

BLET Student Packet



Frequent Questions and Answers related to the BLET Program

How hard is Basic Law Enforcement Training?

Police cadets participate in a demanding but obtainable program that consist of physical activities that help in preparation for a challenging career in law enforcement. Activities include running, weight training, and group exercises. Weekly academic tests are given to measure understanding.

After graduating from BLET, does the certification last indefinitely?

No. Graduates must be hired or sworn-in by a law enforcement agency within 12 months from their graduation date or the certification will expire.

How much does it cost to attend BLET?

A law enforcement agency sponsorship is required to attend; therefore, the tuition is waived. You will be responsible for uniforms (approx..\$300.00). Laptops are provided with pre-loaded course material.

Where do I get the books?

Books are to be ordered and purchased through the library at the North Carolina Justice Academy in Salemburg, NC. (910) 525-4151 ext. 310. They will be shipped to you at your residence.

Required books: (Approx. \$300.00)

N.C. Crimes 7th Edition, 2012 approx. \$225 including shipping
N.C. Crimes Supplement, 2016 approx. \$70 including shipping

Where do I get my uniforms?

Uniform clothing may be purchased at Davis Public Safety in Burlington, NC. After purchasing them, it will be necessary to have them embroidered by Embroidery by Judy.

Required Uniforms: Boots, 511 shirts and pants	Embroidery on all items:
Davis Public Safety 2466 Corporation Parkway Burlington, N.C. 27215 Store 336-229-7710 336-515-3616 e-mail darron@davispublicsafety.com	Embroidery by Judy Cell 336-213-3267 FAX 336-226-2279 e-mail judy@netpath.net

Do I have to take any tests to be accepted into the BLET course?

Yes. You will be required to take a reading and spelling test and score a minimum 10th grade level to gain entry into the program. To schedule the test, visit www.alamancecc.edu/TABE.

How do I apply?

- Visit the website at: www.alamancecc.edu/BLET
- Complete and submit a BLET registration form
- Download the packet and other required forms or contact a member of the BLET staff at 336-506-4034 to obtain a packet.

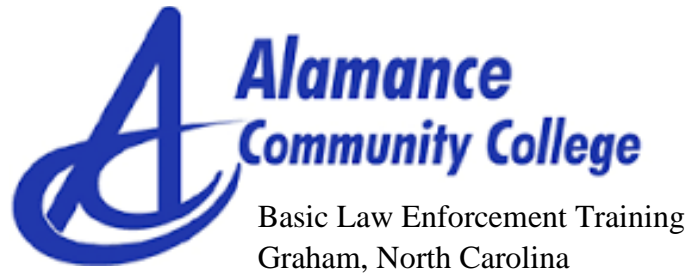
What other documents are required with the admission packet?

North Carolina Training and Standards requires these documents to be in each student's file prior to the first day of class.

- Copy of Valid NC Driver's License
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of High School Diploma **OR** High School Transcript
- Criminal History Checks from **EACH COUNTY** you have residence since adulthood.
- Medical Exam Report

What do I do when my packet is completed?

The packet must be turned in to a member of the BLET staff who will verify that all documents are included and complete. Please call 336-506-4034 or email Christopher.Verdeck@alamancecc.edu for more information or to schedule a review appointment.



BLET Student Checklist

Please be sure to include the following with your application packet:

- Copy of Birth Certificate
- Copy of NC Driver's License
- Copy of SS Card
- Copy of High School Diploma or High School Transcript
- Certified Criminal Checks from EACH County of Residence
- Sponsorship Verification Form
- Verification of Employment
- Student Release Form
- FERPA form
- HIPPA form
- Physician's Medical Release Form
- TEAR GAS, MACE & PEPPER SPRAY Release Form
- All Medical Report Forms
 - F-1, Medical History (Sheriff's Standards)
 - F-1(LE), Medical History (CJC Standards)
 - F-2, Medical Exam Report (Sheriff's Standards)
 - F-2(LE), Medical Exam Report (CJC Standards)
 - F-3, Personal History Statement (ACC)
 - F-3(LE), Personal History Statement (CJC Standards)
 - F-3(LE) cont, Employment History Continued (if applicable)

	YES	NO
Do you object to attending BLET on Saturdays?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give details _____		

Have you ever been charged with a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, offense charged _____		
Charging law Enforcement Agency _____		
Date ____/____/____ Disposition of Case _____		

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

As an applicant for the Basic Law Enforcement Training (BLET) program at Alamance Community College, I hereby expressly authorize the sponsoring agency and ACC to conduct a background investigation in connection with my application. This investigation may include information from, but is not limited to educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, military records, Department of Motor Vehicle records, NC Criminal Justice/ NC Sheriffs' Education Standards and Training records, and any other appropriate sources.

I expressly authorize Alamance Community College, the Criminal Justice Standards Division, the sponsoring agency head or his/her designee, and any prospective employer to examine, review, make, copy, share, and release my aforementioned records, and any other records such as grades, conduct reports, etc. compiled while as an applicant and/or a participant in the program.

I hereby release these parties and any of its agents and any persons so furnishing/ receiving information from any and all liability of every nature and kind out of the furnishing, receiving or releasing of such information.

Signature of Applicant

Date

NOTE: THE SPONSORING AGENCY IS RESPONSIBLE FOR CONDUCTING A THOROUGH BACKGROUND INVESTIGATION ON ALL SPONSORED BASIC LAW ENFORCEMENT TRAINING APPLICANTS. TITLE 12 N.C.A.C 09B.0203 REQUIRES THAT CERTAIN BACKGROUND CHECKS BE CONDUCTED PRIOR TO THE ADMISSION OF A TRAINEE INTO B.L.E.T CLASS

THIS PORTION IS TO BE COMPLETED BY THE SPONSORING AGENCY

Please identify which of the following computerized checks were conducted:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> AOC | <input type="checkbox"/> DCI/NCIC WANTED | <input type="checkbox"/> 50B |
| <input type="checkbox"/> Driver History | <input type="checkbox"/> Concealed Weapon Permit | <input type="checkbox"/> ZID (Only) |

(PLEASE INCLUDE A COPY OF THE AOC UPON RETURN OF THIS SPONSORSHIP FORM.)

As a result of these checks, did you receive any information that would preclude the applicant from Criminal Justice Employment? Yes No

Summary of Responses: _____

Name of Person Who Processed This Information: _____

PLEASE ENROLL THE ABOVE PERSON IN THE ALAMANCE COMMUNITY COLLEGE BASIC LAW ENFORCEMENT TRAINING PROGRAM. THIS AGENCY WILL NOTIFY THE B.L.E.T SCHOOL DIRECTOR IMMEDIATELY IF THE STUDENT'S SPONSORSHIP IS REVOKED FOR ANY REASON. BY REQUESTING THE ADMISSION OF THIS INDIVIDUAL, ***I AM ATTESTING TO THE FACT THAT A BACKGROUND CHECK WAS CONDUCTED, IS ON FILE IN OUR OFFICE AND THAT THE CHECK REVEALED NOTHING THAT WOULD PROHIBIT THIS INDIVIDUAL FROM BEING EMPLOYED BY A LAW ENFORCEMENT AGENCY.*** FURTHERMORE, I ATTEST THAT I AM AWARE OF NOTHING IN THIS PERSON'S CHARACTER OR REPUTATION THAT WOULD BRING DISCREDIT UPON MY AGENCY, LAW ENFORCEMENT, OR ALAMANCE COMMUNITY COLLEGE.

In the event this individual is not currently employed by this agency, he/she understands that this sponsorship does not guarantee them employment with this or any other law enforcement agency, nor does this sponsorship express or imply in any way a guarantee of employment in law enforcement with this agency or any other agency in the future.

I further attest that the above named individual is at least-20 years of age.

THE ABOVE INDIVIDUAL IS HIRED SPONSORED BY THIS AGENCY

LAW ENFORCEMENT AGENCY: _____

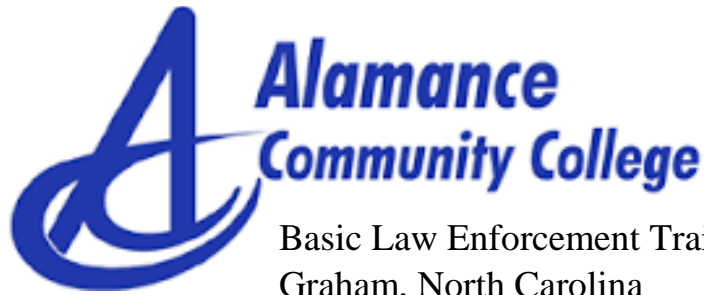
AGENCY REPRESENTATIVE: _____

E-MAIL ADDRESS: _____

CONTACT NUMBER: _____

FAX NUMBER: _____

IMPORTANT: (1) FEDERAL GUIDELINES (FAMILY EDUCATION RIGHTS AND PRIVACY ACTS OF 1974) CONCERNING SCHOOL-STUDENT CONFIDENTIALITY MAY PROHIBIT THE B.L.E.T SCHOOL DIRECTOR (OR HIS DESIGNEE) FROM FURNISHING CERTAIN INFORMATION TO THE HIRING/SPONSORSHIP EXPIRES ONE YEAR FROM THE DATE THIS DOCUMENT IS EXECUTED BY THE HIRING/SPONSORING AGENCY REPRESENTATIVE, UNLESS OTHERWISE SOONER REVOKED.



VERIFICATION OF EMPLOYMENT FORM

Please enroll the following officer in the Basic Law Enforcement Training school scheduled to begin _____ at Alamance Community College. This document stands as verification of this individual's employment with our agency.

FULL NAME: _____

ADDRESS: _____

LAW ENFORCEMENT AGENCY: _____

AGENCY REPRESENTATIVE: _____
(Print) Title/Rank and Name Date

E-MAIL ADDRESS: _____

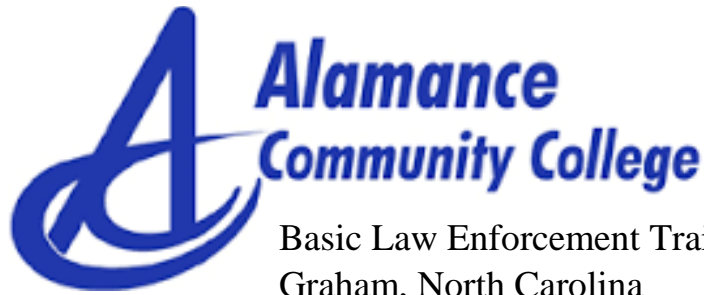
PHONE NUMBER: _____ FAX NUMBER: _____

NOTE: **Student selection will be based on the earliest date of application. Applicants employed with law enforcement agencies will be given priority over other applicants.**

BY REQUESTING THE ADMISSION OF THIS INDIVIDUAL, *I AM ATTESTING TO THE FACT THAT A BACKGROUND CHECK WAS CONDUCTED AND REVEALED NOTHING THAT WOULD PROHIBIT THIS INDIVIDUAL FROM BEING EMPLOYED BY A LAW ENFORCEMENT AGENCY.* FURTHERMORE, I ATTEST THAT I AM AWARE OF NOTHING IN THIS PERSON'S CHARACTER OR REPUTATION THAT WOULD BRING DISCREDIT UPON MY AGENCY, LAW ENFORCEMENT OR ALAMANCE COMMUNITY COLLEGE. A COPY OF THE ABOVE LISTED INDIVIDUAL'S DRIVING/ARREST RECORD AND A COPY OF HIS OR HER HIGH SCHOOL DIPLOMA/GED IS ON FILE WITH THIS AGENCY.

(*Employing Agency Representative's Signature)

Date: _____



STUDENT RELEASE AGREEMENT

DATE: _____

For and in consideration of my being permitted to participate in the physical education courses/ activities conducted by Alamance Community College for the Basic Law Enforcement Training (BLET), in which I am a student.

I hereby affirm that I am in good physical condition and that I have no limitations that will prevent my engaging in active exercise or that will be detrimental to my health, safety, comfort, or physical condition. I acknowledge that it is my responsibility to inform Alamance Community College of any changes in my health state that may affect my ability in any fitness class or activity. I am aware that injuries may occur in any physical activity,-including exercise/aerobic classes. The utmost care will be given to provide instruction in safe exercise.

I understand that during training in this class I will be exposed to tear gas, mace, and pepper mace/ spray. I understand that individuals with respiratory difficulties including asthma must not participate in this training and/or in employment, that uses these products. I certify that I have no respiratory difficulties and am physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

I do by these presents, for myself, my heirs, assigns and representatives, forever release, give up, surrender and quitclaim any and all rights which I might have against the institution (Alamance Community College) including all of its instructors, volunteers, trainees, other training personnel and the sponsoring agency _____ to recover, from the institution, individuals, or agency, money, damages, or any other thing of value as a result of any accident, incident, or happening growing out of or in any way connected with said activities.

Witness my hand and seal listed below.

Student's Signature (SEAL)

I, _____ do hereby certify that _____
personally appeared before me, a Notary Public on this the _____ of _____, 20_____.

Notary Public

My Commission expires: ____/ ____/ _____



Student Name: _____

SSN or College ID #: _____

FERPA RELEASE FORM

I, the undersigned, hereby authorize Alamance Community College to release the following educational records and information (identify records or types of records below):

Any and all records generated or kept as a result of my participation in Basic Law Enforcement Training (BLET) including, but not limited to, academic performances, attendance, discipline, physical testing/ performance, evaluations, any deficiencies, personnel issues or any other issue associated with my participation in BLET.

These records should be released to the following person/ agency (identify name and address of person. Agency to receive information):

Agency Head (or designee): Specify names here _____

Agency Address _____

These records are being released for the following purpose:

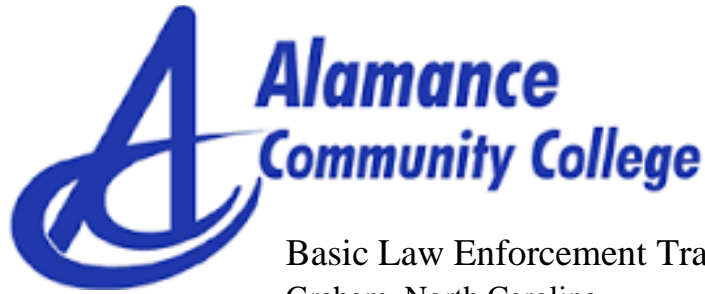
Solely to keep agency heads (who have sponsored currently enrolled students) regularly informed of their student' status and progress as a cadet in BLET. Upon completion of the course, I authorize the release of these records to any Agency Head, Agency Representative and/or Agency in which I apply for employment.

I understand further that: (1) I have the right not to consent to the release of my educational records. (2) I have the right to receive a copy of such records upon request. (3) This consent shall remain in effect until revoked by me, in writing, and delivered to Alamance Community College's office of Student Development, but that any such revocation shall not affect disclosures previously made by ACC prior to the receipt of such written revocation.

Student Signature: _____ Date: _____

Notary Signature and Seal: _____ Date: _____

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.



HEALTH/ MEDICAL INFORMATION PRIVACY ACT
AUTHORIZATION TO HAVE AND RETAIN HEALTH/MEDICAL
INFORMATION

I authorize Alamance Community College to possess and retain information pertaining to my health in the form of Medical History and Physical Examination forms for the Basic Law Enforcement Training and/or Detention Officer Certification Course training as required by the North Carolina Criminal Justice Standards Division and the North Carolina Sheriffs' Standards Division. I also authorize Alamance Community College to possess and/or retain any health information pertaining to any accommodation for any health reasons that might be required for approval of that accommodation. I further authorize any transfer of health record information to the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division as required by those agencies that is relative to these courses. I also authorize Alamance Community College to retain and/or possess any health information in the form of a request from medical personnel to limit or suspend any form of exercise or training.

I understand that this information will remain on file indefinitely as a part of my training record at Alamance Community College. I further understand that copies of this information cannot be transferred to anyone except the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division or to myself on request.

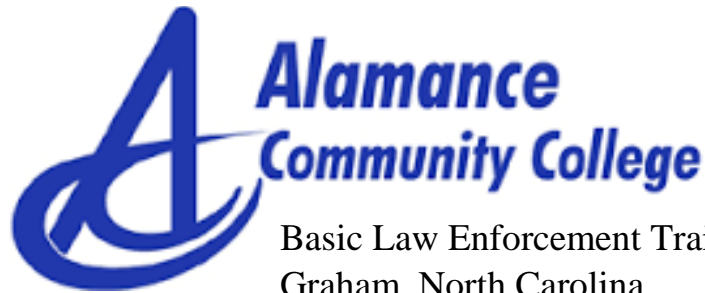
By my signature, I authorize the above conditions.

Student Name (print): _____

Student Signature (sign): _____

Date of Authorization: _____

Witness: _____



PHYSICIAN'S MEDICAL RELEASE

To the licensed health care professional:

_____ is an applicant for the Basic Law Enforcement Training (B.L.E.T) program at Alamance Community College. This curriculum is designed to train the student in competencies as they relate to an inexperienced law enforcement officer. Such training includes physical fitness training, self-defense training, firearms instruction, exposure to chemicals, and law enforcement driver training, as well as other classroom: and practical exercises.

Physical Fitness Training- The student will be tested at a sub-maximal level. Following a physical assessment conducted by a certified physical fitness training instructor, this student will engage in physical exercise approximately three times a week. A qualified physical fitness trainer will supervise these exercises. Listed below are activities that may be included in the training:

Aerobic Activities: Designed to increase energy level, decrease stress, stabilize appetite, decrease body fat, and condition the heart and lungs. Activities may include, but are not limited to, jogging up to three miles, step aerobics, and sprints.

Flexibility Exercises: Designed to increase a participant's range of motion

Absolute Strength Programs: Involves the use of weight equipment. Participants are pre-tested to determine his/her maximum strength levels per one exercise at each station on the universal equipment. Exercises are designed to use 40-60% of maximum strength.

Dynamic Strength Programs: Involves floor exercise and calisthenics-type activity. Activities may include, but are not limited to, sit-ups, push-ups, knee bends, leg raises and jumping jacks.

Obstacle Course: Designed to stimulate obstacles that may be encountered in a police duty situation. Obstacles may include, but are not limited to, crawl through a darkened 40-ft culvert; pushing open a weighted metal door; dragging a 150 lb person 50 feet; negotiating a set of stairs; performing 40 push-ups and 40 sit-ups (divided into 2 sets); and running approximately 550 yards.

Subject Control/Arrest Technique- Students are required to demonstrate the correct procedure for application of handcuffs in the kneeling, prone and standing position. A student is partnered up with another student and is expected to not only apply the handcuffs, but have them applied to them as well. Students must learn and demonstrate baton techniques to include striking to non-lethal areas. They must

demonstrate application of pressure points, and stunning and distraction techniques. They must also demonstrate subject takedowns and ground defense. Students demonstrate handgun take-aways and weapon retention techniques. Students both apply these techniques and have these techniques applied to them by a partner or instructor.

Firearms- Firearms training includes range exercises, including structured courses of fire as well as simulated combat situations. Participants fire handguns and shotguns; and are often exposed to inclement weather.

Crowd Management- Crowd control training may involve exposure, both protected and unprotected, to irritant agents (CS) and Oleoresin (OC) Chemicals.:

Law Enforcement Driver Training- Participants demonstrate the ability to use acceptable vehicle control methods, including, but not limited to, vehicle control methods to be used when: conducting an emergency response and vehicular pursuit. Students experience physical and mental stresses that are a part of emergency and pursuit driving. Participants are often exposed to inclement weather, and are required to stand for extended lengths of time.

Do you have any reservations about this student fully participating in Basic Law Enforcement Training?

No Yes

Comments (Please specify any limitations)

Please direct any questions or comments to:

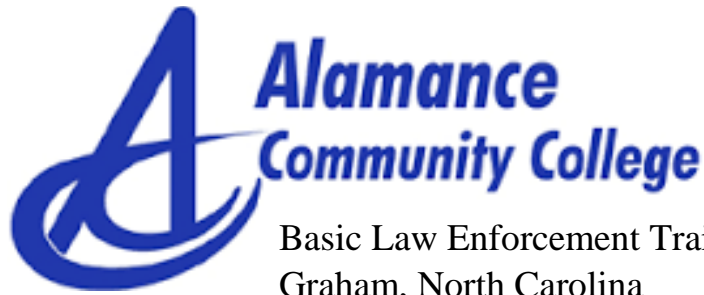
Chris Verdeck, Director,
Basic Law Enforcement Training
Alamance Community College
P.O. Box 8000
Graham, NC 27253
PHONE: (336) 506-4147
FAX: (336) 578-1987

Name and Address of Physician

Physician Signature

Date

PHONE: _____



**EXPOSURE TO TEAR GAS, MACE AND PEPPER SPRAY MACE/ SPRAY
RELEASE FORM**

TO THE EXAMING PHYSICIAN:

During training and employment, _____ will be
Full Name (Print)
exposed to tear gas, mace, and pepper mace/spray. Individuals with respiratory difficulties including asthma may not be suitable candidates for this training and/or employment. Please certify that the individual listed above is physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

I DO HEREBY CERTIFY THAT THE ABOVE STUDENT IS A SUITABLE CANDIDATE TO PARTICIPATE IN THE ABOVE ACTIVITIES INCLUDING EXPOSURE TO TEAR GAS, MACE AND PEPPER MACE/SPRAY.

Physician's Name (Print)

Physician's Signature

Student's Signature

Date



**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION**

JOSH STEIN
ATTORNEY GENERAL

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

DIANE KONOPKA
DIRECTOR

MEDICAL HISTORY STATEMENT

(Rev. 01/2018)

FORM F-1

****THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS****

INSTRUCTIONS: To be completed by applicant for a certifiable position prior to the physical examination and presented to the examiner at the time of examination. All questions must be answered completely and accurately. The original must be submitted to the Sheriffs' Standards Division by the employing agency and a copy must be retained in that agency's personnel files.

NAME:		
Last	First	Middle
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER (Include Area Code)		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: XXX-XX-	
EMPLOYING AGENCY:		
POSTION APPLIED FOR:	<input type="checkbox"/> Law Enforcement/Deputy Sheriff	<input type="checkbox"/> Detention Officer
		<input type="checkbox"/> Telecommunicator
<input type="checkbox"/> Other (I please specify):		

CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.) _____

Over the Counter Medications: (Include all cold, allergy, headache, vitamins, supplements, herbal remedies, etc.)

ALLERGIES

Drug Allergies: (Include your reaction to the medication) _____

All Other Allergies: food, insects, seasons, animals, materials, etc.: (include reaction) _____

PAST MEDICAL HISTORY

List ALL hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you EVER, in your life, had any of the following types of medical problems: [check all that apply to you]

- 1. CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder, and others?
- 5. EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. HEART AND CIRCULATION PROBLEMS:** such as a heart murmur, heart disease, heart attack, hypertension (high blood pressure), irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness, fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome, loss of a finger or toe, and others?
- 16. BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

MALES ONLY:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

FEMALES ONLY:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

IMMUNIZATIONS

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations?
- 23. When did you receive your last tetanus (lockjaw) immunization? _____

OCCUPATIONAL HISTORY

Have you ever been exposed to any of the following, whether at home, work, military or any other setting: [check any that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)? Check all YES answers:
- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functioning joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in law enforcement?
- 33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
- 34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

EXPLANATION OF ANY "YES" ANSWERS: (Identify by number) Additional pages may be attached. Any additional pages must include your name and social security number and must be signed and dated.

PENALTY:

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

CERTIFICATION:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

RELEASE OF INFORMATION

I further hereby authorize and direct all persons, physicians, hospitals, and other entities, and employees thereof, holding any medical, psychological, emotional, or physiological information, record, or report about me to release said information or record to the _____ and the North Carolina Sheriffs' (Agency)

Education and Training Standards Commission or its agents and to give opinions, diagnosis, and prognosis of my medical, physical, emotional, and mental condition.

I further authorize the _____ and the North Carolina Sheriffs' (Agency)

Education Training Standards Commission and its agents to share such information between themselves and to use such information, record, reports, opinion, diagnosis, and prognosis in making a final decision regarding my employment and/or certification as a justice officer.

Signature of Applicant (Use Ink) _____ Date signed _____

Signature of Physician or Licensed Independent Practitioner (Use Ink)

_____ Date signed _____
(Signature)

Name, Title and Address of Physician or Licensed Independent Practitioner Completing Review PLEASE TYPE

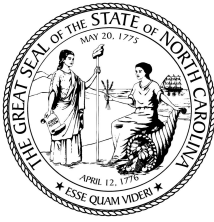
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



MEDICAL HISTORY STATEMENT

Form F-1
(Rev. 11-2022)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Last 4 Digits of SSN: _____

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

Males Only:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

Females Only:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations? Date Received: _____
- 23. When did you receive your last tetanus (lockjaw) immunization? _____

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in the criminal justice field?
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

Explanation of any "Yes" answers: (Identify by number)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

Penalty:

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

Certification:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Applicant (Use Ink)

Date Signed

Qualified Medical Professional Review:

Signature of Qualified Medical Professional (Use Ink)

Date Reviewed

Name, Title and Address of qualified medical professional completing review – **Please Type.**

Medical License Number



**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION**

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629

TELEPHONE: 919-779-8213 FAX: 919-662-4515

JOSH STEIN
ATTORNEY GENERAL

DIANE KONOPKA
DIRECTOR

MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT
BE RELEASED TO UNAUTHORIZED PERSONS.

Form F-2
(Rev. 01/18)

INSTRUCTIONS: To be completed by a physician licensed independent practitioner licensed to practice medicine in North Carolina or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original report must be submitted to the Sheriffs' Standards Division by the employing agency and a copy maintained in that agency's personnel files.

NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: <u>XXX-XX-</u>
EMPLOYING AGENCY:	

Height: _____ Weight: _____

VISION

Visual Acuity: **if applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____

Color Perception: - Normal - Abnormal: _____

Peripheral Vision: - Normal - Abnormal: _____

HEARING

Hearing Acuity: Audiogram -or- 15' whispered conversation (check one)

Right ear: - Normal - Abnormal: _____

Left ear: - Normal - Abnormal: _____

Check if hearing aid used (Telecommunicator applicants only). Hearing Acuity for Law Enforcement and Detention applicants should be measured without a hearing aid.

(Continued on reverse side)

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: - Normal - Abnormal: _____

Peripheral Circulation: - Normal - Abnormal: _____

ECG: - Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Physical Examination: - Normal - Abnormal

ABNORMAL FINDINGS: _____

URINALYSIS - Normal - Abnormal: _____

TB SKIN TEST Millimeters of Indurations _____

Are there any conditions, physical, emotional or mental which, in your opinion, suggest further examination?

- No - Yes _____

Do you have any reservations about this candidate's ability to physically perform required duties?

Law Enforcement/Deputy - No - Yes: _____

Detention Officer - No - Yes: _____

Telecommunicator - No - Yes: _____

Other - No - Yes: _____

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the Certification of Justice Officers in the State of North Carolina.

Signature of Physician or Licensed Independent Practitioner

Date

Name, Title and Address of Physician or Licensed Independent Practitioner PLEASE TYPE
--



**NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149,
Raleigh, NC 27602
Telephone: (919) 661-5980

Form F-2A(LE)
(Rev. 11-2022)

**INSTRUCTIONS TO AGENCY AND EXAMINER
FOR COMPLETION OF MEDICAL EXAMINATION REPORT (FORM F-2)**

TO AGENCY OR TRAINING DELIVERY SITE:

The attached form must be completed following a physical examination by a surgeon, physician, physician assistant, or nurse practitioner who is licensed to practice in North Carolina or authorized to practice medicine in the United States Armed Forces, as outlined in 10 U.S. Code 1094. The physical examination must be conducted prior to beginning Basic Law Enforcement Training and the agency submission of application for certification to the Commission. The form is valid for one (1) year from the date it is signed. The original shall be submitted to the Criminal Justice Standards Division as a part of the certification application. The employing agency and training delivery sites shall maintain a copy for their files.

THE APPLICANT SHOULD PROVIDE THE EXAMINER WITH THE MEDICAL HISTORY STATEMENT FORM (F-1), WHICH MUST BE READ, COMPLETED, AND SIGNED; AND THE INSTRUCTIONS TO AGENCY AND EXAMINER FOR COMPLETION OF MEDICAL EXAMINATION REPORT (F-2A) FORM ATTACHED TO THE MEDICAL EXAMINATION REPORT FORM (F-2)

TO EXAMINER:

The person for whom this examination is being performed is a candidate for employment and training as a law enforcement officer. This employment and training will involve the performance of tasks that will require a moderate degree of strength and manual dexterity.

The examining physician, surgeon, physician's assistant, nurse practitioner, shall record the results of the examination on the Medical Examination Report Form (F-2) and shall sign and date the form.

*****PRIOR TO CONDUCTING THE PHYSICAL EXAMINATION, YOU MUST HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL AS PUBLISHED BY THE CRIMINAL JUSTICE STANDARDS COMMISSION.*****

TO EMPLOYING AGENCY, TRAINING DELIVERY SITE, AND EXAMINER:

IF YOU DO NOT HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL, OR IF YOU NEED ADDITIONAL COPIES, PLEASE CONTACT THE CRIMINAL JUSTICE STANDARDS DIVISION.

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
Fax (919) 779-8210

MEDICAL EXAMINATION REPORT

**Form F-2
(Rev. 11-2022)**

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standard Division**

Instructions:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: _____ Last 4 Digits SSN: _____

Name: _____ Date of Birth: _____
Last First Middle

Employing Agency: _____

Height: _____ Weight: _____

Vision

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With contacts: R - 20 / _____ L- 20 / _____ Both - 20 / _____

How long have contacts been worn? _____

Color Perception: Normal Abnormal: _____

Peripheral Vision: Normal Abnormal: _____

Hearing

Hearing Acuity: Audiogram or 15' whispered conversation (check one)

Right ear: Normal Abnormal: _____

Left Ear: Normal Abnormal: _____

Cardiovascular

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Abnormal Findings

HEENT: Normal Abnormal _____

Lungs: Normal Abnormal _____

Abdomen: Normal Abnormal _____

Musculoskeletal: Normal Abnormal _____

Genitourinary: Normal Abnormal _____

Neurological: Normal Abnormal _____

Skin: Normal Abnormal _____

Urinalysis Normal Abnormal _____

TB Risk Questionnaires Administered: Yes No Additional Screening Required: Yes No

Specify Additional Screenings: _____

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?
 No Yes:

Do you have any reservations about this candidate's ability to physically perform required duties?
 No Yes:

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Signature of Qualified Medical Professional

Medical License #

Date

Name and Address of Qualified Medical Professional (Please Type)

Tuberculosis Risk Questionnaire

- | | | |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |



ALAMANCE COMMUNITY COLLEGE

1247 Jimmie Kerr Rd.
Graham, NC 27253-8000
Office: 336-506-4034
Fax: 336-578-4342

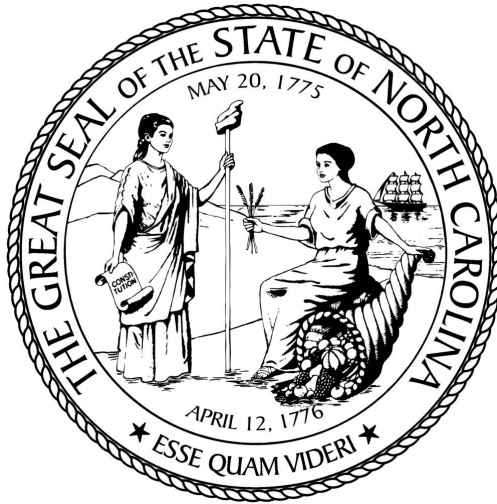
BASIC LAW ENFORCEMENT TRAINING

PERSONAL HISTORY STATEMENT (F3)

It is the determination of Alamance Community College that these guidelines are necessary in order to fully and adequately evaluate applicants for Basic Law Enforcement Training. These questions are designed to ascertain whether the applicant meets the minimum standards for entrance and certification and serve no other purpose.

Print Full Name: _____

THIS IS NOT AN APPLICATION FOR EMPLOYMENT



NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

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

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

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

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

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

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

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

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

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

PERSONAL

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

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

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

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

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

Telephone Number: _____
(Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

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

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

Applicant Name: _____

Agency Applied: _____

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

7. a. Ethnicity (Check One) Hispanic or Lantino t HiNot Hispanic or Latino

b. Race (check all that apply)

American Indian or Alaska NativeAsian Native Hawaiian or Other Pacific Islander

Asian White

Black or African American Other _____

8. Sex Male Female

9. Have you previously submitted an application for employment with this agency?
 Yes No Approximate Date: _____

EDUCATIONAL

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

Indicate the type of High School you attended:

Traditional Home School
 Distance Learning Did not attend high school Other: _____

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

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?
Yes No If yes, when and where did you complete the GED?

Applicant Name: _____

Agency Applied: _____

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

MARITAL

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

13. Name of Spouse: _____

Name of Former Spouse(s): _____

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

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

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency? Yes No
If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole? Yes No
If yes, give name(s) and details:

Applicant Name: _____

Agency Applied: _____

RESIDENCES

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

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

FINANCIAL

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

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

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

Yes No If not, give details:

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

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

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

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

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

Applicant Name: _____

Agency Applied: _____

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

A. _____ Amount 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 ____

(Applicant Signature in Full)

(Applicant Print Name in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

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

20-28	Driving while license permanently revoked (20-28(b))(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(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.

Personal History Statement, Form F-3 (Continuation) - Charges

(Rev. 11-2022)

Applicant Name: _____ **Agency:** _____

5. 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

6. 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

7. 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

8. 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

9. 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

10. 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

11. 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