

**City of Lumberton
Human Resources Department
P.O. Box 1388
Lumberton, NC 28359**

Thank you for your interest in employment with the City of Lumberton Police Department. When you return your Form F-3 (Personal History Statement), we will need copies of the following attached:

1. Social Security Card (HR staff to verify that applicant has a “paper” copy only; do not copy)
2. Birth Certificate
3. High School Diploma or Transcripts
4. BLET Course Certificate & Transcript
5. DD-214 (if applicable)
6. If you are a resident of a county other than Robeson, a certified copy of a criminal background check from each county of residence must be attached.
7. Driver’s License (HR staff to verify license & number only. Do not copy)

If you have been employed with other Police Departments, please feel free to attach copies of any certificates or awards received during your tenure.

If you have any questions concerning our application process do not hesitate to contact our office at (910) 671-3832. We will be happy to assist you.

Hiring decisions are made without regard to race, religion, color, sex, age, national origin, or disability.

CITY OF LUMBERTON APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: PLEASE READ EACH ITEM CAREFULLY. BE SURE TO GIVE ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.

A separated completed application must be submitted for each position for which you are applying. **APPLICATIONS ARE ACCEPTED FOR POSTED VACANCIES ONLY.** A resume may be attached in addition to a completed application.

1. _____ 2. Month _____ Day _____ Year _____
Position Applying for: Date of Application:

3. _____
Last Name: (Nickname) First Middle Initial

4. _____
Address: Street City State Zip Code

5. _____ 6. _____
Telephone Number(s) E-mail Address:

7. Do you have any relatives employed by the City of Lumberton?

Name: _____ Dept: _____ Relationship: _____

8. Have you been employed with the City before?
If yes, please give position(s) and date(s) of employment

Position Held

Date Employed

9. Are you seeking: Part time Employment Full time Employment

In Accordance with Section 16-129 of the City's Personnel Ordinance, any applicant who is offered a position with the City of Lumberton must submit to a Urinalysis Drug Screening. A Negative result from this screening is a condition of employment. Refusal to submit to the screening or a positive result will be grounds for applicant being denied employment with the City of Lumberton.

10. EDUCATION

Name and Address Of School	Course of Study	Years Completed	Diploma/Degree Year Received
Elementary School			
High School			
University			
Graduate Professional			

11. ADDITIONAL INFORMATION

Describe any equipment that you can operate, specialized training, apprenticeship, skills, and/or extra-curricular activities which are relevant to the job you applying for:

OTHER QUALIFICATIONS

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal your gender, race, age, religion, national origin, disability, or other protected status:

SPECIALIZED SKILLS – Check all that apply:

<input type="checkbox"/> Typewriter/Keyboard	Data Base Programs
<input type="checkbox"/> Correct WPM	Type: _____
<input type="checkbox"/> Calculator	Spread Sheet Programs
<input type="checkbox"/> Computer	Type: _____
	Word Processing
	Type: _____

List any additional Skills or Qualifications:

EMPLOYMENT HISTORY

Start with your present job. Include any job related Military Service assignments and volunteer activities. Mailing address and phone number for each employer must be submitted in order for your application to be processed. An additional sheet may be attached if necessary.

YES

May we contact your present employer? NO

Name of Employer: _____
Address: _____ Phone Number: _____
Employment Date: From _____ To _____ Reason for Leaving: _____
Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: Name and _____
Job Title: _____ Title of Supervisor: _____
Starting Salary : _____ Ending Salary : _____
Job Duties (Be specific): _____ ----- _____
Name of Employer: _____
Address: _____ Phone Number: _____
Employment Date: From _____ To _____ Reason for Leaving: _____
Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: Name and _____
Job Title: _____ Title of Supervisor: _____
Starting Salary : _____ Ending Salary : _____
Job Duties (Be specific): _____ ----- _____
Name of Employer: _____
Address: _____ Phone Number: _____
Employment Date: From _____ To _____ Reason for Leaving: _____
Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: Name and _____
Job Title: _____ Title of Supervisor: _____
Starting Salary : _____ Ending Salary : _____
Job Duties (Be specific): _____ ----- _____

REFERENCES

List three persons, other than relatives or past employers, **WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS OR YOUR CHARACTER.** MAILING ADDRESS AND PHONE NUMBER FOR EACH REFERENCE MUST BE SUBMITTED IN ORDER FOR OUR APPLICATION TO BE PROCESSED.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	NO. YEARS ACQUAINTED
1. _____		
Phone Number		
2. _____		
Phone Number		
3. _____		
Phone Number		

On what date would be available for work? _____

I understand that, if I am employed, I will be on probation for a period of six months (one year probationary period for Police Officers), and during that time I will be subject to discharge as stated in the City Personnel Ordinance concerning probationary employees.

Signature of Applicant _____ Date: _____

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PLEASE RETURN TO:
City of Lumberton
Human Resources Department
500 N. Cedar Street – P.O. Box 1388
Lumberton, North Carolina 28359
Phone: 910-671-3832 – (No facsimiles please)
Website: www.ci.lumberton.nc.us

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FOR OFFICE USE ONLY:

DATE REQUESTED	COMPLETED	INITIAL
Date Application Received		
Driver's License Verified		
Date of Interview		
Criminal History		
Driver's History		
Reference Letters		
Pre-employment Drug Screen		
Physical Exam		
Pre-employment Psychological		
Agility Test		

CITY OF LUMBERTON

NOTICE TO APPLICANT: The requested information is a part of a Conditional Offer of Employment. It will be used to conduct a thorough background check to determine your suitability for employment. It will also be used for reporting purposes in accordance with Equal Employment Opportunity Commission requirement.

Name: _____ Last 4 digits of SSN: _____ Date: _____

A. ETHNIC BACKGROUND – PLEASE CHECK

American Indian Spanish Surname
 Black White
 Oriental Other (Specify) _____

B. SEX – PLEASE CHECK

Male Female

Birth Date: _____
Month Day Year

C. DO YOU HAVE A VALID DRIVER'S LICENSE?

YES NO Type/Class _____

Driver's License Number: _____ State _____ Expires: _____

Are you a citizen of the United States? YES NO

If no, give country of which you are a citizen and your alien registration number:

Have you been convicted of a felony within the past 7 years? YES NO
(Conviction will not necessarily disqualify an applicant from employment). If yes, please explain:

The City of Lumberton has a commitment to diversity in the workforce. Applications are welcomed from all individuals including women, minorities, and the disabled. In compliance with the Americans with Disabilities Act of 1990, the City will provide a qualified applicant or employee, with a disability, a reasonable accommodation that does not impose undue hardship upon the City. If assistance is needed, please advise any member of the Human Resources Department Staff.

Authorization for Release of Records

In order to determine my suitability as a _____, the City of Lumberton Human Resources Director will conduct or cause to be conducted a comprehensive personal background investigation.

I, _____, do hereby authorize any military organization, physician, insurance company, educational institution, governmental agency, bank or credit agency, former or present employer and any other person or entity to furnish to the City of Lumberton Human Resources Director or Designee any and all available information requested pertaining to me. I hereby release any and all persons from any civil or criminal liability whatsoever for releasing information pursuant this Authorization for Release of Records.

Furthermore, I specifically authorize the City of Lumberton Human Resources Director to disclose any information obtained, discovered, or possessed by the City of Lumberton as may be required or authorized by law. I further authorize disclosures by the City of Lumberton Human Resources Director of any information in his possession to the extent that such disclosure is made to another employer as needed or requested for employment purposes. A copy of this authorization and release shall be accepted as authorization for the release of information.

Printed Name (Last, First, M.I.)

Last 4 digits of SS#

Applicant's Signature

Date

State of North Carolina

County of Robeson

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged that due execution of the foregoing instrument in writing for the purposes therein expressed.

Witness my hand and notary seal, this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____



**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
 Asian
 Black or African American

Native Hawaiian or Other Pacific Islander
 White
 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):

1. **What is the primary purpose of the study?**

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:

1. **What is the primary purpose of the study?**

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:

1. **What is the primary purpose of the proposed legislation?**

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

Name of Business

B. _____ Amount Owing \$ _____
Name of Business

Name of Business

Amount Owing \$

C. _____ Amount Owing \$ _____
Name of Business

Name of Business

Amount Owing \$

D. _____ Amount Owing \$ _____
Name of Business

Amount Owing \$

E. _____ Amount Owing \$ _____
Name of Business

Amount Owing \$

F. _____ Amount Owing \$ _____
Name of Business

Amount Owing \$

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.