



NORTH CAROLINA

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

TELEPHONE: (919) 716-6470

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.

EDUCATIONAL

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

Name Address (City and State)		No. Full Yrs. Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools						
B. University or Colleges						
C. Extension or Correspondence Courses						

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

A. Yes B. No If yes, when and where did you complete the GED?

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 justice officer.

MARITAL

12. Marital Status (Check one) A. Single C. Married E. Divorced
 B. Engaged D. Separated F. Widowed

13. Name of Spouse: _____

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

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	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?

A. Yes B. 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?

A. Yes B. No If yes, give name(s) and details:

RESIDENCES

17. List addresses for past 10 years starting with present address at top:

FROM		TO		ADDRESS OF RESIDENCE (Include COUNTY of Residence)	CITY & STATE (Include ZIP CODE)	LANDLORD
MO.	YR.	MO.	YR.			

FINANCIAL

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

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

A. Yes B. No If not, give details:

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

A. Yes B. No If yes, give name and details:

21. Have you ever been sued with a civil judgment being rendered against you?

A. Yes B. No If yes, give details:

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

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

24. List credit references, including businesses to which you make monthly payments:

A. _____ Amount Owing \$ _____
Name of Business

_____ City and State
Street Address

B. _____ Amount Owing \$ _____
Name of Business

_____ City and State
Street Address

C. _____ Amount Owing \$ _____
Name of Business

_____ City and State
Street Address

D. _____ Amount Owing \$ _____
Name of Business

_____ City and State
Street Address

E. _____ Amount Owing \$ _____
Name of Business

_____ City and State
Street Address

F. _____ Amount Owing \$ _____
Name of Business

_____ City and State
Street Address

31. List all the jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number () _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week:	Duties: _____	

Reason for Leaving: _____

B. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number () _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: _____

C. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number () _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: _____

D. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number () _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: _____

E. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number () _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: _____

F. Explain Periods of unemployment of three months or more. _____

MILITARY SERVICE

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

QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

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

35. What was the date and location of your first entrance into active duty? _____

Date: _____ Location: _____

36. What were your unit assignments in the service? _____

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

37. What was the date and location of your last discharge from active duty?

Date: _____ Location: _____

38. Was your last discharge honorable? Yes No (If no, was it characterized as bad conduct or dishonorable ?)

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) **or any other disciplinary action** while a member of the armed forces?

Yes No If yes, explain: _____

40. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

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

42. 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

NOTE: In questions 43, 44, 45 and 46, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages? Yes No If yes, to what degree?

44. Have you ever used marijuana? Yes No If yes, what were the circumstances?

When was the last time? _____

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

Yes No If yes, under what circumstances?

When was the last time? _____

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

Yes No If yes, please explain the circumstances: _____

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.

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 should answer “No,” **only** if you have never been arrested or charged, or your record was expunged by a judge’s court order.

47. 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 citation or criminal summons.)

Yes No If “Yes”, give details below:

A. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

B. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

C. Offense Charged: _____ Law Enforcement Agency: _____

Date: _____ Disposition of Case: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

48. 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)

A. Yes B. No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

49. 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 the 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 his/her 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.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? A. Yes B. No If yes, explain: _____

50. 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, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

A. Yes B. No Offense Charged: _____
Law Enforcement Agency: _____
Date: _____
Disposition: _____

51. Have you ever been charged with or convicted of a felony? A. Yes B. No If yes, give details:

52. Have you ever been placed on probation? A. Yes B. No If yes, give details:

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

A. Yes B. No If yes, give details: _____

54. Can you operate a motor vehicle? A. Yes B. No

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

Driver's License Number: _____ Year Issued: _____

56. Do you possess a driver's license issued by any state other than the State of North Carolina? A. Yes B. No
If yes, give the state and number: _____
57. Was your license ever suspended or revoked? A. Yes B. No If yes, state which and give reasons: _____

58. Was your license ever restored? A. Yes B. No When? _____
59. Have your driving privileges ever been restricted? A. Yes B. 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: _____

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 five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA
COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions 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 ____

Supplement to Town of Spring Lake Employment Application

The Town of Spring Lake 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 separated 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. The Town of Spring Lake complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the Town of Spring Lake.

I. Position Applied for: _____

Name: _____ **Date of Application:** _____
Last First Middle

II. Sex: Male Female

III. Ethnic Category (please check one)

- White (not of Hispanic origin)** Origins in any of the peoples of Europe, North Africa or Middle East
- Black (not of Hispanic origin)** Origins in any of the black racial groups of Africa
- Hispanic** Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race
- Asian or Pacific Islander** Origins in any of the original peoples of 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

IV. How did you learn of this opening?

- Newspaper (specify): _____
- A Town Employee
- Employment Security Commission
- Town of Spring Lake Website
- Posting in Human Resources or other Town location (specify): _____
- Other (please specify): _____

V. Selective Service Registration (for males ages 18 through 25)

If male and age 18 through 25, have you registered for Selective Service? Yes No

Males who are age 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement. If you have not registered, you will have 30 days to comply if selected for a position as required by Federal law.

VI. Overtime Compensation Agreement

Consistent with the provisions of the Fair Labor Standards Act, it is the Town's policy to compensate non-exempt employees for overtime work with compensatory time off or overtime pay. If employed in a non-exempt position, I agree to accept, at the discretion of the Town, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Spring Lake.

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.

Signature

Date

Consumer Reports Release

In connection with my application for employment (including contract for services), I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

(Name) Last: _____ First: _____

Middle: _____ Other Names Maiden, Aliases, etc. _____

Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____ Gender: _____

Social Security #: _____ - _____ - _____ Drivers License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

Street City State Zip Dates (MM/YEAR)

1. _____ From: _____ To: _____
2. _____ From: _____ To: _____
3. _____ From: _____ To: _____
4. _____ From: _____ To: _____
5. _____ From: _____ To: _____

Signature _____ **Date:** _____