



READ BEFORE COMPLETING THE APPLICATION PACKET

- ♦ *The Application Packet may be typed or NEATLY written in blue or black ink*
- ♦ *There are multiple sections and documents to the application packet. Read the instructions on each document CAREFULLY and strictly adhere to the instructions.*
- ♦ *The supporting documents that you are required to obtain are detailed on the checklist. Pay close attention to which documents must be originals and which may be copies.*

F3 PERSONAL HISTORY STATEMENT

- The Employment History Section applies to the last 10 years of your life, regardless of the amount of time that you were employed. Attach additional sheets if necessary.
- Unless otherwise indicated, all other sections or questions of the F3 Personal History Statement apply to your **ENTIRE** life.
- Read each question **CAREFULLY** before providing your answer, attach a separate sheet if a detailed explanation is needed.

POLYGRAPH QUESTIONNAIRE

- Unless otherwise indicated, all sections or questions of the Polygraph Questionnaire apply to your **ENTIRE** life.
- Where applicable, provide your age or the date to any “yes” answer.
- Where applicable, provide numbers or a numerical range to any “yes” answer.
- Provide a complete and detailed explanation for every “yes” answer.
- Attach a separate sheet for any explanation longer than a single sentence.
- It is ALWAYS better to provide more information than to omit any information. “When in doubt, write it out.”

If you have questions or are unclear about any part of the application packet or instructions, contact the Raleigh Police Department Recruiting Office at (919) 996-1343 before you submit the completed and notarized application packet.

APPLICATION PACKET CHECKLIST REQUIRED DOCUMENTS

I have enclosed the completed documents for review by the Raleigh Police Department's Recruitment Office.

Applicant's name: _____ Date: _____

REQUIRED FORMS TO BE COMPLETED AND MAILED AFTER SUBMITTING APPLICATION IN NEOGOV:		Are the following items complete and in the packet to be mailed?
1.	Raleigh Police Department's Pre-employment/Polygraph questionnaire	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	City of Raleigh's Management Policy 100-24: Employment of relatives	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Authorization for Release of Personal Information to Law Enforcement Agencies for Certification/Employment Purposes (must be notarized)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Authorization for Credit Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Completed Physician's Waiver signed by a medical doctor (physician)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Authorization for Drug screening	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Personal History Statement - F3 form (must be notarized) - Listing all employers and listing at least 10 personal references with e-mail addresses if available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPORTING DOCUMENTATION THAT NEEDS TO BE MAILED WITH APPLICATION PACKET:		
8.	Copy of valid Driver's License showing your current residence (valid means not expired)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Copy of Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Copy of Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Copy of High School Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Official transcript of high school grades (sealed in original envelope) -This item can be mailed directly to our agency from the school	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, is the school mailing this document directly to our agency? _____
13.	Copy of College Diploma from each college graduated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14.	Official transcript of college grades from each college you have attended (sealed in original envelope) - This item can be mailed directly to our agency from the school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, is the school(s) mailing this document directly to our agency? _____
15.	Copy of Military Discharge Form: DD214 Member 4 Form (Long version)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16.	Military only: SF180 Form completed with request to have documents mailed to 6716 Six Forks Road Raleigh, NC 27615	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17.	Copy of Naturalization papers (if you are a Naturalized U.S. Citizen)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18.	Certified court record of Criminal/Civil Check for all of the counties in each state/country of residence since the age of 16: (name of the counties) <i>NOTE: Some States have agencies that can run a statewide criminal/civil check while other States require the individual to make the request from each county they have resided in.</i> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No All of the criminal/civil checks must be in your packet before mailing.
19.	Certified record of Driving Record for each State/Country of residence since the age of 16: (name of the States/Countries) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No All of the driving record checks must be in your packet before mailing.
20.	Have you made a copy of this entire application packet and the checklist for your records before submitting?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application and all supporting documents to be mailed to:

Raleigh Police Department
Attn: Recruiting Unit
6716 Six Forks Road
Raleigh, NC 27615

FOR LATERAL APPLICANTS ONLY (Questions 21-29)		Are the following items complete and in the packet to be mailed?
21.	Lateral Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	B.L.E.T. and/or Academy Course Curriculum - On agency's letterhead listing the courses and the hours completed for each course	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	In-service Training Records - On agency's letterhead listing the courses and the hours completed for each course	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	F-9 Firearm Scores	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Certificates and/or awards	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Supporting Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Copy of last two Performance Evaluations	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	<p>The following item can be requested in the final stages of the employment process but is needed prior to being hired by our agency:</p> <p>Employment verification on law enforcement agency(s) letterhead listing:</p> <ul style="list-style-type: none"> - the date the letter was written - the officer's full name - start date of employment - end date of employment or the statement "currently employed" - years of service - the following statement "the applicant is a full-time sworn officer" - the name and number of a contact person if we have any questions 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
29.	Miscellaneous paperwork:	

Internal use only:

Name of reviewer:	Date received:
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CITY OF RALEIGH POLICE DEPARTMENT

Honesty Statement

PLEASE READ CAREFULLY: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment with the City of Raleigh or prohibit your certification as a law enforcement officer with the State of North Carolina. Truthful statements to any item requested will not necessarily exclude you from consideration. During the course of the hiring process, you will be asked to answer many questions and to provide much information about your life. We expect you to tell the truth at all times and we expect you to maintain a high level of integrity. If you lie, provide false information or engage in deception during any part of the application process, you will be eliminated from further consideration immediately.

Applicant
Signature: _____

Date: _____

CITY OF RALEIGH POLICE DEPARTMENT

Pre-Employment / Polygraph Questionnaire



Applicant Name: _____

Status: _____

**Raleigh Police Department
Pre-Employment/Polygraph QUESTIONNAIRE**

Exam # _____

Instructions to Applicant

Each applicant is hereby advised the contents of this booklet are held strictly **CONFIDENTIAL** and no information is disseminated to any person except when essential to the conduct of official law enforcement activities or hiring practices. Every answer herein entered will be checked during the polygraph examination. **FOR ANY LENGTHY EXPLANATIONS, A CONTINUATION PAGE OR PAGES MUST BE ATTACHED.**

LAST NAME	FIRST	MIDDLE	DATE	TIME
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ADDRESS

CITY	STATE	ZIP
------	-------	-----

HOME#	WORK#	CELL#
AREA CODE/#	AREA CODE/#	AREA CODE/#

E-MAIL ADDRESS: _____

DATE OF BIRTH:	SSN#:
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CURRENT DRIVER'S LICENSE#:	PREVIOUS STATE(S):
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HIGH SCHOOL OR GED	SCHOOL	GRAD. DATE	CLASS RANK/GPA
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COLLEGE OR UNIVERSITY:	COLLEGE	STATE	DATE	GPA	DEGREE
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MILITARY:	BRANCH	# OF YEARS	HIGHEST RANK	HONORABLE DISCHARGE	ETS/EAS
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ANY PROBLEMS IN MILITARY ☐ Yes / ☐ No
(Article 15, NJP, Captain's Mast, reprimands, etc. **EXPLAIN ON SEPARATE SHEET, INCLUDING PUNISHMENT**):

Name and Address

1	List your full name	
2	Have you ever gone by a different name?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
3	Has your name ever been changed by court order?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
4	Have you ever used an alias?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

Employment

1	Did you list ALL the jobs you have ever held for the past ten years, both part-time, full-time and internships, on your Personal History Statement (F-3)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If no, explain:	
2	Have you ever been terminated or fired from a job?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
3	Have you ever quit a job before you were about to be terminated or fired?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
4	Have you ever been reprimanded or "written up" for being late or absent?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
5	Have you ever been reprimanded or "written up" for misconduct or poor job performance?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
6	Have you ever falsified or altered any official document relating to your employment?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
7	Have you ever been asked to resign en lieu of being terminated or fired?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

Credit

1	Do you have any outstanding civil judgments?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
2	Have you ever been sued? Have you ever sued anyone else?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
3	Do you have any outstanding credit accounts that are delinquent?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain and provide amount:	
4	Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

	If yes, explain:	
5	Have you ever had a house foreclosed on, or a vehicle (or other item repossessed)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
6	Are you currently behind on any bills or any other payments to any creditor?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain and provide amount:	

Arrests and/or Undetected Crimes

1	Have you ever committed, participated in, or taken part in any of the following crimes?			
	Murder (1 st , 2 nd Degree Manslaughter, Vehicular, etc...)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Robbery (From Person or Business, with or without a weapon)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Burglary (Residential or Commercial)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Arson	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Assault (Any incident in which an injury occurred or a weapon was involved, or was reported to law enforcement or that law enforcement responded to)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Intentionally cause harm to any animal (to include engaging in dog fighting, does not include hunting or fishing)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Domestic-related assault (or any physical altercation between spouses, partners or persons with whom you've had an intimate relationship)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Theft or larceny of a motor vehicle	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Rape [1 st , 2 nd Degree, use of impairing substance (i.e.: "date-rape drug") or with a handicap person, etc...]	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Forcible Sex Offense (any other sex act with someone against that person's will or without their consent)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Any Sex Crime Involving Minors (Statutory Rape, Statutory Sex Offense, Indecent Liberties with a minor, Possession or Distribution of Child Pornography)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Other Sexual Related Crimes (i.e.: bestiality, necrophilia, etc., Incest, Indecent Exposure, Peeping Tom, Prostitution or Solicitation of a Prostitute, Paying for Sexual Services or Favors, etc.)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Explain any yes answer:			
2	Have you ever been charged or convicted of any crime? (either arrested, given a summons or a citation; including any charge still pending, dismissed or has been expunged)			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain (please include dates, city or county and state of offense, and disposition of case):			
3	Have you ever been incarcerated in any jail, prison or detention facility?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:			

4	Have you ever unlawfully possessed a firearm or possessed any illegal type of firearm?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
5	Have you ever committed a crime for which you were not charged? This includes minor offenses such as vandalism, trespassing, underage possession/consumption of alcohol, providing alcohol to a minor, etc.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
6	Have you ever been involved in any criminal enterprise? (Conspiracy to commit any crime, blackmail, racketeering or extortion, manufacture or sale of illegal drugs, any involvement in any gang, or in any extremist group (to include militia groups, any group that practices discrimination against any race, gender, religion or that advocates the overthrow of the government) or terrorist organization, etc.)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
7	Have you ever been investigated for any criminal offense even if you were not charged or convicted?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
8	Have you ever committed any type of fraud (i.e.: credit card fraud, identity theft, filed false insurance claims, phishing, skimming, forgery, counterfeiting - currency or goods.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
9	Have you ever been involved in any physical altercation since the age of 16? (Was any law enforcement agency involved? Any medical attention required?)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
10	Have you ever had a restraining order or any type of protection order taken out against you?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
11	Have you ever taken out a restraining order against anyone else?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
12	Have the police ever been called or responded to your residence for any reason?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

Theft

1	Did you ever steal anything (to include the following acts)? If yes, how many times? When was last time?			
	Shoplifting	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Money from Employer	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Money	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Merchandise or Property from Employer	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Merchandise or Property	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Items from Motor Vehicle	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Receive stolen merchandise	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Items from Person	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Public property (street signs, traffic cones, etc.)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Items from Residence	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	Explain any yes answer(s):			

Illegal Substances

1	Have you ever used Marijuana (includes all forms of marijuana or cannabis, such as hash, hashish, BHO, THC in Vape Pen, edibles, synthetic cannabinoid such as K2 or "spice", etc.?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain frequency of use (approximate number of times):	
2	When was the last time you used Marijuana (approximate date)?	
3	Have you ever used any other illegal drugs including but not limited to cocaine, LSD, MDMA (ecstasy), heroin, psilocybin (mushrooms), methamphetamine (crank, crystal), anabolic steroids, GHB (or any analogue form), ketamine (Special K), PCP (angel dust), or chemical inhalants (paint, air dusters, gasoline, etc), etc.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain frequency of use (approximate number of times):	
4	When was the last time you used any illegal drugs <i>not including marijuana</i> (approximate date)?	
5	When was the last time you were around any illegal drugs <i>including marijuana</i> (approximate date and circumstances)?	
6	Have you ever used any prescription drugs other than those prescribed to you by a physician?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, please specify drug(s) name and frequency of use (approximate number times):	

Traffic Violations

1	Has your driver's license ever been revoked or suspended in this state or any other state? For what reason and when was license restored?	<input type="checkbox"/> Yes / <input type="checkbox"/> No																																			
	If yes, explain:																																				
2	Have you ever been involved in a hit & run?	<input type="checkbox"/> Yes / <input type="checkbox"/> No																																			
	If yes, explain:																																				
3	List ALL traffic charges you have ever received. This includes citations, summons, and physical arrests to include dismissals, not guilty, nol pros, prayer for judgment (PJC), expungement, or any other disposition where entered a plea of guilty.																																				
	<table border="1"> <thead> <tr> <th></th> <th><u>Charge</u></th> <th><u>Date</u></th> <th><u>County/State</u></th> <th><u>Disposition</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>Charge</u>	<u>Date</u>	<u>County/State</u>	<u>Disposition</u>	1.					2.					3.					4.					5.					6.					
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Police Experience

1	Have you previously applied with the Raleigh Police Department? (If yes, when?)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2	What other law enforcement agencies have you applied with, to include corrections departments? When?	
3	Have you ever been employed by another law enforcement agency?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, what agency (ies)?	
4	Why did you leave that agency?	
5	Have you ever received any disciplinary action while employed with any law enforcement agency?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

For Prior Law Enforcement Only [\(Complete only if you have been a certified law enforcement officer\)](#)

1	Have you ever been interviewed by Internal Affairs? (Professional Standards)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
2	Have you ever been investigated for unnecessary or excessive force?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
3	Have you ever abused your authority as a police officer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
4	Have you ever damaged any city/county property without reporting it?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
5	Have you ever lied in court to convict someone?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
6	Have you ever received a complaint that was sustained, not sustained or unfounded?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	



CITY OF RALEIGH, NC

POLICY NO: 100-24

DATE: February 1, 2008

PAGE: 1 of 1

MANAGEMENT POLICY

TITLE EMPLOYMENT OF RELATIVES

No person shall be employed, promoted, demoted, transferred or otherwise appointed to a position supervised directly by a relative. Department heads may make transfers or reassignments, when possible, that will allow the appointment to take place but avoid supervision or other situations where influence over a relative's employment conditions could be exercised.

No person serving as evaluator of applicants for employment (interviewer, selection panel member, assessor, etc.) may be a relative of any applicant for that position.

This policy applies to all employment actions, including new hires, promotions, demotions and transfers effective this date and following. Department heads are responsible for compliance with this policy and ensuring that favoritism does not occur.

Every new hire and candidate for promotion will sign a statement acknowledging an understanding of this policy and its potential effect on their employment with the City of Raleigh.

DEFINITION OF RELATIVE: For the purposes of this policy, relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, including such relationships by marriage, and first cousin.

A handwritten signature in blue ink, reading "J. Russell Allen".

J. Russell Allen
City Manager

I have read this policy and understand that my employment and promotional opportunities with the City of Raleigh may be affected if I have relatives also employed by the City.

Are you related by blood or marriage to any person now employed by the City of Raleigh?

☐ YES ☐ NO

NAME OF RELATIVE

RELATIONSHIP

DEPT/DIV EMPLOYED

SIGNED

DATE



CITY OF RALEIGH POLICE DEPARTMENT

Authorization for Release of Personal Information to Law Enforcement Agencies for Certification/Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Raleigh Police Department. In order to determine my suitability for employment, I understand that the Raleigh Police Department, City of Raleigh, 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, _____, Operator's 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, 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 Raleigh Police Department, City of Raleigh, North Carolina regarding me whether of a privileged or confidential nature.

In the event that I am offered and accept a conditional offer of employment, I authorize any doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records to produce and provide copies of any and all information to the authorized agent of the Raleigh Police Department, City of Raleigh, North Carolina regarding me whether of a privileged or confidential nature, as allowed by and in compliance with the Americans with Disabilities Act.

Moreover, I hereby release the Raleigh Police Department, City of Raleigh, 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 Raleigh. And, I hereby release the issuing agency and its agents and employees, both individually and

6716 SIX FORKS ROAD, RALEIGH, NC 27615
PHONE: (919) 996-1343
www.joinraleighpd.org

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 as allowed by law. I do further authorize the Raleigh 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 no limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

I ☐ do ☐ do not give consent for the Raleigh Police Department to contact my present employer prior to a conditional offer of employment being tendered. I understand that information obtained from my current employer could result in the conditional offer being rescinded.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

(Applicant/Officer Signature)

(Printed Name)

Address: _____

Phone Number: _____

STATE OF NORTH CAROLINA
COUNTY OF _____

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

Notary Public (Official Seal)

My Commission Expires: _____, 20____

6716 SIX FORKS ROAD, RALEIGH, NC 27615
PHONE: (919) 996-1343
www.joinraleighpd.org



CITY OF RALEIGH POLICE DEPARTMENT

NOTE: This form is a part of your application for employment, promotion or lateral transfer with the City of Raleigh. It must be signed and dated in order for your application to be processed.

AUTHORIZATION FOR CREDIT CHECK

As a part of the normal hiring process for applicants to the Raleigh Police Department, a consumer credit report will be obtained on each applicant. The Consumer Credit Reporting Act of 1996 (CCRA) requires that the applicant/employee be notified in a document consisting solely of the notice that a consumer report may be used, and the applicant/employee must authorize this use in writing before the consumer report is obtained.

If you are applying for a position in the Public Health and Safety (PHS) category, and under certain circumstances, non-PHS categories, you will be required to consent to a check of your credit history prior to employment, a promotion, or lateral transfer.

Your signature on this form indicates that you are aware of our policy, which follows the guidelines set forth in the Consumer Credit Reporting Act of 1996 (CCRA), concerning credit checks and that you consent to our obtaining information about your credit history as part of the selection process.

Your signature also indicates that you are aware that confirmed negative results of your credit history can be cause for your disqualification from the application process. However, if a negative consumer credit report is the sole reason for an applicant being eliminated from the selection process for employment, promotion, or lateral transfer, then, according to the Consumer Credit Reporting Act of 1996 (CCRA), the applicant must be provided with a copy of the credit report and a copy of their rights under the Fair Credit Reporting Act (FCRA).

Date

Signature

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CITY OF RALEIGH POLICE DEPARTMENT

NOTE: This form is a part of your application for employment, promotion or lateral transfer with the City of Raleigh. It must be signed and dated in order for your application to be processed.

AUTHORIZATION FOR DRUG SCREENING

It is the policy of the City of Raleigh to maintain a workforce that is free of drug and alcohol abuse that may impair judgment and result in an accident or injury to one's self, other employees, or the general public.

If you are applying for a position in the Public Health and Safety (PHS) category, and under certain circumstances, non-PHS categories, you will be required to consent to a drug screening prior to employment, a promotion, or a lateral transfer.

Your signature on this form indicates that you are aware of our policy concerning drug screening and that you consent to a drug screening as a part of the selection process.

Your signature also indicates that you are aware that confirmed positive drug test results that cannot be substantiated by medical evidence of legitimate prescribed drug use will be cause for disqualification, or other actions prescribed in the Substance Abuse Policy, if already employed.

Date

Signature

6716 SIX FORKS ROAD, RALEIGH, NC 27615
PHONE: (919) 996-1343
www.joinraleighpd.org



CITY OF RALEIGH POLICE DEPARTMENT

RALEIGH POLICE PRE-EMPLOYMENT PHYSICIAN STATEMENT

I, _____, as a medical provider for
(Physician / Physician Assistant / Nurse Practitioner)
_____, a police applicant wishing to
(Applicant)

participate in the Pre-Employment Physical Fitness Assessment and Polygraph Examination, sponsored by the City of Raleigh, do hereby state that the aforementioned individual can safely perform these procedures. I have reviewed the attached physical fitness requirements, and I understand that the polygraph examination may result in an increased level of physiological stress to the applicant.

Print/Type Name of Physician / Physician Assistant / Nurse Practitioner

Signature of Physician / Physician Assistant / Nurse Practitioner

Date

Raleigh Police Department

Pre-Employment Physical Fitness Assessment

All applicants that are approved to proceed in the application process beyond the initial interview will be required to participate in a physical fitness assessment. This physical fitness evaluation is designed by The Cooper Institute. The assessment will be administered by Raleigh Police Department Specialized Physical Fitness Instructor(s). All events will be completed in the order shown below. All events will be clearly described and or demonstrated by a physical fitness instructor before the event is performed by the applicant.

- **Height and weight measurement**
- **Absolute strength testing – 1 maximum repetition bench press**
The applicant will be given time to warm up with light weight to prevent muscle injury. The weights will be loaded based on the following criteria, one half the estimated maximum weight or $\frac{2}{3}$ the body weight for males and $\frac{1}{2}$ the body weight for females. Weight will be added to the weight bar based on the ease or difficulty of the lifts. The maximum lift will be attempted on the 5th or 6th lift or when the applicant feels he/she is ready for the maximum attempt.
- **One minute sit up test**
The applicant will perform as many sit ups as possible in a 60 second time frame. The applicant must maintain the proper position of lying flat on their back, knees bent at a 90 degree angle and arms crossed at the chest. The repetition will not be counted unless the applicant touches their knees with their elbows.
- **One minute push-up test**
Each applicant will complete as many push-ups as possible without breaking form in a one minute time period. A push up repetition is successful when the applicant lowers their body down to where their chin touches an instructor's fist that is placed on the floor under the chin.
- **Vertical jump test**
Each applicant will stand with one side towards a flat wall. The applicant will reach as high as possible with their feet remaining on the floor and touch a slap stick device to mark his/her standard reach. The applicant will then jump as high as possible and touch the slap stick device as high as possible above the standard reach. One foot must remain stationary on the floor while preparing to jump. No running starts will be allowed.
- **Aerobic power testing – 1.5 mile test**
Each applicant will complete a 1.5 mile test. Applicants must complete this task by either running or walking. The course for this event will include 6 laps around a 440 yard track or the equivalent.
- **300 meter run test**
Each applicant will complete a 300 meter run. Applicants should complete this task in a sprint. The sprint will take place on a 440 yard track or the equivalent.

All applicants should be prepared to complete all tests in the physical fitness assessment to the best of their ability. Applicants must achieve an overall score of fair or above on the Pre-Employment Physical Fitness Assessment to proceed in the application process. For minimum score of fair, please visit the website: <http://joinraleighpd.org/physical-assessment.html>.



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
☐ Asian American
☐ Black

- ☐ Spanish American
☐ White
☐ 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 Owning \$ _____
Name of Business

_____ City and State
Street Address

B. _____ Amount Owning \$ _____
Name of Business

_____ City and State
Street Address

C. _____ Amount Owning \$ _____
Name of Business

_____ City and State
Street Address

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 if it became necessary in the performance of official duties?

REFERENCES

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

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

STATE OF NORTH CAROLINA

COUNTY OF _____

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

This the _____ day of _____, 20 ____

(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

REFERENCES

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

REFERENCES

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

Name:	
Address:	
Work Phone:	
Home Phone:	
Cell Phone:	
E-Mail Address:	

LATERAL APPLICANTS

In-state: A law enforcement officer with general certification may transfer from one law enforcement agency in North Carolina to another law enforcement agency in the state, provided he or she has less than a 12-month break in service. If you have been separated for more than 12-months but less than 36-months, you must complete the required Legal Unit (minimum of 96 hours) at our Academy.

Out-of-state transferees will be evaluated to determine the amount and quality of their training and experience. At a minimum, out-of-state candidates must have two years of full-time, sworn law enforcement experience and have successfully completed a basic law enforcement training course accredited by the state from which they are transferring in order to be considered for transfer to a North Carolina law enforcement agency. Out-of-state transferees cannot have a break in service exceeding one year.

Out-of-state transferees must successfully complete an eight week lateral academy class. They must also complete the Legal Unit (minimum of 96 hours) of the Commission-accredited BLET and successfully pass the entire state comprehensive examination within their 12-month probationary period.

The following documents are required of all lateral applicants (from each employed law enforcement agency):

1. Completed Lateral Resume
2. Letter on departmental letterhead detailing your employment dates as a full-time sworn police officer or deputy sheriff:
 - a. the date the letter was written
 - b. the officer's full name
 - c. start date of employment
 - d. end date of employment or the statement "currently employed"
 - e. years of service
 - f. the following statement "the applicant is a full-time sworn officer"
 - g. the name and number of a contact person if we have any questions
3. Supporting documents to include:
 - a. Copy of certification
 - b. Training records (must be on agency letterhead showing the Academy course curriculum records detailing **each topical unit and the number of course hours** and in-service records)
 - c. Certificates and awards
 - d. Firearm qualification scores
4. Copies of your previous two performance evaluations

LATERAL ENTRY RESUME

FULL NAME: _____

(For Internal Use Only)

Years of RPD Equivalent Service (total of boxes below)	
Lateral Entry Salary	\$

LAW ENFORCEMENT EMPLOYMENT ASSIGNMENTS

Note: You should provide a detailed description of the duties of each rank and assignment on your City application. This information will be used in assessing your equivalent service.

DEPARTMENT NAME, CITY, STATE RANK, ASSIGNMENT, DUTIES	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE RANK, ASSIGNMENT, DUTIES	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE RANK, ASSIGNMENT, DUTIES	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE RANK, ASSIGNMENT, DUTIES	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE RANK, ASSIGNMENT, DUTIES	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE

LATERAL ENTRY RESUME

FULL NAME: _____

PROFESSIONAL SPECIALIZED TRAINING, SPECIAL SKILLS AND ASSIGNMENTS

DATES: FROM - TO	LOCATION	HRS	DESCRIPTION

EDUCATIONAL RECORD

DATES: FROM - TO	MAJOR	NAME OF INSTITUTION LOCATION: CITY, STATE	HRS	DEGREE EARNED

ATTACHMENTS

In-State Transfers should attach:

- ☐ In-service training records
- ☐ Copies of educational certificates and/or diplomas

Out-of-State Transfers should attach:

- ☐ In-service training records
- ☐ Copies of educational certificates and/or diplomas
- ☐ Letter from previous law enforcement agency detailing dates of full-time, sworn service
- ☐ Copy of Basic Law Enforcement Training (BLET) course certificate of successful completion
- ☐ Topical breakdown/syllabus of the courses completed in BLET

LATERAL ENTRY RESUME

FULL NAME: _____

PAST FIREARMS EXPERIENCE

1. What weapon system did you have at your prior agency? Please include the make, model and caliber.
2. How long were you assigned to this weapon?
3. What shooting distances and positions was part of your qualification courses of fire?
4. How many times a year did you qualify?
5. Did your qualification courses mandate night fire?
☐ YES ☐ NO
6. Was the use of a flashlight required during this night fire course?
☐ YES ☐ NO
7. Have you had any training with a shotgun as part of your past Police experience?
☐ YES ☐ NO

If so, please explain.
8. Have you ever trained with "Simunitions" or any other force on force training system?
☐ YES ☐ NO
9. Have you had any prior training in Rapid Deployment or Active Shooter situations?
☐ YES ☐ NO
10. Please detail any other firearms experience that you may have.