

Police Officer

Application Packet



Haw River Police Department
Town Of Haw River
North Carolina

Haw River Police Department Recruitment

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

The 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 traffic crashes.

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 a high school diploma or GED. A degree in a criminal justice program or similar field preferred.
- Must possess Basic Law Enforcement Training (BLET) certificate or the equivalent.

Starting salary \$48,130.62 to \$64,206.94 depending on qualifications. 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.

The Town of Haw River is an Equal Opportunity Employer. For further information contact Assistant Chief Brian Phillips 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, or US Postal Service:

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



The Haw River Police Department currently has hiring opportunities.
Currently accepting applications for both certified and non-certified BLET candidates.

Please call the police department (336) 578-4141 for more information, or visit our website: <http://townofhawriver.com/JobOpportunities>

List of Benefits

- **Starting Pay Depending on Qualifications and Education: \$48,130.62 - \$64,206.94**
- **Career progression through PO1, PO2, and MPO with 5% pay increase each step**
- **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 plans**
- **Longevity pay**
- **All uniforms and police equipment supplied**
- **Credit Union Membership**
- **12 paid holidays**
- **Paid Vacation and Sick Leave**
- **Extensive paid training opportunities**
- **Employee Monthly Cellphone Stipend**
- **Employee Developmental Pay- Yearly**
- **Cost of Living increases as available by the Town Council**
- **Progressive Beard & Tattoo Policy**
- **Outer Carrier Vest Option**
- **Take-Home Car Program**
- **Opportunity for specialty assignments including SRO, multi-agency narcotics task force, SRT, and others depending on department needs**

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 a 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
BRIAN PHILLIPS**

**Mailing Address:
PO BOX 103
Haw River, NC 27258**

**Street Address:
105 Stone Street
Haw River, NC 27258**

**336-578-4141 Phone
336-578-4104 Fax**

**Town Website:
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, be a U.S citizen, and possess at least a high school diploma or GED equivalent to be considered.
3. Applicant must have already successfully completed Basic Law Enforcement Training (BLET) or be currently enrolled in a NC BLET program.
4. Applicant must complete the North Carolina Criminal Justice Personal History Statement Form F-3(LE).
5. Applicant must provide copies of a state issued driver's license, high school diploma or equivalent, Social Security Card, proof of citizenship, BLET 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 a copy of certified criminal history records from each state and county that applicant has lived in since the age of 16.

Haw River Police Department Employment Packets can be delivered to the Haw River Police Department 105 Stone Street 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 from Each State & County in Which the Applicant Lived In Since Age 16. |
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Authorization for Release of Information to North Carolina Criminal Justice Education and Training Standards Commission

To Whom It May Concern:

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

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

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

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

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

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

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and Sworn to before Me, this
The _____ day of _____ 20____

(Notary Signature)

My Commission Expires: _____

Applicant Signature

Printed Name

Date

Address

Phone Number: _____

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

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: | | |
| | | |
| | | |
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| | | |
| References (Provide at least 3): | | |
| Name: | Title or Occupation | Address |
| | | Phone Number |
| | | Number of Years Known |
| | | |
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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 ____ / ____ / ____
 (mo) (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**

PERSONAL HISTORY STATEMENT

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

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

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

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

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

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

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

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

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

PERSONAL

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

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name ever legally changed? ☐ Yes ☐ No
If yes, submit documentation with date and attach to this form.

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

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

Telephone Number: _____
(Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

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

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

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

Driver's License Number: _____ Year Issued: _____

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

If yes, give state and number: _____

Applicant Name: _____

Agency Applied: _____

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

If yes, state which and give reasons:

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

When? _____

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

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

b. Race (check all that apply):

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

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

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

☐ Yes☐ No

Approximate Date: _____

EDUCATIONAL

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

Indicate the type of High School you attended:

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

| Name Address (City & State) | No. Full Yrs Work Completed | When Attended | Graduated (Yes/No) | Degree Awarded | Major Field |
|--------------------------------|-----------------------------------|------------------|-----------------------|-------------------|----------------|
| High Schools or Equivalent | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Universities or Colleges | | | | | |
| | | | | | |
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Applicant Name: _____

Agency Applied: _____

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

☐ Yes

☐ No

If yes, when and where did you complete the GED?

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

☐ Yes

☐ No

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

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

MARITAL

16. Marital Status (check one)

☐ Single

☐ Married

☐ Divorced

☐ Engaged

☐ Separated

☐ Widowed

17. Name of Spouse: _____

Name of Former Spouse(s):

| |
|--|
| |
|--|

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

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

FAMILY HISTORY

19. Are you related by blood or marriage to any person(s) now employed by this agency? ☐ Yes ☐ No

If yes, give name(s) and details:

| |
|--|
| |
|--|

Applicant Name: _____

Agency Applied: _____

20. Is any member(s) of your immediate family now in prison or on either probation or parole? ☐ Yes ☐ No

If yes, give name(s) and details:

| |
|--|
| |
|--|

RESIDENCES

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

| From Mo/Yr | | To Mo/Yr | | Address of Residence | City County State |
|---------------|--|-------------|--|----------------------|-------------------|
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FINANCIAL

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

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

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

☐ Yes ☐ No ☐ N/A

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

Applicant Name: _____

Agency Applied: _____

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

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

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

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

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

A. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

B. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

C. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

D. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

E. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

F. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

Applicant Name: _____

Agency Applied: _____

WORK HISTORY

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

☐ Yes ☐ No

If yes, list agency name and give details:

31. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board, or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.) ☐ Yes ☐ No

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

31b. If such certification or license was ever surrendered, suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

Applicant Name: _____

Agency Applied: _____

32. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

☐ Yes

☐ No

If yes, list organization name and give details:

33. Do you object to wearing a uniform?

☐ Yes

☐ No

34. Do you object to working nights?

☐ Yes

☐ No

35. Do you object to working rotating shifts?

☐ Yes

☐ No

36. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? ☐ Yes ☐ No

37. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

a. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐ Full Time _____ Yrs _____ Mos ☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Applicant Name: _____

Agency Applied: _____

Duties:

Reason for leaving:

b. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐ Full Time _____ Yrs _____ Mos ☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

Agency Applied: _____

Employer Address and Phone Number: _____

Phone Number

Zip Code

Date Separated: _____ Name/Title of Supervisor: _____

☐ Part Time _____ Yrs _____ Mos

Duties:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Employer Address and Phone Number: _____

Phone Number

Zip Code

Date Separated: _____ Name/Title of Supervisor: _____

☐ Part Time _____ Yrs _____ Mos

Page 10

Applicant Name: _____

Agency Applied: _____

Duties:

Reason for leaving:

e. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐ Full Time _____ Yrs _____ Mos ☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

Applicant Name: _____

Agency Applied: _____

f. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐

Full Time _____ Yrs _____ Mos

☐

Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

| |
|--|
| |
|--|

Reason for leaving:

| |
|--|
| |
|--|

g. Explain periods of unemployment of three (3) months or more.

| |
|--|
| |
|--|

Applicant Name: _____

Agency Applied: _____

MILITARY SERVICE38. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ NoWere you ever denied entrance into the military? ☐ Yes ☐ No If yes, why?

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

40. What was the last rank that you held? _____

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

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

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

43. List all duty stations: _____

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

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

| Type of Discharge | Yes | No |
|---------------------------------------|-----|----|
| Uncharacterized | | |
| Honorable | | |
| General (under honorable conditions) | | |
| Under other than honorable conditions | | |
| Bad Conduct Charge | | |
| Dishonorable Discharge | | |
| Dismissal | | |

Applicant Name: _____ Agency Applied: _____

45. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

☐ Yes ☐ No If yes, explain what occurred and what type of punishment you received:

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

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

USE OF DRUGS

NOTE: In questions 48 and 49, the word 'used' means "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time?

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

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

50. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription?

☐ Yes

☐ No

☐ I don't know (explain below)

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

You must include any and all offenses and convictions regardless of whether or not the offenses/convictions were expunged. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, **even if documentation and charges have previously been reported to this agency.**

51. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" as used in this question includes being issued a criminal citation or summons).

☐ No-Applicant's Initials _____

☐ Yes, please list below

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

(ATTACH EXTRA SHEETS, IF NECESSARY)

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

☐ No - Applicant's Initials _____

☐ Yes, please list below

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

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: _____

Agency Applied: _____

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

- (a) currently are under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced your citizenship, having previously been a citizen of the United States.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

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

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

Applicant Name: _____

Agency Applied: _____

53. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

☐ Yes ☐ No ☐ I don't know (explain below)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

☐ Yes ☐ No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

REFERENCES

60. Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

| Name | Address | Telephone |
|------|---------|-----------|
| A. | | |
| B. | | |
| C. | | |
| D. | | |

Applicant Name: _____

Agency Applied: _____

STATE OF:

☐ **NORTH CAROLINA**

☐ **Other:** _____

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____

(Applicant Signature in Full)

(Applicant Print Name in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

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

| | | | |
|-------------------|---|-------------------|---|
| 20-28 | Driving while license permanently revoked (20-28(b))[(b) Repealed] | 10/1/94 -11/12/96 | 1 |
| 20-28(d)(3) | Driving while license permanently revoked (3 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.