

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

# **Personal History Statement**

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

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



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

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

7. Gender:  Male  Female \_\_\_\_\_

8. Do you object to wearing a uniform?  Yes  No

9. Do you object to working nights?  Yes  No

10. Do you object to working rotating shifts?  Yes  No

11. Do you object to occasionally being away from home overnight and/or for other periods of time to attend meetings, acquire training or otherwise perform official duties?  Yes  No

**EDUCATIONAL**

12. Indicate the type of High School you attended:

Traditional

Home School

GED

Distance Learning

Did not attend high school

Other: \_\_\_\_\_

**A. High Schools:**

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_

GRADUATED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_

GRADUATED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

**B. University or Colleges:**

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_

GRADUATED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_

GRADUATED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

**C. Continuing Education:**

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

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

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

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

**RESIDENCES**

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

From: (MM/YY)	To: (MM/YY)	Address, City, State	County	Landlord

**FAMILY HISTORY**

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

14. Marital Status:

Never Married  Married  Divorced  Engaged  Separated  Widowed

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

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

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

	Name	Birthdate	Relationship	With whom resides	Phone Number
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

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

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**FINANCIAL**

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

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

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22. Have you ever declared bankruptcy?  Yes  No IF YES, explain:

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

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

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

Firm / Business	Street Address	City / State	Amount Owing

**WORK HISTORY**

26. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made?  Yes  No **(If Yes, list agency name and reason.)**

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

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

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

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

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29. List all jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, temporary, part-time, paid or not paid employment and internships. **Put your present or most recent job first. List a Reason for Leaving for each job.** Include military service in proper time sequence and temporary part-time jobs. If you do not have a full ten year job history, be sure to provide an explanation.

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

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

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

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



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

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

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

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

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**MILITARY SERVICE**

30. Were you **ever** in the U.S. Military service or any other military organization? (Even if you served for only one day, list this service.)  Yes  No **If YES, complete #31 through #38. If NO, skip to #39.**

31. What was your service number? \_\_\_\_\_

32. A. What was the highest rank you held? \_\_\_\_\_

B. What was the last rank you held? \_\_\_\_\_

33. A. What was the date and location of your first enlistment and/or commission? \_\_\_\_\_

B. List all tours of duty where a DD214 was issued.

Branch	Date Entered	Date Released

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

Branch	Unit (Company or Ship)	Location	From (MM/YY)	TO (MM/YY)

35. What was the date and location of your last discharge from active duty? \_\_\_\_\_

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

- Uncharacterized (includes entry level separations)  Yes  No
- Honorable  Yes  No
- General (under honorable conditions)  Yes  No
- Under other than honorable conditions (includes undesirable)  Yes  No
- Bad Conduct discharge  Yes  No
- Dishonorable discharge  Yes  No
- Dismissal  Yes  No

37. Were you **ever** court martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captains mast, company punishment, article 15, written reprimand, and/or any other disciplinary action while a member of the military, Nation Guard or reserve unit?  Yes  No  
 If YES, explain what occurred and what type of punishment you received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**USE OF ALCOHOL**

**NOTE: In question #39 the word "drink" means one time or more, including experimentation.**

39. Do you drink alcoholic beverages?       Yes     No

**PRIOR CRIMINAL CONDUCT**

**Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification.**

**NOTE: The word "used" in the following questions includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.**

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

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

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42. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription.  Yes     No (If YES, please identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery or sale.)

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

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

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

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

**NOTE: 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 the offense and disposition. Juvenile charges or arrests should also be listed.**

**Include all offenses other than minor traffic offenses. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol and drugs), Failure to Stop in the Event of an Accident (hit and run) and Driving While License Permanently Revoked or Permanently Suspended (DWLR). Attached to this form is an additional list of North Carolina traffic offenses which should also be listed.**

**You must also include any and all charges and convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4, 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.**

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

Yes  No (If YES, complete the following and provide documentation of each offense listed.)

A. OFFENSE CHARGED: \_\_\_\_\_  
LAW ENFORCEMENT AGENCY: \_\_\_\_\_  
DATE OF CHARGE: \_\_\_\_\_  
DATE OF DISPOSITION: \_\_\_\_\_  
DISPOSITION: \_\_\_\_\_

B. OFFENSE CHARGED: \_\_\_\_\_  
LAW ENFORCEMENT AGENCY: \_\_\_\_\_  
DATE OF CHARGE: \_\_\_\_\_  
DATE OF DISPOSITION: \_\_\_\_\_  
DISPOSITION: \_\_\_\_\_

C. OFFENSE CHARGED: \_\_\_\_\_  
LAW ENFORCEMENT AGENCY: \_\_\_\_\_  
DATE OF CHARGE: \_\_\_\_\_  
DATE OF DISPOSITION: \_\_\_\_\_  
DISPOSITION: \_\_\_\_\_

D. OFFENSE CHARGED: \_\_\_\_\_  
LAW ENFORCEMENT AGENCY: \_\_\_\_\_  
DATE OF CHARGE: \_\_\_\_\_  
DATE OF DISPOSITION: \_\_\_\_\_  
DISPOSITION: \_\_\_\_\_

**ATTACH EXTRA SHEETS IF YOU ARE LISTING MORE THAN FOUR (4) CHARGES.  
CHECK HERE  IF ADDITIONAL SHEETS ARE ATTACHED.**

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

- (A) currently under indictment for information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (B) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (C) are a fugitive from justice.
- (D) are an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (E) have ever been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (F) have been discharged from the armed forces under dishonorable conditions.
- (G) are illegally in the United States.
- (H) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (A) and (B) above is defined in federal law so as to exclude most misdemeanors in North Carolina. If any of the above (A through H) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 15 of this document indicates you have read this section and understand each of the disqualifiers.

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46. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon?  Yes  No (If YES, explain)

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

OFFENSE CHARGED: \_\_\_\_\_

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

DATE OF CHARGE: \_\_\_\_\_

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

47. Have you ever been charged with or convicted of a felony? **You must include any and all felony charges and convictions regardless of whether or not they were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.**

Yes  No If YES, give details:

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

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49. Have you ever paid a court-imposed fine?

Yes  No If YES, give details:

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50. Do you or have you ever possess(ed) a driver's license from the State of North Carolina?  Yes  No  
License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

51. Do you or have you ever possess(ed) a driver's license issued in any state other than North Carolina?

Yes No If YES, give the State and number:

State \_\_\_\_\_ License Number \_\_\_\_\_

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

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

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

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**CAREER OBJECTIVES**

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

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

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

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**REFERENCES**

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

	Name	Address	City	State	Telephone
1.					
2.					
3.					
4.					
5.					

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

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

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

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

*SUBSCRIBED AND SWORN TO BEFORE ME,*

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

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

*Notary Public (Official Seal)*

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



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

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (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 44.

Name \_\_\_\_\_

Additional Employment

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

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

<b>Employer:</b>	<b>Address:</b> Text	
<b>Job Title:</b>	<b>Supervisor's Name:</b>	<b>Phone Number:</b>
<b>Date Employed (MM/YY):</b>	<b>Starting Salary:</b> Per:	<b>Ending or Current Salary:</b> Per:
<b>Date Separated (MM/YY):</b>	<b>List Major Duties in Order of Importance:</b>	
<b>Full Time:</b> YRS        MOS		
<b>Part Time:</b> YRS        MOS		
<b>If Part-time, hours worked per week:</b>		
<b>Reason for Leaving:</b>		

## **SUPPORTING DOCUMENT CHECKLIST**

Please furnish copies of the filling materials with your completed application packet:

1. High School Diploma
2. Birth Certificate
3. College Diploma (or) Transcripts
4. Copy of Driver's License
5. Social Security Card
6. Any certificate pertinent to position applied for (college seminars, mini courses, etc.)
7. Form DD-214 (Military Service)
8. Small Photograph (Polaroid or smaller)

# Authorization for Release of Information

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

In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that both the named hiring Agency and the North Carolina Sheriff's Education & training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB \_\_\_\_\_, Operators License# \_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the named hiring Agency and the North Carolina Sheriff's Education & Training Standards Commission regarding me whether of a privileged or confidential nature.

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

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the named hiring Agency and the North Carolina Sheriff's Education and Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's Education and 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 shall remain valid for the duration of the application process through the North Carolina Sheriffs' Education and Training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

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

**STATE OF NORTH CAROLINA**

**COUNTY OF** \_\_\_\_\_

**Subscribed and Sworn to before me, this the**

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

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

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

\_\_\_\_\_  
**(Applicant's Signature)**

\_\_\_\_\_  
**(Printed Name)**

**Address:** \_\_\_\_\_

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

# DAVIDSON COUNTY SHERIFF'S OFFICE

2511 E US Hwy 64 Lexington, NC 27292

*"Together Making Davidson County a Better and Safer Place"*

*Sheriff  
Richie Simmons*



*Emergencies: Dial 911  
Phone: 336-242-2105  
Fax: 336-242-3091*

**Important information for applicant:** Thank you for your interest in applying with our agency. To assist our background investigators in processing your application, **Please follow the instructions, listed below, for completing your entire application packet.**

## **1- Davidson County Application (THIS PROCESS MUST BE COMPLETED)**

- a- Start by completing the Davidson County application ON-LINE. (<https://www.co.davidson.nc.us/706/Employment-Opportunities>)
  - 1.) Click on "Employment Opportunities"
  - 2.) Scroll down to view vacant positions. You can click on "Career Portal" to log in to your existing account or begin setting up a new account, or you can,
  - 3.) Click on "Apply Now" to apply for open position(s) – IF APPLYING FOR DEPUTY SHERIFF YOU MUST ALSO APPLY FOR DETENTION OFFICER
  - 4.) If this is your first time applying for a position, you will be prompted to create an account and select a username and password. You cannot complete an application until an account has been set up. The information in your account will be saved and you can use that account to apply for additional open positions in the future.
  - 5.) Once your account has been created, follow the online directions to complete your application.
- b- Use each section designated for previous employment (list all jobs held, not just your current one).
- c- After completing the Davidson County application, you will have your choice of using "[On-line Forms](#)" or "[PDF Forms](#)" to complete the Sheriff's Applicant Packet. Before completing the on-line forms or any of the pdf forms, you should familiarize yourself with the "[Essential Job Functions for Law Enforcement](#)" document. Your choice of choosing either "[On-line Forms](#)" or "[PDF Forms](#)" will have no bearing in our selection process for the most qualified applicant.

## **2- Forms to be Completed**

- a- [Davidson County Application for employment](#)
- b- Form F-3 (Sheriff's Training and Standards Commission)
- c- Personal History Statement
- d- Autobiography

- e- Attachments and Accompanying Documentation (Document Checklist)
- f- Authority to Release Information
- g- References

### **3- On-line Forms**

- a- Links to the on-line forms are available for each of the forms listed above (b through g). These links are your personal links, belonging only to you, specifically. They should not be shared with anyone except for sharing the References link with your References to have them complete their referral information for you. You will be allowed to make changes to your information up until the deadline date for the position you are applying. **Note:** You are not obligated to use on-line forms. If you wish, you can choose to submit the *Sheriff's Application Packet* using Adobe Acrobat (.pdf) forms instead (see below).

### **4- PDF Forms**

- a- Adobe Acrobat (.pdf) forms are available for each of the forms listed above (b through f), and can be found here, [Davidson County Sheriff's Applicant Packet PDF Forms](#). After completing these forms, you can print them and send them to the designated mailing address (shown at the bottom of this page). DO NOT e-mail these forms to us since these documents will contain sensitive and confidential information. Note: you are not obligated to use the Adobe Acrobat (.pdf) forms if you prefer to submit your application packet using on-line forms instead.

Adobe Acrobat (.pdf) forms are available for each of the forms listed above (b through g), and can be found here, [Davidson County Sheriff's Applicant Packet PDF Forms](#). After completing PDF forms, you can print them and send them to the designated mailing address (below). DO NOT e-mail these forms back to us since these pdf documents will contain *your* sensitive and confidential information. You may, however, mail or drop them by the Sheriff's Office on a USB Flash Drive. When you complete PDF forms, please return the entire completed packet of information to Lt. M. Barnes or Sgt. Willis c/o Davidson County Sheriff's Office/Personnel Unit, 2511 East US Highway 64, Lexington, NC 27292 or in person between the hours of 9:00 am and 4:00 pm Monday through Friday by the deadline date of submission. **Note:** you are not obligated to use the Adobe Acrobat (.pdf) forms. If you wish, you can choose to submit your application packet using on-line forms instead.

### **5- Important Information for Application**

- a- You must furnish a copy of all documents from checklist (including colored picture).
- b- Review the essential job functions for the position you are applying for, be familiar with all.
- c- The Authority to Release Information form is required, otherwise, we cannot conduct a background on you as an applicant. Should you be invited in for an interview, we will have you sign this document in front of a notary.

**PAY CLOSE ATTENTION TO THE FOLLOWING:** False or misleading statements on the application forms will result in immediate disqualification of the application.

1. Answer all questions, if questions do not apply indicate by N/A.
2. List current addresses, home and work phone numbers of former employers and personal references. Give names of references that have known you at least one year.
3. College transcripts, address and phone numbers are required.

4. Give dates of any name changes.

**FAILURE TO COMPLY WITH ABOVE REQUESTS WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION!**

**If you have completed PDF forms, please return the entire completed package of information to Lt. M. Barnes or Sgt. Willis c/o Davidson County Sheriff's Office/Personnel Unit, 2511 East US Highway 64, Lexington, NC 27292 or in person between the hours of 9:00 am and 4:00 pm Monday through Friday.**

# PERSONAL HISTORY STATEMENT

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE/MAIDEN)

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED

NAME OF SPOUSE/FIANCE: \_\_\_\_\_

ADDRESS OF SPOUSE/FIANCE: \_\_\_\_\_

EMPLOYMENT OF SPOUSE/FIANCE: \_\_\_\_\_

## INFORMATION ON FAMILY MEMBERS:

FATHER: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BRO/SIS: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BRO/SIS: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



LIST ANY CRIMINAL CHARGES OR WRITTEN CITATIONS YOU HAVE RECEIVED  
(EVEN AS A JUVENILE)

DATE

CHARGE

DISPOSITION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

**DAVIDSON COUNTY SHERIFF'S OFFICE**

**REFERENCES**

**APPLICANT'S NAME** \_\_\_\_\_

**REFERENCE NAME** \_\_\_\_\_

**REFERENCE ADDRESS:** \_\_\_\_\_

**REFERENCE CITY, STATE, ZIP:** \_\_\_\_\_

**REFERENCE PHONE NUMBER:** \_\_\_\_\_

**REFERENCE E-MAIL:** \_\_\_\_\_

**QUESTIONS:**

1.      **HOW LONG HAVE YOU KNOWN THE APPLICANT?**
  
2.      **WHAT IS YOUR RELATIONSHIP TO THE APPLICANT?**
  
3.      **WHAT TYPE OF PERSONALITY DOES THE APPLICANT HAVE?**
  
4.      **IS THE APPLICANT RELIABLE, HONEST, AND DEPENDABLE?**
  
5.      **IS THE APPLICANT COURTEOUS IN CONTACTS WITH OTHERS, INCLUDING ATTITUDES TOWARD DIFFERENT RACES, RELIGIONS, AND NATIONALITIES?**
  
6.      **IS THIS PERSON MATURE AND RESPONSIBLE?**
  
7.      **CAN THE APPLICANT HANDLE PROBLEMS WHEN CONFRONTED WITH THEM?**

8. **DO YOU FEEL THE APPLICANT HAS THE ABILITY TO MAKE A SOUND DECISION?  
EXPLAIN?**
  
9. **DOES THE APPLICANT PARTICIPATE IN ATHLETICS OR TEAM ACTIVITIES?**
  
10. **DOES THE APPLICANT LIVE WITHIN HIS/HER MEANS?**
  
11. **IS THE APPLICANT DEDICATED TO HIS/HER FAMILY?**
  
12. **WHAT KIND OF RELATIONSHIP DOES THE APPLICANT HAVE WITHIN HIS/HER  
NEIGHBORHOOD AND WITH HIS/HER FRIENDS?**
  
13. **DESCRIBE THE APPLICANTS SOCIAL LIFE?**
  
14. **HOW DOES THE APPLICANT FEEL TOWARD AUTHORITY?**
  
15. **TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN ARRESTED OR CHARGED  
WITH A CRIMINAL OFFENSE OR EVEN RECEIVED A TRAFFIC TICKET?**

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

**SIGNATURE** \_\_\_\_\_