



## Police and Fire Services

**Stacy Drakeford**  
Police & Fire Services Director

**Robbie Rose**  
Chief of Fire

Police: 201 W. 3<sup>rd</sup> Street  
Fire: 410 N. Market Street  
Washington, NC 27889  
Telephone: (252) 946-1444  
Fax: (252) 948-9448  
[www.washingtonnc.gov](http://www.washingtonnc.gov)

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### INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKAGE FOR THE WASHINGTON POLICE DEPARTMENT

In order for you to be a participant in the application process, the following instructions must be followed:

Included in this package are: City of Washington application, one applicant control sheet, two authorization for release of personal information forms, and one Personal History Statement (F-3) form. All forms are to be completed in your handwriting in black ink or typed. Do not leave sections blank. If a section does not apply, indicate with "N/A". All forms must be signed and notarized where applicable.

Submit copies of your current vehicle operator's license and social security card, photocopies of High School Diploma or GED, DD214 (if applicable), and any other supporting documentation when you return this package. Do not submit originals, photocopies only. All of the information requested is important and must be accurate and complete.

Employment references should include full company name, address with zip code, phone number, and the name of the supervisor for whom you last worked. Character references should include complete address with zip code, and home, cell, or work phone number. You should also contact each personal reference to alert them to the fact that they are being used as a reference. Be sure to review all of the information you have provided to ensure accuracy and provide signatures as required.

All copies should be submitted on separate sheets of paper.

If you have any further questions, please contact the Washington Police Department at 252-946-1444.

Thank you for your interest in the Washington Police Department.

Applications must be received by the Director of Human Resources at the following address:

**City of Washington**  
**ATTN: Director of Human Resources**  
**P.O. Box 1988**  
**Washington, NC 27889**

## Authorization for Release of Information

I am an applicant for a justice officer position with the \_\_\_\_\_

In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that the both the named hiring Agency and the North Carolina Sheriffs' 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 request 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 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 name hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named hiring Agency and the North Carolina Sheriffs' 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 named hiring Agency and the North Carolina Sheriffs' 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 is valid for one (1) year or until the employment application or investigative 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.

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Subscribed and Sworn to before me, this the \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 20, \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Applicant Signature)

Printed Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expires: \_\_\_\_\_

Phone: \_\_\_\_\_

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\_\_\_\_\_ day of \_\_\_\_\_, 20, \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Applicant Signature)

Printed Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expires: \_\_\_\_\_

Phone: \_\_\_\_\_

**Sheriffs' Education and Training Standards Commission**  
**North Carolina Department of Justice**  
**Sheriffs' Standards Division**  
Telephone: (919) 779-8213  
Fax : (919) 662-4515

# Personal History Statement

**Note:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for the position of a justice officer. It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for justice officer certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serves no other purpose.

\*The Social Security Number is used to make a positive identification of the 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.

**FORM F-3**  
**NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION**  
**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS: Fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. All questions must be answered.**

**NOTE: Any statements are subject to validation and any incorrect statements or omissions may disqualify you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration. This form must be notarized upon completion.**

**POSITION(S) APPLIED FOR:**

Agency \_\_\_\_\_ Date \_\_\_\_\_

Deputy  Detention Officer  Telecommunicator

Have you previously submitted an application for employment with this agency? YES  NO   
If YES, approximate date: \_\_\_\_\_

**PERSONAL**

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name \_\_\_\_\_

Other previous last names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nicknames or Aliases \_\_\_\_\_

**Note: If your name was legally changed after the age of 12, please submit documentation showing when that occurred.**

2. Social Security \_\_\_\_\_

3. <u>Present Mailing Address:</u>	<u>Permanent Mailing Address:</u>
Street and Number _____	Street and Number _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Cell/Mobile: \_\_\_\_\_

4a. Date of Birth: \_\_\_\_\_ 4b. Place of Birth: \_\_\_\_\_  
(City/State/Country)

5. Citizenship:  U.S. Born  U.S. Naturalized  Other, specify: \_\_\_\_\_

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**NOTE:** Data solicited in questions 6 and 7 will be utilized for equal employment statistical information purposes only.

6. Ethnicity: African America  Asian American  Hispanic  Caucasian  Other : \_\_\_\_\_

7. Gender: Male  Female

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8. Do you object to wearing a uniform? YES  NO
9. Do you object to working nights? YES  NO
10. Do you object to working rotating shifts? YES  NO
11. Do you object to occasionally being away from home overnight and/or for other periods of time to attend meetings, acquire training or otherwise perform official duties? YES  NO

**EDUCATIONAL**

12. Indicate the type of High School you attended:

- Traditional   
Home School   
GED   
Distance Learning   
Did not attend high school   
Other \_\_\_\_\_

**A. High Schools:**

NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
GRADUATED: \_\_\_\_\_  
DEGREE AWARDED: \_\_\_\_\_  
MAJOR FIELD: \_\_\_\_\_

NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
GRADUATED: \_\_\_\_\_  
DEGREE AWARDED: \_\_\_\_\_  
MAJOR FIELD: \_\_\_\_\_

**B. University or Colleges:**

NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
GRADUATED: \_\_\_\_\_  
DEGREE AWARDED: \_\_\_\_\_  
MAJOR FIELD: \_\_\_\_\_

NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
GRADUATED: \_\_\_\_\_  
DEGREE AWARDED: \_\_\_\_\_  
MAJOR FIELD: \_\_\_\_\_

**C. Continuing Education:**

NAME: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
 GRADUATED: \_\_\_\_\_  
 DEGREE AWARDED: \_\_\_\_\_  
 MAJOR FIELD: \_\_\_\_\_

NAME: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
 GRADUATED: \_\_\_\_\_  
 DEGREE AWARDED: \_\_\_\_\_  
 MAJOR FIELD: \_\_\_\_\_

**RESIDENCES**

13. List addresses for the **past 10 years** starting with present address **listed first:**

From: (Mo/Yr)	To: (Mo/Yr)	Address, City, State	County	Landlord

**FAMILY HISTORY**

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

14. Marital Status:  
 Never Married  Married  Divorced  Engaged  Separated  Widowed

15. Name of Spouse/Former Spouse(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. A. Do you have any children born to you, adopted by you, or stepchildren? YES  NO

B. If Yes, list all of your children below:

Name	Birth Date	Relationship	With Whom Resides	Phone Number
(1)				
(2)				
(3)				
(4)				
(5)				

C. Are you now supporting all these children? YES  NO  If NO, give details:

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17. Are there other persons, other than your spouse and listed children, who are presently dependent upon you for support? YES  NO  If YES, give details: \_\_\_\_\_

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

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19. Is any member of your immediate family now in prison/jail or on probation or parole? YES  NO  If YES, give name(s) and details: \_\_\_\_\_

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**FINANCIAL**

20. What sources of income other than salary do you have at present?

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21. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, etc. YES  NO  If YES explain:

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22. Have you ever declared bankruptcy? YES  NO  IF YES explain:

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

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

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

Firm/Business	Street Address	City/State	Amount Owing

**WORK HISTORY**

26. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made? YES  (list agency name and reason) NO

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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, and any sanctions taken against it by the issuing authority, please list the agency's name taking action against the certification or license, date of action, reason for the action, and period of time for the suspension, revocation, or sanction.

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28. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations? YES  (list employer, time-frame and reason) NO

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29. List all jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, temporary, part-time, paid or not paid employment 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 you do not have a full ten-year job history, be sure to provide an explanation.

Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$                      per	Ending or Current Salary \$                      per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS            MOS		
Part Time        YRS            MOS		
If part time, hours worked per week:		
Reason for Leaving:		

Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time      YRS      MOS		
Part Time      YRS      MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		
Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time      YRS      MOS		
Part Time      YRS      MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		
Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time      YRS      MOS		
Part Time      YRS      MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		

Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time      YRS          MOS		
Part Time      YRS          MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		
Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time      YRS          MOS		
Part Time      YRS          MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		

**If you need more space, attach additional sheets.**

Explain periods of unemployment of three months or more or if you do not have a full ten-year job history:

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**MILITARY SERVICE**

30. Were you ever in the U.S. Military service or any other military organizations? (Even if you served for only one day, list this service.) YES  NO  If YES, complete 30 through 36. If NO, skip to #39.
31. What was your service number? \_\_\_\_\_
32. A. What was the highest rank you held? \_\_\_\_\_  
 B. What was the last rank you held? \_\_\_\_\_
33. A. What was the date and location of your first enlistment and/or commission? \_\_\_\_\_  
 B. List all tours of duty where a DD214 was issued.

Branch	Date Entered	Date Released

34. List all stations of assignment including active, reserve and/or National Guard. (Attach additional pages if needed.)

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

35. What was the date and location of your last discharge from active duty? \_\_\_\_\_
36. Have you ever received any of the following types of discharge:  
 Uncharacterized (includes entry level separations) YES  NO   
 Honorable YES  NO   
 General (under honorable conditions) YES  NO   
 Under other than honorable conditions (includes undesirable) YES  NO   
 Bad Conduct discharge YES  NO   
 Dishonorable discharge YES  NO   
 Dismissal YES  NO
37. 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, written reprimand, 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:  
 \_\_\_\_\_  
 \_\_\_\_\_

38. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation, and provide your expected date of separation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**USE OF ALCOHOL**

**NOTE: In question 39, the word “drink” means one time or more, including experimentation. If any answer is YES, give FULL and COMPLETE DETAILS.**

39. Do you drink alcoholic beverages? YES  NO

**PRIOR CRIMINAL CONDUCT**

**NOTE: Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification. The word “used” in the following questions includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.**

40. Have you ever used any illegal drugs including but not limited to marijuana, synthetic or designer drugs, steroids, opiates, pills, heroin, cocaine, crack, LSD, etc., to include even one time use or experimentation? YES  (specify the circumstances, drugs used, and when usage last occurred) NO

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41. Have you ever used prescription drugs other than under the supervision or as prescribed by a physician to include even one time use or experimentation? YES  (specify what drug(s), how and from whom you received the drug(s), and when usage last occurred) NO

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

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43. Have you ever had a Domestic Violence Protective Order issued against you? (Include both ex-parte domestic violence protective orders and those entered subsequent a hearing.) YES  (complete the following and provide documentation of the initial allegations and the judge’s findings at the hearing where both parties were present) NO

Date of Issuance: \_\_\_\_\_ County of Issuance: \_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

**NOTE: In response to the following question, include all offenses other than minor traffic offenses. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol and drugs), Failure to Stop in the Event of an Accident (hit and run) and Driving While License Permanently revoked or permanently suspended (DWLR). Attached to this form is an additional list of North Carolina traffic offenses which should also be listed. Juvenile charges or arrests should also be listed.**

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

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

YES  (complete the following and provide documentation of each offense listed) NO

A. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

B. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

C. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

D. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

E. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

**(ADD EXTRA SHEETS, IF NECESSARY.)**

45. 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 for 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 their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (C) are a fugitive from justice.
- (D) are an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (E) have ever 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 14 of this document indicates you have read this section and understand each of the disqualifiers.

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46. 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 the threatened use of a deadly weapon? YES  NO

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If so, did you commit the act(s) against a current or former spouse, parent, or guardian, or against a person with whom you share a child in common, or against a person with whom you were or are cohabitating with, or a person similarly situated to a spouse, parent, or guardian or the victim (Domestic Violence Offense)? YES  NO

OFFENSE CHARGED:

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LAW ENFORCEMENT AGENCY:

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DATE:

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DISPOSITION:

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47. Have you ever been charged with or convicted of a felony? **You must include any and all felony convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5.** YES  NO  If YES, give details:

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48. Have you ever been placed on court-ordered probation? YES  NO  If YES , give details:

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49. Have you ever paid a court-imposed fine? YES  NO  If YES , give details:

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50. Do you possess a driver's license from the State of North Carolina? YES  NO   
License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

51. Do you or have you ever possess(ed) a driver's license issued in any state other than North Carolina? YES  NO  If YES, give the state and number:

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52. A. Was your license ever suspended or revoked? YES  NO  If YES, give details:

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B. IF Yes, Was your license ever restored? YES  NO  If YES, state when and give details:

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53. Have your driving privileges ever been restricted? YES  NO  If YES, give details:

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**CAREER OBJECTIVES**

54. Briefly explain your reasons for applying for this position:

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55. List special skills, training, field 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:

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56. What are your feelings about the use of deadly force if it became necessary in the performance of official duties? (Not applicable for telecommunicators)

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**REFERENCES**

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

Name	Address	City	State	Telephone
1)	j			
2)				
3)				
4)				
5)				

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I hereby certify that **each and every statement made on this form is true and complete** and understand that any misstatements or omission of information may 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 Sheriffs' Education and Training Standards Commission any additional information which occurs after the signing of this document.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(SIGNATURE IN FULL)

*SUBSCRIBED AND SWORN TO BEFORE ME,*

*THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.*

\_\_\_\_\_  
(SIGNATURE IN FULL)

*Notary Public (Official Seal)*

*MY COMMISSION EXPIRES: \_\_\_\_\_, 20\_\_\_\_*

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

20-28	Driving while license permanently revoked (20-28(b))(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 <sup>rd</sup> offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

\*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 44.