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# Conover Police Department

PO Box 549, 115 2<sup>nd</sup> Ave NE Conover NC 28613

L. Eric Loftin *Chief of Police*

May 5, 2016

RE: Application for Police Officer position

Dear Police Applicant,

We would like to **Thank You** for your interest in a position with the Conover Police Department. The Conover Police Department is an accredited agency that emphasizes community service, education and training, and the use of the latest technology. All officers are assigned a take home vehicle equipped with a laptop computer and the latest video equipment. To encourage development of the officers, the agency offers a career ladder and reimbursement for educational expenses.

All applicants are required to complete a City of Conover job application, Conover Police Department 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, written exam, and oral interviews. This comprehensive process can be time consuming and may take 30 to 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 questions as to your status please contact Major Robert Houston at 828-464-4698.

The selection process is multistage and includes a written exam, oral interview, background investigation, and physical and psychological exams. The written exam will be scheduled at the conclusion of the application acceptance period. You will be notified by letter of the written exam date.

With the exception of the Drug Screening, any candidate not successful in completing any aspect of the selection process may reapply with the next opening.

Thank You again for your interest in the Conover Police Department.

Respectfully yours,

A handwritten signature in black ink that reads "L. Eric Loftin".

Eric Loftin  
Chief of Police



Phone 828-464-4698, Fax 828-464-3075 [www.conoverncc.gov](http://www.conoverncc.gov)

*"This institution is an equal opportunity provider and employer."*



# City of Conover

## APPLICATION FOR EMPLOYMENT PERSONNEL DEPARTMENT

MAILING ADDRESS: POST OFFICE BOX 549, CONOVER, NORTH CAROLINA 28613  
LOCATION: 101 FIRST STREET EAST, CONOVER, NORTH CAROLINA 28613

QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR THE PRESENCE OF A NON-RELATED MEDICAL CONDITION OR HANDICAP

### ANSWER ALL QUESTIONS - PLEASE PRINT CLEARLY OR TYPE

POSITION APPLIED FOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

FULL-TIME  PART-TIME

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

NAME: \_\_\_\_\_ SS # \_\_\_\_\_  
(Last) (First) (Middle) (Maiden, if applicable)

PRESENT MAILING ADDRESS: \_\_\_\_\_  
(Street & Number or P.O. Box)

(City) (State) (Zip Code)

PERMANENT MAILING ADDRESS: \_\_\_\_\_  
(Street & Number or P.O. Box)

(City) (State) (Zip Code)

TELEPHONE: \_\_\_\_\_  
(area code if other than 828) (Home) (Business) (Other - Indicate whose number)

PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND THEREFORE SHOULD REPRESENT YOUR BEST EFFORT. FOR SOME POSITIONS, YOU MAY BE ASKED TO COMPLETE A SUPPLEMENTAL APPLICATION.

THE CITY OF CONOVER IS  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

## EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended	Graduate?	S/Q Hours	Major/Minor Course Work	Type Degree
High School		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
College University		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Graduate or Professional		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other educational vocational school, internships, etc.			<input type="checkbox"/> YES <input type="checkbox"/> NO			

## SKILLS

Check the following skills, experience, etc. which you have:

- |   |   |
|---|---|
| <input type="checkbox"/> Sign language<br><input type="checkbox"/> Braille skills<br><input type="checkbox"/> Typing (specify wpm) _____<br><input type="checkbox"/> Valid driver's license<br>If yes, Number _____ State _____ Class _____ | <input type="checkbox"/> Reliable transportation to work<br><input type="checkbox"/> Adding machine/calculator<br><input type="checkbox"/> Shorthand/speedwriting (specify wpm) _____<br><input type="checkbox"/> Other _____ |
|---|---|

If the position you are applying for requires specific courses, skills, registration, licenses or certification, please list below with dates, issuance and source of issuance.

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Have you ever been convicted of an offense against the law other than a minor traffic violation? (Note: a conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relationship to the job for which you are applying).  YES  NO If yes, please explain: \_\_\_\_\_

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## EMPLOYMENT DATA

In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, seasonal, summer and significant volunteer work. Details on any period of unemployment must be included.

Current or Last Employer:			Address:			
Job Title:			Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr)		Duties:				
Full Time	Years	Months				
Part Time	Years	Months				
If Part Time, number of hours worked per week: >						

Employer:			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If Part Time, number of hours worked per week:					

Employer:			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If Part Time, number of hours worked per week:					

Employer:			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If Part Time, number of hours worked per week:					

Employer:			Address:		
Job Title:			Supervisor's Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)			Duties:		
Full Time	Years	Months			
Part Time	Years	Months			
If Part Time, number of hours worked per week:					

IF ADDITIONAL SPACE IS NEEDED, PLEASE ASK FOR A CONTINUATION SHEET, OR USE A SHEET OF PAPER. ALL CONTINUATION SHEETS AND ADDITIONAL SHEETS OF PAPER CONTAINING EMPLOYMENT HISTORY MUST BE SIGNED AND DATED BY THE APPLICANT.

### PERSONAL DATA

Are you a citizen of the United States?  YES  NO  
If no, give the country of which you are a citizen and your alien registration number.

Do you have any relatives currently employed by the City of Conover?  YES  NO  
If so, who, in what position and in what department are they employed? What is the relationship?

### REFERENCE DATA

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section of this application.

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

Business or Home Address (Street)

City State Zip Code

Home Phone Business Phone

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

Business or Home Address (Street)

City State Zip Code

Home Phone Business Phone

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

Business or Home Address (Street)

City State Zip Code

Home Phone Business Phone

Please indicate by checking the appropriate box below how you found out about this vacant position:

- City's Job Opportunities List
- City Employee
- Radio
- Employment Security Commission
- Television
- Friend
- Newspaper (specify which paper)

Other (specify)

### DECLARATION OF APPLICANT

I CERTIFY THAT ALL OF THE STATEMENTS IN THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE IN THIS APPLICATION AND RELEASE OF ANY PERTINENT INFORMATION TO CITY OF CONOVER HIRING OFFICIALS. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION AND/OR DISMISSAL IF I AM EMPLOYED.

Signature of Applicant (unsigned applications will not be processed)

Date

### BEFORE SUBMITTING THIS APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY.
2. LISTED YOUR ZIP CODE CORRECTLY.
3. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
4. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY.
5. SIGNED AND DATED YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE CITY OF CONOVER. THE CITY OF CONOVER WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.



# City of Conover

## APPLICANT IDENTIFICATION SHEET

### EQUAL OPPORTUNITY INFORMATION

The City of Conover prohibits discrimination based on race, sex, color, creed, national origin, age or handicap. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are in reaching all segments of the population.

NAME: \_\_\_\_\_  
(Last) (First) (M.I.)

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE OF BIRTH			SEX	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(mo)	(day)	(year)	(male)	(female)
ETHNIC GROUP				
1 <input type="checkbox"/> White (Caucasian, non-Hispanic)				
2 <input type="checkbox"/> African American (non-Hispanic)				
3 <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)				
4 <input type="checkbox"/> Asian (including Pacific Islander)				
5 <input type="checkbox"/> American Indian (including Alaskan native)				

ARE YOU A VETERAN?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please give dates of service:	
From: _____	To: _____
Do you have a service related disability?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please specify: _____	

**HANDICAP:** (a handicap is any impairment which substantially limits a major life function.) This information is optional. Failure to provide this information will not subject you to any adverse treatment. It will be maintained separately and confidentially).

Please check:

- |  |   |
|--|---|
| 1 <input type="checkbox"/> Visual impairments/blindness                    | 7 <input type="checkbox"/> Respiratory impairment                         |
| 2 <input type="checkbox"/> Hearing impairment/deafness                     | 8 <input type="checkbox"/> Loss or impairment of upper and/or lower limbs |
| 3 <input type="checkbox"/> Cardiovascular disorder                         | 9 <input type="checkbox"/> Disabling diseases (arthritis, diabetes, etc.) |
| 4 <input type="checkbox"/> Emotional/mental disorder                       | 10 <input type="checkbox"/> Alcoholism                                    |
| 5 <input type="checkbox"/> Nervous system/neurological disorder (epilepsy) | 11 <input type="checkbox"/> Other (explain)                               |
| 6 <input type="checkbox"/> Speech impairment                               |   |

If you have indicated that you have one or more of the above mentioned handicaps, please indicate what type of accommodation/device you would need to assist you in the performance of the duties of the position for which you have applied:

Please indicate where such accommodations/devices may be obtained:

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

WHERE DID YOU LEARN OF THIS JOB OPENING? \_\_\_\_\_



**Authorization for Release of Personal Information  
Conover Police Department  
Certification/Employment Purposes**

To Whom It May Concern:

I am an applicant for a position with the Conover Police Department. In order to determine my suitability for employment, I understand that the Conover Police Department of Conover, 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 the Conover Police Department, (City) (county) of Conover, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Conover Police Department of Conover, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the (city) of Conover. 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 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 employment. I do further herby authorize the Conover Police Department, 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 employing agency.

I hereby acknowledge that this authorization is valid for one (1) 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 the Conover Police Department 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 the release, you can contact me as indicated below.

\_\_\_\_\_  
Applicant Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security #

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

Subscribed and sworn to before me,  
This is the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public & Seal

My Commission Expires: \_\_\_\_\_



## **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.





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 Owng \$ _____
	Name of Business	
	_____	City and State
	Street Address	
B.	_____	Amount Owng \$ _____
	Name of Business	
	_____	City and State
	Street Address	
C.	_____	Amount Owng \$ _____
	Name of Business	
	_____	City and State
	Street Address	

D. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

E. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

F. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_  
Name of Business

\_\_\_\_\_ City and State  
Street Address

**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:

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**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?

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When was the last time? \_\_\_\_\_

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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?

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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.

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**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:

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

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**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 (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 49.