforcement principles, practices, methods and equipment.
- Some knowledge of scientific criminal detection and identification methods.
- Skill in the use of firearms and other police equipment and in the application of self-defense and de-escalation tactics.
- Skill in collaborative conflict resolution and teamwork.
- Ability to communicate clearly over radio and other technology.
- Ability to operate a computer terminal.
- Ability to act with sound judgment in routine and emergency situations.
- Ability to present effective court testimony.
- Ability to prepare clear and concise activity reports.
- Ability to make effective decisions under the stress of emergency conditions.
- Ability to engage in problem-solving with citizens.
- Ability to build and maintain cooperative and effective relations with the citizens, coworkers, other law enforcement agencies, and Town officials.

#### Physical Requirements

- Must be able to physically perform the basic life operational functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motions.
- Must be able to perform medium work exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
- Must possess the visual acuity to operate a police vehicle and distinguish details and differences when observing people, places, or things on patrol.

#### Desirable Education and Experience

Graduation from high school and some law enforcement training; experience preferred; or an equivalent combination of education and experience.

#### Special Requirement

Before assignment to sworn duties, employees must possess a valid North Carolina Driver's license and have completed at least the minimum requirement established by the North Carolina Criminal Justice Training and Standards Council for certified law enforcement officers.

Ability to obtain other required certifications.

*Special Note: This generic class description gives an overview of the job class, its essential job functions, and recommended job requirements. However, for each individual position assigned to this class, there is available a complete job questionnaire with a physical abilities checklist which can give further details about that one specific position. Those documents should be reviewed before initiating a selection process. They can provide additional detailed information on which to base various personnel actions and can assist management in making legal and defensible personnel decisions.*



# BELHAVEN POLICE DEPARTMENT

PROTECTING AND SERVING THE TOWN OF BELHAVEN

125 West Main Street

Belhaven, NC 27810

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE BELHAVEN POLICE DEPARTMENT FOR CERTIFICATION/EMPLOYMENT PURPOSES

To Whom it May Concern:

I am an applicant for criminal justice officer certification/employment with the **Belhaven Police Department**. In order to determine my suitability for certification/continued certification/employment, I understand that the **Belhaven Police Department**, of Belhaven, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I \_\_\_\_\_, DOB, \_\_\_\_\_, Operator's License # \_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other healthcare professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, government agency, criminal and civil court, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the **Belhaven Police Department**, of Belhaven, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the **Belhaven Police Department**, of Belhaven, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Belhaven. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I further authorize the **Belhaven Police Department**, it agents and employees, to release copies of all information to any agency or entity regulating the certification, authority or conduct of Law Enforcement Officers. This is to include, but not limited to: North Carolina Criminal Justice Education and Training Standards Commission, North Carolina Attorney General's Office, agencies in other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

\_\_\_\_\_  
Applicant/Officer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address  
  
\_\_\_\_\_

\_\_\_\_\_  
Phone Number

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Subscribed and Sworn to before me  
This is the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public & Seal

My Commission  
Expires: \_\_\_\_\_



**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 ever legally changed? ☐ 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: \_\_\_\_\_

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify

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

Driver's License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

7. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina?

If yes, give state and number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

8. Was your driver's license ever suspended or revoked?
- ☐
- Yes
- ☐
- No

If yes, state which and give reasons:

9. Was your driver's license ever restored?
- ☐
- Yes
- ☐
- No

When? \_\_\_\_\_

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

10. a. Ethnicity (check one):
- ☐
- Hispanic or Latino
- ☐
- Not Hispanic or Latino

b. Race (check all that apply):

☐ American Indian or Alaska Native☐ Native Hawaiian or Other Pacific Islander☐ Asian☐ White☐ Black or African American☐ Other \_\_\_\_\_

11. Sex:
- ☐
- Male
- ☐
- Female
- ☐
- Other \_\_\_\_\_
- ☐
- Prefer not to say

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

☐ Yes☐ No

Approximate Date: \_\_\_\_\_

**EDUCATIONAL**

13. 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 or Equivalent					
Universities or Colleges					

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

14. 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?

\_\_\_\_\_

15. Have you ever attended, in part or in whole, a Basic Law Enforcement Training Program?

☐

Yes

☐

No

If yes, when and where did the program take place?

\_\_\_\_\_

---

**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**

16. Marital Status (check one)

☐

Single

☐

Married

☐

Divorced

☐

Engaged

☐

Separated

☐

Widowed

17. Name of Spouse: \_\_\_\_\_

Name of Former Spouse(s):

--

18. 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**

19. 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:

--

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

20. 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:

--

### RESIDENCES

21. List every city/county in which you have lived, with present address at top:

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

### FINANCIAL

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

--

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

--

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

☐ Yes ☐ No ☐ N/A

--

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

--

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

26. 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:

27. What is the total amount of all your debts at present? \$ \_\_\_\_\_

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

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

A. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

B. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

C. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

D. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

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



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

## WORK HISTORY

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

☐ Yes ☐ No

If yes, list agency name and give details:

31. 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

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

31b. If such certification or license was ever surrendered, 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.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

32. 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:

33. Do you object to wearing a uniform?

☐ Yes

☐ No

34. Do you object to working nights?

☐ Yes

☐ No

35. Do you object to working rotating shifts?

☐ Yes

☐ No

36. 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

37. 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.

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 \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**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 \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

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:**

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

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 (3) months or more.

--

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**MILITARY SERVICE**

38. Were you ever in the U.S. Military Service or any other military organization?

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

39. What was the highest rank that you held? \_\_\_\_\_

40. What was the last rank that you held? \_\_\_\_\_

41. What was the date and location of your first enlistment or commission? Date: \_\_\_\_\_

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

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

43. List all duty stations: \_\_\_\_\_

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

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

Type of Discharge	Yes	No
Uncharacterized	<input type="checkbox"/>	<input type="checkbox"/>
Honorable	<input type="checkbox"/>	<input type="checkbox"/>
General (under honorable conditions)	<input type="checkbox"/>	<input type="checkbox"/>
Under other than honorable conditions	<input type="checkbox"/>	<input type="checkbox"/>
Bad Conduct Charge	<input type="checkbox"/>	<input type="checkbox"/>
Dishonorable Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

45. 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:

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

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

## USE OF DRUGS

**NOTE:** In questions 48 and 49, 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.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, 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?

49. 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?



50. 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.** 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.**

51. 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

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

☐ No - Applicant's Initials \_\_\_\_\_

☐ Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are 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. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (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.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

**NOTE:** If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

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 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. 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: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

53. 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 \_\_\_\_\_

## REFERENCES

60. 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.		

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**STATE OF:**

☐ **NORTH CAROLINA**

☐ **Other:** \_\_\_\_\_

**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 <sup>rd</sup> 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(e))	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.

**Authorization for Release of Information to North Carolina Criminal Justice Education and Training Standards Commission**

To Whom It May Concern:

I am an applicant/certified officer for criminal justice officer certification, corrections officer, or a certified officer with the North Carolina Criminal Justice Education & Training Standards Commission. In order to determine my suitability for certification or continued certification, I understand that the North Carolina Criminal Justice Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_, Operators License # \_\_\_\_\_, do hereby and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, National Personnel Records Center, Air Force Personnel Center, Air Reserve Personnel Center, Coast Guard Personnel Center, Marine Corps Manpower Management Records & Performance, Marine Forces Reserve, Army Human Resources Command, Navy Personnel Command, Department of Veterans Affairs, Division of Commissioned Corps Officer Support, and any other individual agency to produce and provide copies of any and all information to the North Carolina Criminal Justice Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Criminal Justice Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the North Carolina Criminal Justice Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the North Carolina Criminal Justice Education and training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Subscribed and Sworn to before Me, this  
The \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_