

City of Lumberton
Human Resources Department
P.O. Box 1388
Lumberton, NC 28359

Thank you for your interest in employment with the City of Lumberton Police Department. When you return your Form F-3 (Personal History Statement), we will need copies of the following attached:

1. Social Security Card (HR staff to verify that applicant has a “paper” copy only; do not copy)
2. Birth Certificate
3. High School Diploma or Transcripts
4. BLET Course Certificate & Transcript
5. DD-214 (if applicable)
6. If you are a resident of a county other than Robeson, a certified copy of a criminal background check from each county of residence must be attached.
7. Driver’s License (HR staff to verify license & number only. Do not copy)

If you have been employed with other Police Departments, please feel free to attach copies of any certificates or awards received during your tenure.

If you have any questions concerning our application process do not hesitate to contact our office at (910) 671-3832. We will be happy to assist you.

Hiring decisions are made without regard to race, religion, color, sex, age, national origin, or disability.

CITY OF LUMBERTON APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: PLEASE READ EACH ITEM CAREFULLY. BE SURE TO GIVE ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.

A separated completed application must be submitted for each position for which you are applying. **APPLICATIONS ARE ACCEPTED FOR POSTED VACANCIES ONLY.** A resume may be attached in addition to a completed application.

1. _____ 2. Month _____ Day _____ Year _____
Position Applying for: _____ Date of Application: _____

3. _____
Last Name: _____ (Nickname) _____ First _____ Middle Initial _____

4. _____
Address: Street _____ City _____ State _____ Zip Code _____

5. _____ 6. _____
Telephone Number(s) _____ E-mail Address: _____

7. Do you have any relatives employed by the City of Lumberton?

Name: _____ Dept: _____ Relationship: _____

8. Have you been employed with the City before?

If yes, please give position(s) and date(s) of employment

<u>Position Held</u>	<u>Date Employed</u>
_____	_____
_____	_____

9. Are you seeking: Part time Employment Full time Employment

In Accordance with Section 16-129 of the City's Personnel Ordinance, any applicant who is offered a position with the City of Lumberton must submit to a Urinalysis Drug Screening. A Negative result from this screening is a condition of employment. Refusal to submit to the screening or a positive result will be grounds for applicant being denied employment with the City of Lumberton.

10. EDUCATION

Name and Address Of School	Course of Study	Years Completed	Diploma/Degree Year Received
Elementary School			
High School			
University			
Graduate Professional			

11. ADDITIONAL INFORMATION

Describe any equipment that you can operate, specialized training, apprenticeship, skills, and/or extra-curricular activities which are relevant to the job you applying for:

OTHER QUALIFICATIONS

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal your gender, race, age, religion, national origin, disability, or other protected status:

SPECIALIZED SKILLS – Check all that apply:

_____ Typewriter/Keyboard Correct WPM	Data Base Programs Type: _____
_____ Calculator	Spread Sheet Programs Type: _____
_____ Computer	Word Processing Type: _____

List any additional Skills or Qualifications:

EMPLOYMENT HISTORY

Start with your present job. Include any job related Military Service assignments and volunteer activities. Mailing address and phone number for each employer must be submitted in order for your application to be processed. An additional sheet may be attached if necessary.

May we contact your present employer? YES
NO

Name of Employer: _____
Address: _____ Phone Number: _____
Employment Date: From _____ To _____ Reason for Leaving: _____
Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: _____
Job Title: _____ Name and Title of Supervisor: _____
Starting Salary : _____ Ending Salary : _____
Job Duties (Be specific): _____

Name of Employer: _____
Address: _____ Phone Number: _____
Employment Date: From _____ To _____ Reason for Leaving: _____
Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: _____
Job Title: _____ Name and Title of Supervisor: _____
Starting Salary : _____ Ending Salary : _____
Job Duties (Be specific): _____

Name of Employer: _____
Address: _____ Phone Number: _____
Employment Date: From _____ To _____ Reason for Leaving: _____
Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: _____
Job Title: _____ Name and Title of Supervisor: _____
Starting Salary : _____ Ending Salary : _____
Job Duties (Be specific): _____

REFERENCES

List three persons, other than relatives or past employers, **WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS OR YOUR CHARACTER.** MAILING ADDRESS AND PHONE NUMBER FOR EACH REFENCE MUST BE SUBMITTED IN ORDER FOR OUR APPLICATION TO BE PROCESSED.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	NO. YEARS ACQUAINTED
1. _____	_____	_____
Phone Number _____	_____	_____
2. _____	_____	_____
Phone Number _____	_____	_____
3. _____	_____	_____
Phone Number _____	_____	_____

On what date would be available for work? _____

I understand that, if I am employed, I will be on probation for a period of six months (one year probationary period for Police Officers), and during that time I will be subject to discharge as stated in the City Personnel Ordinance concerning probationary employees.

Signature of Applicant _____ Date: _____

=====

PLEASE RETURN TO:
City of Lumberton
Human Resources Department
500 N. Cedar Street – P.O. Box 1388
Lumberton, North Carolina 28359
Phone: 910-671-3832 – (No facsimiles please)
Website: www.ci.lumberton.nc.us

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FOR OFFICE USE ONLY:

DATE REQUESTED	COMPLETED	INITIAL
Date Application Received		
Driver’s License Verified		
Date of Interview		
Criminal History		
Driver’s History		
Reference Letters		
Pre-employment Drug Screen		
Physical Exam		
Pre-employment Psychological		
Agility Test		

CITY OF LUMBERTON

NOTICE TO APPLICANT: The requested information is a part of a Conditional Offer of Employment. It will be used to conduct a thorough background check to determine your suitability for employment. It will also be used for reporting purposes in accordance with Equal Employment Opportunity Commission requirement.

Name: _____ Last 4 digits of SSN: _____ Date: _____

A. ETHNIC BACKGROUND – PLEASE CHECK

_____ American Indian _____ Spanish Surname
_____ Black _____ White
_____ Oriental _____ Other (Specify) _____

B. SEX – PLEASE CHECK

_____ Male _____ Female

Birth Date: _____
 Month Day Year

C. DO YOU HAVE A VALID DRIVER'S LICENSE?

 YES NO Type/Class _____

Driver's License Number: _____ State _____ Expires: _____

Are you a citizen of the United States? YES NO

If no, give country of which you are a citizen and your alien registration number:

Have you been convicted of a felony within the past 7 years? YES NO

(Conviction will not necessarily disqualify an applicant from employment). If yes, please explain:

The City of Lumberton has a commitment to diversity in the workforce. Applications are welcomed from all individuals including women, minorities, and the disabled. In compliance with the Americans with Disabilities Act of 1990, the City will provide a qualified applicant or employee, with a disability, a reasonable accommodation that does not impose undue hardship upon the City. If assistance is needed, please advise any member of the Human Resources Department Staff.

Authorization for Release of Records

In order to determine my suitability as a _____, the City of Lumberton Human Resources Director will conduct or cause to be conducted a comprehensive personal background investigation.

I, _____, do hereby authorize any military organization, physician, insurance company, educational institution, governmental agency, bank or credit agency, former or present employer and any other person or entity to furnish to the City of Lumberton Human Resources Director or Designee any and all available information requested pertaining to me. I hereby release any and all persons from any civil or criminal liability whatsoever for releasing information pursuant this Authorization for Release of Records.

Furthermore, I specifically authorize the City of Lumberton Human Resources Director to disclose any information obtained, discovered, or possessed by the City of Lumberton as may be required or authorized by law. I further authorize disclosures by the City of Lumberton Human Resources Director of any information in his possession to the extent that such disclosure is made to another employer as needed or requested for employment purposes. A copy of this authorization and release shall be accepted as authorization for the release of information.

Printed Name (Last, First, M.I.)

Last 4 digits of SS#

Applicant's Signature

Date

=====
State of North Carolina

County of Robeson

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged that due execution of the foregoing instrument in writing for the purposes therein expressed.

Witness my hand and notary seal, this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____



NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

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.

PERSONAL HISTORY STATEMENT

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.

Position(s) applied for: _____

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

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. Ethnic Background

American Indian

Spanish American

Asian American

White

Black

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 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

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 ____

(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____