



NORTH CAROLINA

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

**CRIMINAL JUSTICE STANDARDS DIVISION
TELEPHONE: 919-661-5980**

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

PERSONAL HISTORY STATEMENT

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

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

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

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

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

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

Position(s) applied for: _____

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

PERSONAL

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

All Previous Names: _____

Nicknames or Aliases: _____

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

Pager Number: _____ Email Address: _____

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

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

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

7. Ethnic Background

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

8. Sex Male Female

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

Yes No Approximate Date: _____

EDUCATIONAL

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

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

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

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

MARITAL

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

13. Name of Spouse: _____

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

Name	Birth Date	Relationship	With Whom Resides	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

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

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

RESIDENCES

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

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

FINANCIAL

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

19. Are you now supporting all children born to you, adopted by you and stepchildren?
 Yes No If not, give details: _____

20. 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: _____

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

A. Title of present or last position _____

Employer Address and Phone Number _____

Name		Phone Number	
Street	City	State	Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

B. Title of present or last position _____

Employer Address and Phone Number _____

Name		Phone Number	
Street	City	State	Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

D. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

E. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

F. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

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

MILITARY SERVICE

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

QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

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

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

Location: _____

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

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

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

Location: _____

38. Was your last discharge honorable? Yes No

If no, was it characterized as bad conduct or dishonorable? Yes No

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, **or any other disciplinary action** while a member of the armed forces?

Yes No If yes, explain: _____

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

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

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

USE OF ALCOHOL OR DRUGS

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

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

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

When was the last time? _____

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.? Yes No If yes, under what circumstances?

When was the last time? _____

46. Have you ever-used prescription drugs other than under the supervision of, or as prescribed by, a physician? Yes No If yes, please explain the circumstances:

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

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

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer “Yes.” You should answer “No” **only** if you have never been arrested or charged, or your record was expunged by a judge’s court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term “charged” as used in this question includes being issued a criminal citation or summons.) Yes No If yes, give details below:

- A. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____
- B. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____
- C. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

48. Have you ever had a Domestic Violence Protection Order issued against you?
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)
 Yes No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

49. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
- (c) Are a fugitive from justice.
- (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) Have been discharged from the Armed Forces under dishonorable conditions.
- (g) Are illegally in the United States.
- (h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A “crime punishable by imprisonment for a term exceeding one year” as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

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

50. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian or by a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?
 Yes No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

51. Have you ever been charged with a felony? Yes No If yes, give details:

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

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?
 Yes No If yes, give details:

54. Can you operate a motor vehicle? Yes No

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 possess a driver's license issued by any state other than North Carolina? Yes No
If yes, give state and number _____

57. Was your license ever suspended or revoked? Yes No If yes, state which and give reasons:

58. Was your license ever restored? Yes No When? _____

59. Have your driving privileges ever been restricted? Yes No If yes, give details:

CAREER OBJECTIVES

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

61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

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

Name	Address	Telephone
A.		
B.		
C.		
D.		
E.		

STATE OF NORTH CAROLINA

COUNTY OF _____

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

This the _____ day of _____, 20 ____ _____
 (Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

 Notary Public (Official Seal)

My Commission Expires: _____, 20 ____



APPLICATION FOR EMPLOYMENT
City of Henderson, N.C.

**AN EQUAL OPPORTUNITY
EMPLOYER**

Instructions: Please fill out all sections of this application to the best of your ability. Your application will be used as part of the examination process and therefore should represent your best effort. We appreciate your interest and thank you for making application for employment.

PERSONAL

1. Position Applied For _____ Date of Application _____
 2. Name _____
(Last) (First) (Middle)
 4. Present Mailing Address _____
(Street & No. or RFD) (City) (County) (State) (Zip Code)
 5. Permanent Address _____
(Street & No. or RFD) (City) (County) (State) (Zip Code)
- Telephone: Home _____ If none, where can you be reached by phone? _____
Business _____ Resident's Name _____
6. Are you 18 or above? _____
 7. Do you want to work Full-Time or Part-Time? Specify days and hours if part-time _____

 8. Are you willing and able to work rotating shifts? _____
 9. Have you worked for the City before? _____ If yes, when and what position did you hold?
When _____ Position _____
 10. List any relatives working for the City and your relationship to them _____

 11. During the past 10 years, have you ever been convicted of a crime, excluding misdemeanors and traffic violations? () No () Yes
(A conviction will not necessarily disqualify you from employment)

12. Do you have a valid driver's license? _____ Chauffeur's license? _____

13. Clerical Skills: Typing _____ Shorthand _____ Other _____

14. Are there any other experiences, skills, or qualifications which you feel would be important to include?

MILITARY HISTORY

Have you ever served in the Armed Forces? () Yes () No

Dates of duty: From _____ To _____ Rank at Discharge _____

Are you presently in the Reserves or have any other obligation? _____

EDUCATIONAL BACKGROUND

Type of School	Name & Address	Dates attended	Graduated	Course or Major
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Technical				
Other				

If you did not graduate from High School, did you obtain your GED equivalency? () Yes () No

If "Yes", where did you obtain it? _____

List the jobs that you have held beginning with your last or present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use the continuation sheet on Page 4.

Dates From To	Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
		Start	Finish		
Job Title	Describe briefly, the work you did				

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Job Title		Describe briefly, the work you did				

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Job Title		Describe briefly, the work you did				

Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Job Title		Describe briefly, the work you did				

May we contact the employers listed above? _____ If not, indicate below which ones you do not wish us to contact _____

PERSONAL REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed in Work History.

Name & Occupation	Address	Phone Number

We thank you for making application for employment with the City of Henderson, North Carolina.

AGREEMENT

PLEASE READ CAREFULLY THE SECTION BELOW BEFORE SIGNING. YOUR SIGNATURE BELOW INDICATES YOU UNDERSTAND EACH OF THE STATEMENTS AND HAVE REQUESTED ASSISTANCE IN UNDERSTANDING ANYTHING WHICH MAY BE CONFUSING OR UNCLEAR.

1. I certify that the information contained in this Application for Employment is true to the best of my knowledge and belief and I understand and agree that any misrepresentation or false statement by me in connection with this Application for Employment will constitute justifiable cause for the City of Henderson not to employ me, or if employed based upon false information, to terminate my employment for cause.
2. I understand and agree that all information furnished in this Application for Employment may be verified by the City of Henderson. I hereby authorize all individuals and organizations named or referred to in this Application for Employment and any law enforcement organization to give the City of Henderson all information relative to such verification and hereby release such individuals, organizations and the City of Henderson from any and all liability for any claim or damage resulting therefrom.
3. I understand that as part of the processing procedures for consideration of my employment with the City of Henderson an investigation report may be made concerning my character, general reputation, and personal characteristics. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided.
4. I certify that I have complied with the requirements of the Federal Selective Service Registration Act to the extent they are applicable.
5. I understand that I will be required to furnish proof of eligibility for employment under the Immigration Reform and Control Act as a condition of employment by the City of Henderson.
6. I understand that, before being employment by the City of Henderson, I will submit to a Drug Screening Test, at the City's expense, and must satisfy the requirements of the City in this regard.

Signature _____

Date _____

WE THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH THE CITY OF HENDERSON, NORTH CAROLINA



PRE-EMPLOYMENT INFORMATION FORM

Please answer the following questions to help us comply with Federal/State equal employment opportunity recordkeeping, reporting, and other legal requirements.

This information will not be used in considering you for employment and the Pre-Employment Information Form will be kept in a confidential file separate from your Application for Employment.

1. Name: _____
Last First Middle

2. Birthdate: _____
Month Day Year

3. Race/Ethnic Group: Caucasian Afro-American Other _____
 Hispanic American Indian

4. Sex: Male Female

Position Applied For: _____

Date: _____



Authorization to Obtain a Consumer Credit Report and Release of Information

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize City of Henderson and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I authorize the City of Henderson to disclose the information and data, including my social security number, (filled in at the bottom of the Authorization) to others for the purpose herein so forth.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish City of Henderson or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release the City of Henderson and each responding entity and its respective agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be used (in lieu of the original) to request information and shall have the same validity as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Please Print Clearly

1. Name (Full) _____
2. 2. Maiden Last Name _____

Authorization
Page 2

3. Print All Former Names Used _____,

4. Social Security Number ____ - ____ - ____

7. Date of Birth ____ - ____ - ____

8. Current Street Address

9. City _____, State _____ Zip

10. Driver's License Number _____ State Issued

12. Prior residence, past seven (7) years

i. From _____ To _____

ii. From _____ To _____

By signing below, you are certifying that the above information is true and correct.

Signature _____

Date _____