F-3(LE)
Rev. 12.2.13

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

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

PERSONAL HISTORY STATEMENT

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

NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

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

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

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

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

Position(s) applied for: _____

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

PERSONAL

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

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

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

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

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

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

Cell Phone: _____ Email Address: _____

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

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

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

7. Ethnic Background

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

8. Sex ☐ Male ☐ Female

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

☐ Yes ☐ No Approximate Date:_____

EDUCATIONAL

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

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

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

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

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

_____

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

MARITAL

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

13. Name of Spouse: _____

Name of Former Spouse(s): _____

_____

_____

_____

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

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

FAMILY HISTORY

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

_____

_____

_____

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

_____

_____

_____

RESIDENCES

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

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

FINANCIAL

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

_____

_____

_____

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

_____

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

☐ Yes ☐ No If not, give details: _____

_____

_____

_____

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

_____

_____

_____

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

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

_____

_____

_____

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

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

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

A. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

B. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

C. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

D. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

E. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

F. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

WORK HISTORY

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

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

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

_____

_____

_____

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

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

_____

_____

_____

_____

_____

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

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

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

32. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

☐ Yes ☐ No

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

A. Title of present or last position _____

Employer Address and Phone Number _____

Name Phone Number

_____

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

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

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

B. Title of present or last position _____

Employer Address and Phone Number _____

Name Phone Number

_____

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

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

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name Phone Number

_____

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

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

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

Duties: _____

_____

_____

_____

_____

_____

Reason for leaving: ____ _____

_____

_____

D. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

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

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

E. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

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

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

F. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

_____
Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

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

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

Duties: _____

_____

_____

_____

_____

Reason for leaving: _____

_____

_____

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

_____

_____

_____

_____

MILITARY SERVICE

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

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

_____

_____

_____

_____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

35. What is your service number? _____

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

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

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

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

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

40. List all duty stations:

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

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

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

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

_____

_____

_____

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

_____

_____

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

_____

_____

USE OF ALCOHOL OR DRUGS

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

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

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

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

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

_____

_____

When was the last time? _____

_____

_____

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

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

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

_____

_____

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

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

_____

_____

_____

_____

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

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

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

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

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

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

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

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

(ATTACH EXTRA SHEETS, IF NECESSARY)

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

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

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

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

_____

_____

_____

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

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

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

_____

_____

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

_____

_____

_____

_____

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

Driver's License Number _____ Year Issued _____

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

If yes, give state and number _____

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

_____

_____

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

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

_____

_____

CAREER OBJECTIVES

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

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

_____

REFERENCES

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

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

STATE OF NORTH CAROLINA

COUNTY OF _____

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

This the _____ day of _____, 20 ___ _____

(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ___

_____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ___