

**POLICE OFFICER**  
**APPLICATION PACKET**



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**Haw River Police Department**

**Town Of Haw River**

**North Carolina**

## Police Officer Recruitment:

The Town of Haw River, NC, seeks highly qualified, professional, and motivated police officer candidates to serve in our growing and diverse community.

The Town of Haw River Police Department is a modern, well-equipped, full-service law enforcement agency. Duties include protection of life and property, enforcement of laws and ordinances, crime prevention/detection/investigation, enforcing traffic laws and investigating accidents.

## Minimum Requirements:

- Must be twenty-one years of age or older.
- Must possess a Valid North Carolina Driver's License.
- Must never have been convicted of a felony in any state.
- Must possess High School Diploma or G.E.D. A degree in Criminal Justice or similar field preferred.
- Must possess Basic Law Enforcement Training (BLET) certificate or the equivalent.

Starting salary \$34,974.97 to \$36,723.71 and possible increase available DOQ. Salary consideration may be given for previous law enforcement service. Excellent benefit package including 5% salary increase after completion of probationary period, Employee Developmental Pay, 100% paid health insurance, 5% 401k benefit with no employee match required, all uniforms and equipment provided, and more.

Applications may be obtained from the Haw River Town Hall at 403 East Main Street, Haw River or from our website at [www.townofhawriver.com/mcs?mcsid=245](http://www.townofhawriver.com/mcs?mcsid=245).

The Town of Haw River is an Equal Opportunity Employer. For further information contact Assistant Chief Scott Thomas of the

Haw River Police Department at 336-578-4141. Please submit your complete application packet to Chief Toby Harrison by email, [tharrison@townofhawriver.com](mailto:tharrison@townofhawriver.com), or US Postal Service:

Chief Toby Harrison  
Haw River Police Department  
PO Box 103  
Haw River, NC 27258

## **Town Of Haw River**

### **Benefits**

- **Life insurance / Accidental death and dismemberment \$10,000**
- **Medical Insurance 100% paid by the town for employees**
- **Retirement medical insurance after 20 years of service**
- **Dental & Vision Insurance**
- **Short Term Disability Insurance**
- **401k with 5% contribution from the town. (No employee contribution required)**
- **Enrollment to NC retirement system from first day of employment**
- **Access to Aflac Supplemental insurance**
- **Longevity Pay**
- **All uniforms and police equipment supplied**
- **Credit Union Membership**
- **10 Paid Holidays**
- **Paid Vacation**
- **Paid Sick Leave**
- **Extensive Paid Training**
- **Employee Developmental Pay**
- **Take Home Car Program**

# Application Procedures

## **Phase I: Submit Application Package in Full (All forms requiring a notary must be completed prior to submitting application package.)**

All forms must be legible and be notarized (if applicable). An incomplete or non notarized application packet will not be accepted.

## **Phase II: Online BRAINS Assessment**

Once an application has been properly submitted and approved, qualified candidates will be selected for the online BRAINS assessment. The purpose of the assessment is to assist in determining your general suitability for law enforcement employment.

## **Phase III: Panel Interview & Background Investigation**

Upon completion of the BRAINS assessment candidates who are found to be suitable will be scheduled for a panel interview.

If the candidate successfully completes the panel interview he or she will be referred to background investigator. The background investigation will consist of an in-depth process which will include an investigation including but not limited to: past criminal activity, drug use, poor credit history, driving history, previous employment, personal and professional references and any acts of moral turpitude which would reflect poorly on the Haw River Police Department. The background investigator will then make a recommendation to the Assistant Chief for a one on one interview.

## **Phase IV: Chief's interview / Conditional Offer of Employment**

Following the completion of all previous steps the applicant will meet with the Chief of Police and may receive a conditional offer of employment. Applicant must complete the following four steps for the conditional offer of employment to take effect:

- *Successfully completing an interview with a psychologist*
- *Successfully completing a medical examination, drug screening, and medical questionnaire and assessment*
- *Successfully qualifying with a firearm with a score of 70% or higher*
- *Approval of certification by North Carolina Training & Standards Commission.*

**Any willful misstatement or omission of information, or failure to complete tasks, meet appointments or follow procedure as directed may subject you to disqualification.**

# Haw River Police Department



POLICE CHIEF  
TOBY HARRISON

ASST. CHIEF  
SCOTT THOMAS

Mailing Address:

P.O. BOX 103

Haw River, NC 27258

Street Address:

105 Stone Street

Haw River, NC 27258

336-578-4141 Phone

336-578-4104 Fax

[www.townofhawriver.com](http://www.townofhawriver.com)

## Employment Information

**The applicant must complete the packet requirements completely. Failure to provide the required documents could exclude the applicant from employment.**

1. Applicant must sign and complete an Authorization for Release of Personal Information Waiver. This form must be signed and notarized before turning in the employment packet.
2. Applicant must be 21 years of age, have U.S citizenship, High School Diploma, G.E.D equivalence, or higher to be considered.
3. Applicant must have already successfully completed B.L.E.T. (Basic Law Enforcement Training) or be currently enrolled in B.L.E.T. with the state of North Carolina.
4. Applicant must complete the North Carolina Criminal Justice Personal History Statement Form F-3(LE) revised 12/02/13.
5. Applicant must provide copies of a state issued driver's license, High School Diploma, or equivalent, Social Security Card, Citizenship Documents, B.L.E.T. Certification or General Certification, and Birth Certificate.
6. Applicant must also complete in full, a Town of Haw River Employment Application.
7. Applicant must provide a current credit report from one of the three major credit reporting companies.
8. Applicant must provide a copy of Criminal History's from Each state and county Applicant lived in.

***Haw River Police Department Employment Packets can be delivered to the Haw River Police Department or the Municipal Building located at 403 East Main St, in Haw River Monday-Friday 8am-5pm.***

***Thanks For Your interest in obtaining employment with the Haw River Police Department.***

**CHECK OFF LIST**

	Completed Authorization for Release of Personal Information Waiver (Must be Signed & Notarized)
	Completed Town of Haw River Application
	Copy of a State Issued Driver's License
	Copy of Birth Certificate or Citizenship Documents
	Copy High School Diploma or Equivalent
	Copy of BLET Certificate or General Certification
	Copy of Social Security Card
	Copy of Current Credit Report from One of Three Major Credit Agencies.
	Copy of N.C. F-3(LE) Filled Out Completely & Notarized (N.C. Criminal Justice Training & Standards Commissions)
	Copy of Certified Criminal History's from Each State & County in Which the Applicant Lived In.

**Authorization for Release of Personal Information**

**To Law Enforcement Agencies for**

**Certification/Employment Purposes**

To Whom it May Concern:

I am an applicant for a position with the Haw River Police Department. In order to determine my suitability for employment, I understand that the Haw River Police Department located in Alamance County, 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, \_\_\_\_\_, Operators License # \_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer reporting agency, retail business establishment, former and present employer, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorize agent of the Haw River Police Department regarding me whether of privileged or confidential nature.

Moreover, I hereby release the Haw River Police Department located in Alamance, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluation such information as it relates to my employment with the Town of Haw River. 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 rights to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Haw River Police Department employees, Located in Alamance County, North Carolina, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement. This is to include, but not limited to: North Carolina Criminal Justice Education & Training and Standards Commission, North Carolina Sheriff's Education and Training Standards Commission, North Carolina Attorney General's Office, any local, state, federal governmental agencies, and applicant's/officer's employing agency.

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



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: \_\_\_\_\_

TOWN OF HAW RIVER  
Employment Application

**Town of Haw River  
403 East Main Street  
Post Office Box 103  
Haw River, NC 27258  
Phone: 336-578-0784  
FAX: 336-578-0010**

**[WWW.TOWNOFHAWRIVER.COM](http://WWW.TOWNOFHAWRIVER.COM)**

**APPLICATION INSTRUCTIONS**

**PLEASE READ AND FOLLOW CAREFULLY**

- Police Department applications are accepted year-round and will be kept on file for review for a period of 2 years.
- A separate application must be completed for each position for which you apply.
- Please type or print application information. Use Black Ink ONLY to complete the application.
- Photocopies of the Application may be submitted with the current date, position desired, and an original signature.
- Resumes and cover letters may be submitted with the completed application for supplemental information.
- Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration. If sections do not apply, please place N/A in the blank.
- A completed Town of Haw River Employment Application must be either submitted to the Town Clerk by 5:00 pm or mailed to the above address and postmarked by 5:00 pm on the closing date to be considered for a current vacancy.
- You must apply for each vacancy for which you want to be considered.
- All applications become the property of Town of Haw River and cannot be returned.
- Town of Haw River is a drug free work place. All persons offered employment must have a negative drug test before being employed by Town of Haw River.

**Town of Haw River is an equal opportunity employer.**

It is the policy of Town of Haw River to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

# Town of Haw River Employment Application

Position Applied For \_\_\_\_\_

Position Number \_\_\_\_\_

First Name	MI	Last Name	SSN (Last 4 digits only)
Address	City	State	
Zip Code	County	Daytime Phone	Evening Phone

## EDUCATION

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name and Location				
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course of Study/Major				

## SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance.

List any office or other special skills you possess (typing wpm, shorthand, business machines, professional equipment, etc)

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

## GENERAL INFORMATION

**Please Answer All Questions**

- Do you currently work for Town of Haw River?  yes  no
- Are you a former employee of Town of Haw River?  yes  no  
If yes, indicate Dept. and Date Separated \_\_\_\_\_
- Are you related by blood or marriage to any person currently employed by Town of Haw River?  yes  no  
If yes, indicate Name, Dept., and Relationship \_\_\_\_\_
- Have you ever worked under another name? (Used to verify work experience, education, etc.)  yes  no  
If yes, please list \_\_\_\_\_
- Are you legally eligible to work in the United States?  yes  no
- Do you have a valid driver's license? Indicate State of issuance and DL# \_\_\_\_\_  yes  no
- Have you ever been convicted of any unlawful offenses, other than a minor traffic violation:  yes  no  
**If yes, please explain fully on separate sheet.**  
NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you are applying for will be considered.
- When will you be available to begin work (mo/day/yr)? \_\_\_\_\_

**EMPLOYMENT HISTORY**

**PLEASE READ CAREFULLY**

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. List last job held first. DO NOT REFER TO RESUME.

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving/Wanting to Leave:		
Description of Work:		
_____		
_____		
_____		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		
_____		
_____		
_____		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		
_____		
_____		
_____		

Employer _____	Address _____	Phone _____
Job Title _____	Supervisor's Name and Title _____	No. Supervised by You _____
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer? _____
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____		
Reason for Leaving: _____		
Description of Work: _____		
_____		
_____		
_____		

References (Provide at least 3):

Name:	Title or Occupation	Address	Phone Number	Number of Years Known

### CERTIFICATION

**I certify** that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit, or other records may be conducted before employment. I permit Town of Haw River to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

**I authorize** any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Town of Haw River with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by Town of Haw River from a person, employer, or institution.

**I understand** that Town of Haw River is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by Town of Haw River, before I may be employed by Town of Haw River.

**I certify** that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

Signature of Applicant (Unsigned applications will not be processed)

Date

# Equal Employment / Applicant Data

Town of Haw River is an Equal Opportunity Employer. Town of Haw River prohibits discrimination based on race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

The information below is requested for data collection purposes and will be used only to evaluate how well our recruitment efforts are reaching all segments of the population.

The information on this form will in no way affect you as an applicant. This data will be physically separated from the remainder of your job application before the application is considered for possible employment.

We would appreciate you providing this information. However, completing this form is strictly voluntary. **Please return this section even if not completed.**

Date of Birth            \_\_\_ / \_\_\_ / \_\_\_  
                                  (month)      (day)            yr)

Gender                   Male  
                                   Female

Ethnicity                 White (Caucasian, Non-Hispanic)  
                                   Black (African-American, Non-Hispanic)  
                                   Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)  
                                   Asian (including Pacific Islander)  
                                   American Indian (including Alaskan native)

Disability                 Yes  
                                   No

Note: A disability is any impairment which substantially limits a major life function.

How did you become aware of this position?

- Burlington Newspaper
- Friend
- Town Employee
- Trade Journal, which one \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

- Employment Security Commission
- Employment Agency
- Town of Haw River Web Site
- Other Internet site, which site \_\_\_\_\_



# **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 \_\_\_\_\_



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

7. Ethnic Background

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Spanish American |
| <input type="checkbox"/> Asian American  | <input type="checkbox"/> White            |
| <input type="checkbox"/> Black           | <input type="checkbox"/> 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?

\_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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? \$ \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS**

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

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:

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**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?

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When was the last time? \_\_\_\_\_

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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?

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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)

If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale.

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**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 convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. 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.)  
 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)

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 \_\_\_\_\_

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)  
 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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
A.		
B.		
C.		
D.		
E.		

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 \_\_\_\_

**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.

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

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

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

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

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



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

\_\_\_\_. 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:** \_\_\_\_\_

D. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
E. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
F. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
G. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
H. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
I. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
J. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
K. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
L. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
M. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
N. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
O. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
P. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
Q. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____
R. Offense Charged	_____	Law Enforcement Agency	_____
Date	_____	Disposition of Case	_____