Sheepdog Company Police

637 Main Ave SW Hickory, NC 28602

R. Reusch *Chief of Police*

RE: Application for Company Police Officer position

Dear Police Applicant,

We would like to thank you for your interest in a position with Sheepdog Company Police. Sheepdog Company Police emphasizes community service and strives to maintain a positive reputation to the citizens we serve.

All applicants are required to complete a Sheepdog Company Police job application, Sheepdog Company Police Authorization for Release, and a North Carolina Criminal Justice F3 form and submit them by the application deadline. The early stages of the selection process include a background check, criminal record check, credit check, and oral interview. This comprehensive process can be time consuming and may take 30-45 days to complete at the conclusion of the written exam. We encourage you not to be discouraged during this time frame and if you have any question as to your status, please contact Chief Reusch at 838-330-9808.

This selection process is multistage and includes an oral interview, background investigation, physical examination, psychological examination, and polygraph. Some stages of this process may be exempted for lateral applicants.

With the exception of the Drug Screening, any candidate not successful in completing any aspect of the selection process may reapply after 6 months.

Thankyou again for your interest in Sheepdog Company Police.

Respectfully yours,

R. Reusch
Chief of Police

Sheepdog Company Police

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: **$** _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address:

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$** _____ Ending Salary:**$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$** _____ Ending Salary:**$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:**$** _____ Ending Salary:**$** _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

COMPANY POLICE PROGRAM

Post Office Drawer 310, Raleigh, North Carolina 27602-0310
(919) 661-5980

JOSH STEIN

Attorney General

APPLICATION FOR COMPANY POLICE OFFICER COMMISSION

The undersigned applicant hereby applies to the North Carolina Attorney General's Office for a Company Police Officer Commission under the provisions of Chapter 74-E of the North Carolina General Statutes and Title 12, Chapter 02I of the North Carolina Administrative Code. In support of said application, the undersigned makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny certification, withhold renewal or suspend/revoke agency certification. The applicant understands that the Company Police Administrator may make inquiry and investigation concerning the applicant's character, record and background as deemed proper. Said applicant further agrees to furnish additional information as requested by the Company Police Administrator.

INSTRUCTIONS: Please TYPE or PRINT all information clearly. Attach all required documentation (in order) to the application and submit to the Company Police Administrator for review.

Agency: _____ Phone: _____

Name of Applicant: _____
First Middle Last

Applicant's Mailing Address: _____
Street/Apt No. City State/Zip

Email Address: _____ Social Security Number: _____

Date of Birth: _____ Driver's License No. _____ Issuing State: _____

Position/Rank: _____ ☐ Full Time ☐ Part Time _____

Applicant's Signature: _____ Date: _____

The Required Fee for a Company Police Officer Commission is $100.00 and MUST Accompany the Application

Fee is payable only by company check, certified check, or money order made out to North Carolina Department of Justice

Date Received _____ Officer Fee _____ Check No. _____	The Social Security Number is used to make a 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 material and may result in inaccurate records being assigned.	New Application _____ File Present _____ Officer Type _____

Authorization for Release of Personal Information
Sheepdog Company Police
Certification/Employment Purposes

To Whom it May Concern:

I am an applicant for a position with Sheepdog Company Police. In order to determine my suitability for employment, I understand that Sheepdog Company Police of Hickory, 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 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 authorized agent of Sheepdog Company Police regarding me whether of a privileged or confidential nature.

Moreover, I hereby release Sheepdog Company Police from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information As a relates to my employment with sheepdog company police. And, I hereby release the issuing agency and its agents, both individually and collectively, from any and all liability for damages of whatever kind, which may be at any time result because of compliance with this authorization and request.

I further wave all right to inspect or review any information compiled in reference to my application for employment. I do further hereby authorize Sheepdog Company Police, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or law enforcement officer. This is to include, but not limited to: North Carolina Criminal Justice Education and Training Standards Commission, North Carolina Sheriffs Education and Training Standards Commission, North Carolina Attorney General's Office, agencies of other states or the federal government, and the applicants employing agency.

I hereby acknowledge that this authorization is valid for one year or until the employment 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 statement.

I am furnishing my Social Security number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that Sheepdog Company Police will utilize this number only to facilitate the location of my employment, military, credit and educational records concerning me in connection with this matter.

Should there be any questions as to the validity of this release, you can contact me as indicated below.

_____
Applicant Signature

_____
Printed Name

_____
Address

_____
City, State, Zip Code

_____
Social Security Number

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and sworn to before me,
This is the _____ day of _____, 20_____

_____
Notary Public & Seal

My Commission Expires: _____

State of North Carolina

Department of Justice
Criminal Justice Standards Division

JOSH STEIN
ATTORNEY GENERAL

PO Box 310
Raleigh
27602-0310
Phone: (919) 661-5980 ● Fax: (919) 779-8210

AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I am an applicant for company or campus police officer with the North Carolina Company Police Program or the North Carolina Campus Police Program. In order to determine my suitability for commissioning or continuing commissioning, I understand that the North Carolina Company Police Program or the North Carolina Campus Police Program 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, Sealed criminal or civilian courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information, including personnel records pertaining to me maintained in accordance with N.C.G.S. § 160A-168; N.C.G.S. § 153A-98; or N.C.G.S. § 126-24, to the North Carolina Company Police Program or the North Carolina Campus Police Program regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Company Police Program or the North Carolina Campus Police Program 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 Company Police Program or the North Carolina Campus Police Program, 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 Company Police Program or the North Carolina Campus Police Program, 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 (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.

_____
Signature

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and official seal, this the ___day of _____, 20__.
_____ My Commission expires: _____
Notary Public

DRUG SCREENING THROUGH URINALYSIS
APPLICANT CONSENT FORM

I, _____, understand that as part of the pre-employment process as required by the North Carolina Criminal Justice Standards Commission and Company or Campus Police Program, I must submit to a urinalysis drug screening.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of employment as a company police officer.

I also understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied a commission as a company or campus police officer. I also understand that in the case of a refusal to submit to a drug screen or a positive result my name will be forwarded both to the Company Police Program and to the North Carolina Criminal Justice Standards Division which serves as the central agency for documentation of such results. I understand that a refusal to submit to a drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a company police officer.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer, employing agency and the North Carolina Criminal Justice Standards Division and Company Police Program. I further authorize disclosure of this or any related information, to include results of prior drug screens or refusals, by the Company Police Administrator to the extent that such disclosure is made to a law enforcement agency or another law enforcement or criminal justice licensing or regulatory agency as needed or requested for certification, employment and other valid non-criminal purposes.

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by the _____ agency.

_____ _____
Signature of Applicant Social Security Number

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and notarial seal, this the ___day of _____, 20__.

_____ My Commission expires: _____
Notary Public

CP-2

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

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

PERSONAL HISTORY STATEMENT

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

NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

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

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

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

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

Position(s) applied for:_____

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

PERSONAL

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

   Maiden Name: _____

   Other Previous Last Names: _____

   Nicknames or Aliases: _____

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

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

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

   Telephone Number: _____ _____
   (Include Area Code) Home Work

   Cell Phone: _____ Email Address: _____

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

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

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

7. Ethnic Background

☐ American Indian ☐ Spanish American
☐ Asian American ☐ White
☐ Black ☐ Other _____

8. Sex ☐ Male ☐ Female

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

☐ Yes ☐ No Approximate Date:_____

EDUCATIONAL

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

Indicate the type of High School you attended:
☐Traditional ☐Home School
☐Distance Learning ☐Did not attend high school ☐Other: _____

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

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

☐ Yes ☐ No If yes, when and where did you complete the GED?

_____

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

MARITAL

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

13. Name of Spouse: _____

Name of Former Spouse(s):_____

_____

_____

_____

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

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

FAMILY HISTORY

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

_____

_____

_____

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

_____

_____

_____

RESIDENCES

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

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

FINANCIAL

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

_____

_____

_____

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

_____

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

☐ Yes ☐ No If not, give details: _____

_____

_____

_____

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

_____

_____

_____

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

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

_____

_____

_____

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

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

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

A. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

B. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

C. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

D. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

E. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

F. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

WORK HISTORY

26. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency which required certification or licensure from any Commission, Board or Agency after a conditional offer of employment was made?
☐ Yes ☐ No If yes, list agency name and give details: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

27b. If such certification or license was ever suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

_____

_____

_____

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

☐ Yes ☐ No If yes, list organization name and give details: _____

_____

_____

_____

_____

_____

29. Do you object to wearing a uniform? ☐ Yes ☐ No

30. Do you object to working nights? ☐ Yes ☐ No

31. Do you object to working rotating shifts? ☐ Yes ☐ No

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

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

A. Title of present or last position _____

Employer Address and Phone Number _____

Name Phone Number

_____

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ___ Yrs_____ Mos ☐ Part Time ____ Yrs ____ Mos

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

B. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ___ Yrs_____ Mos ☐ Part Time ____ Yrs ____ Mos

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

C. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ___ Yrs_____ Mos ☐ Part Time ____ Yrs ____ Mos

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

Duties: _____

_____

_____

_____

_____

_____

Reason for leaving: ____ _____

_____

_____

D. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ___ Yrs_____ Mos ☐ Part Time ____ Yrs ____ Mos

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

E. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ___ Yrs_____ Mos ☐ Part Time ____ Yrs ____ Mos

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

F. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ___ Yrs_____ Mos ☐ Part Time ____ Yrs ____ Mos

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

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

_____

_____

_____

_____

MILITARY SERVICE

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

Were you ever denied entrance into the military? ☐ Yes ☐ No If yes, why?_____

_____

_____

_____

_____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

35. What is your service number? _____
36. What was the highest rank that you held? _____
37. What was the last rank that you held? _____
38. What was the date and location of your first enlistment or commission? Date: _____

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

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

40. List all duty stations:

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

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

Uncharacterized ☐ Yes ☐ No
Honorable ☐ Yes ☐ No
General (Under honorable conditions) ☐ Yes ☐ No
Under other than honorable conditions ☐ Yes ☐ No
Bad Conduct Discharge ☐ Yes ☐ No
Dishonorable Discharge ☐ Yes ☐ No
Dismissal ☐ Yes ☐ No

42. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?
☐ Yes ☐ No If yes, explain what occurred and what type of punishment you received: _____

_____

_____

_____

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

_____

_____

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

_____

_____

USE OF ALCOHOL OR DRUGS

45. Do you drink alcoholic beverages? ☐ Yes ☐ No

NOTE: In questions 46, and 47, the word '**used' means "one time or more, including experimentation.**" If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

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

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

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

_____

_____

When was the last time? _____

_____

_____

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

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

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

_____

_____

48. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? ☐ Yes ☐ No ☐ I don't know (explain below)

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

_____

_____

_____

_____

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

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

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

You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, **even if documentation and charges have previously been reported to this agency.**

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

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

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

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

(ATTACH EXTRA SHEETS, IF NECESSARY)

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

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

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

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

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 15 of this document indicates you have read this section and understand each of the disqualifiers.

_____

_____

_____

52. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?
☐ Yes ☐No ☐I don't know (explain below) If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?
☐ Yes ☐No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)
☐ Yes ☐ No If yes, give details:

_____

_____

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

_____

_____

_____

_____

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

Driver's License Number _____ Year Issued _____

56. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina? ☐ Yes ☐ No

If yes, give state and number _____

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

_____

_____

58. Was your driver's license ever restored? ☐ Yes ☐ No When? _____

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

_____

_____

CAREER OBJECTIVES

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

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

REFERENCES

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

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

STATE OF NORTH CAROLINA

COUNTY OF _____

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

This the _____ day of _____, 20 ___ _____

(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ___

_____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ___

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

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