



READ BEFORE COMPLETING THE FOLLOWING DOCUMENTS

- ◆ *The F3 Personal History Statement does NOT need to be notarized prior to submission.*
- ◆ *Explanation Sheets are to be used for any answer that requires additional space.*
- ◆ *This document is to be completed electronically (NOT handwritten) and uploaded into the Attachments section of your NeoGov account.*



F3 PERSONAL HISTORY STATEMENT

- In order to provide complete and detailed answers, you should use the included **Explanation Sheet(s)** for any question where your answer requires additional space.
- The Employment History Section applies to the last 10 years of your life, regardless of the amount of time that you were employed.
- Unless otherwise indicated, all other sections or questions of the F3 Personal History Statement apply to your **ENTIRE** life.



PRE-EMPLOYMENT/POLYGRAPH QUESTIONNAIRE

- In order to provide complete and detailed answers, you should use the included **Explanation Sheet(s)** for any question where your answer requires additional space.
- 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.
- 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.

CITY OF RALEIGH POLICE DEPARTMENT

Pre-Employment / Polygraph Questionnaire



Applicant Name:

**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	
ADDRESS					
CITY			STATE	ZIP	
HOME#	WORK#	CELL#			
AREA CODE/#	AREA CODE/#	AREA CODE/#			
E-MAIL ADDRESS:					
DATE OF BIRTH:					
			SSN#:		
CURRENT DRIVER'S LICENSE#:			PREVIOUS STATE(S):		
HIGH SCHOOL OR GED					
SCHOOL		GRAD. DATE	CLASS RANK/GPA		
COLLEGE OR UNIVERSITY:					
COLLEGE		STATE	DATE	GPA	DEGREE Y/N
MILITARY:					
BRANCH	# OF YEARS	HIGHEST RANK	HONORABLE DISCHARGE Y/N	ETS/EAS	
ANY PROBLEMS IN MILITARY <input type="checkbox"/> Yes / <input type="checkbox"/> 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.	
	<u>Charge</u>	<u>Date</u>
	<u>County/State</u>	<u>Disposition</u>
1.		
2.		
3.		

4.				
5.				

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:	

EXPLANATION SHEET

EXPLANATION SHEET



**NORTH CAROLINA CRIMINAL JUSTICE
EDUCATION AND TRAINING STANDARDS COMMISSION**

PERSONAL HISTORY STATEMENT

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.

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.

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

Position(s) applied for: Police Officer Corrections Officer
 Probation/Parole Officer Juvenile Justice Officer Juvenile Court Counselor

PERSONAL

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

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name ever legally changed? 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: _____

5. Citizenship: U.S. Born U.S. Naturalized Other – Specify

6. Do you possess a valid driver's license from the state of North Carolina? Yes No

Driver's License Number: _____ Year Issued: _____

7. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina?

If yes, give state and number: _____

Applicant Name: _____

Agency Applied: _____

8. Was your driver's license ever suspended or revoked? Yes No

If yes, state which and give reasons:

9. Was your driver's license ever restored? Yes No

When? _____

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

10. a. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

b. Race (check all that apply):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Other _____

11. Sex: Male Female Other _____ Prefer not to say

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

Yes No Approximate Date: _____

EDUCATIONAL

13. 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 or Equivalent					
Universities or Colleges					

Applicant Name: _____

Agency Applied: _____

14. 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?

15. Have you ever attended, in part or in whole, a Basic Law Enforcement Training Program?
 Yes No If yes, when and where did the program take place?

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

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

17. Name of Spouse: _____

Name of Former Spouse(s):

--

18. 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

19. 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:

--

Applicant Name: _____

Agency Applied: _____

20. 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

21. List every city/county in which you have lived, with present address at top:

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

FINANCIAL

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

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

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

Yes No N/A

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

Applicant Name: _____

Agency Applied: _____

26. 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:

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

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

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

A. _____ Amount Owing \$ _____

Name of Business

Street Address

City and State

B. _____ Amount Owing \$ _____

Name of Business

Street Address

City and State

C. _____ Amount Owing \$ _____

Name of Business

Street Address

City and State

D. _____ Amount Owing \$ _____

Name of Business

Street Address

City and State

E. _____ Amount Owing \$ _____

Name of Business

Street Address

City and State

F. _____ Amount Owing \$ _____

Name of Business

Street Address

City and State

Applicant Name: _____

Agency Applied: _____

WORK HISTORY

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

Yes No

If yes, list agency name and give details:

31. 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

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority? Yes No

31b. If such certification or license was ever surrendered, 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.

Applicant Name: _____

Agency Applied: _____

32. 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:

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

34. Do you object to working nights? Yes No

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

36. 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

37. 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 _____

Applicant Name: _____

Agency Applied: _____

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:

Applicant Name: _____

Agency Applied: _____

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 _____

Applicant Name: _____

Agency Applied: _____

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:

Applicant Name: _____

Agency Applied: _____

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 (3) months or more.

Applicant Name: _____

Agency Applied: _____

MILITARY SERVICE

38. 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?

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

40. What was the last rank that you held? _____

41. What was the date and location of your first enlistment or commission? Date: _____

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

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

43. List all duty stations: _____

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

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

Type of Discharge	Yes	No
Uncharacterized		
Honorable		
General (under honorable conditions)		
Under other than honorable conditions		
Bad Conduct Charge		
Dishonorable Discharge		
Dismissal		

Applicant Name: _____ Agency Applied: _____

45. 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:

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

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

USE OF DRUGS

NOTE: In questions 45 and 46, 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.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, 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?

49. 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?

50. 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)

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 offenses and convictions regardless of whether or not the offenses/convictions were expunged. 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.**

51. 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).

No-Applicant's Initials _____

Yes, please list below

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

No - Applicant's Initials _____

Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: _____

Agency Applied: _____

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are 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. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (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.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

NOTE: If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

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 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. 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: _____

Applicant Name: _____

Agency Applied: _____

53. 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 _____

REFERENCES

60. Give the names of four 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.		

Applicant Name: _____

Agency Applied: _____

STATE OF:

NORTH CAROLINA

Other: _____

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 ____

(Applicant Signature in Full)

(Applicant Print Name in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

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

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.

5 ADDITIONAL 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:	

EXPLANATION SHEET

EXPLANATION SHEET

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.

EXPLANATION SHEET