

**TO: ALL APPLICANTS INTERESTED IN EMPLOYMENT
WITH THE ARCHDALE POLICE DEPARTMENT**

**FROM: RECRUITING AND BACKGROUND INVESTIGATIONS
ARCHDALE POLICE DEPARTMENT**

**SUBJECT: ADDITIONAL ITEMS THAT YOU MUST PROVIDE
MUST PROVIDE WITH THIS APPLICATION**

1. COPY OF YOUR BIRTH CERTIFICATE
2. COPY OF YOUR HIGH SCHOOL DIPLOMA/TRANSCRIPTS
3. COPY OF YOUR NORTH CAROLINA DRIVER'S LICENSE
4. CERTIFIED TRUE COPIES OF CRIMINAL OFFENSES
5. COPY OF YOUR SOCIAL SECURITY CARD
6. MILITARY DISCHARGE PAPERS (IF APPLICABLE)

NOTE: ALL INFORMATION IN THIS APPLICATION PROCESS MUST BE PROVIDED THAT APPLIES TO YOU. ALL BLANKS MUST BE FILLED OUT COMPLETELY AND WITH NO LAPSE IN TIME NOTED. FAILURE TO PROVIDE THE REQUIRED INFORMATION WILL DISQUALIFY YOU FROM EMPLOYMENT. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.

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

To Whom It May Concern:

I am an applicant for a position with the _____ (Police Department)(Sheriff's Office). In order to determine my suitability for employment, I understand that the _____ (Police Department)(Sheriff's Office), (City) (County) of _____, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the _____ (Police Department) (Sheriff's Office), (City), (County) of _____ North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the _____ (Police Department)(Sheriff's Office), (City), (County) of _____ from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the (City), (County) of _____. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the _____ (Police Department)(Sheriff's Office), its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

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

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

I have read and fully understand the above statements.

Applicant Signature

Printed Name

Address _____

Phone Number _____

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and sworn to before me,
this is the ___ day of _____, 20__.

Notary Public & Seal

My Commission Expires: _____

Human Resources Employment



Thank you for your expression of interest in a career opening with the City of Archdale.

Applications submitted for position vacancies are carefully screened by Human Resources and the names of those best qualified are forwarded to the hiring department. There interviews are conducted and job offers are made. All such offers are contingent upon a satisfactory drug testing exam, background inquiry and driver's license check.

If the application form does not provide sufficient space for the full inclusion of education, training or work history which relates strictly to the position applied for, you may enclose supplementary pages containing this information. A resume may be attached to the completed application form, but not in lieu of the official application form. These additions, unless found to be in noncompliance with EEO guidelines, will be treated as an extension of the application form as will job-related cover letters and documentation.

Do not fax your return on this form. Only an original employment application form, signed and dated, is accepted for processing. Return the original form, with all supplemental information, by hand or by mail to the address below:

City of Archdale
Human Resources, Employment
P.O. Box 14068
Archdale, NC 27263



CITY OF ARCHDALE

307 BALFOUR DRIVE
 P.O. BOX 14068
 ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141 FAX: (336) 431-2130

EMPLOYMENT APPLICATION CITY OF ARCHDALE, NORTH CAROLINA

WE CONSIDER APPLICANTS FOR VACANT POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS. IT IS THE RESPONSIBILITY OF EACH APPLICANT TO NOTIFY US IF ANY REASONABLE ACCOMMODATIONS ARE NECESSARY TO ALLOW COMPLETION OF THE APPLICATION PROCESS.

(PLEASE PRINT)

Position Applied For	Date of Application
----------------------	---------------------

Last Name	First Name	Middle Name		
Address	Street	City	State	Zip Code
Telephone Numbers:	Home	Work		
Drivers License #	State			

(Please Circle One)

- Are you at least 18 years of age?
 (If no, you must provide required proof of your eligibility to work.) Yes No
- Have you ever filed an application with us before? If yes, give date _____ Yes No
- Have you ever been employed with us before? If yes, give date _____ Yes No
- Are you currently employed? Yes No
- May we contact your present employer about your qualifications and work history? Yes No
- May we contact your previous employer about your qualifications and work history? Yes No
- Are you a male between the ages of 18 and 26?
 If yes, have you registered for military service? (Proof is required.) Yes No

Are you a citizen of the United States or are you legally authorized to work in the United States? Yes No
(Proof of citizenship or immigration status will be required prior to employment.)

Do you have any relative(s) employed by this municipality? Yes No
If yes, please provide relative's name and department and indicate your relationship to that person:

Have you been convicted on an offense other than a minor traffic violation? Yes No
If yes, please explain:

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Have you ever used a name other than the one shown on this application? Yes No

If yes, please indicate name(s):

When would you be available to start work? _____

EDUCATION

SCHOOL	NAME AND LOCATION	DATES ATTENDED	GRADUATE? YES or NO	MAJOR & DEGREE If Applicable
High School				
College or University				
Graduate or Professional				
Business, Trade or Military				

List any apprenticeships or vocational training.

List any professional registrations, licenses, or certifications.

List any other training, classes, or workshops you have attended that are related to the position applied for.

State any additional information you feel may be helpful to us in considering your application.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job related training in the United States military? Yes No

If yes, please describe.

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not former employers.

EMPLOYMENT EXPERIENCE

Start with your present or last position. Include any military service assignments and self-employment. Also, account for any gaps in employment. You may attach additional sheets as necessary. Resumes are accepted.

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
Address	From	To	
Telephone Numbers			
Job Title	Hrly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to the City of Archdale as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information, given in my application or interview(s), may result in discharge. I understand, also that I am required to abide by all rules and regulations of the City of Archdale. I also understand that employment with the City of Archdale is contingent upon the successful completion of a background check, a drug test and a driver's record check. Successful completion of the drug test means a negative test was produced.

Sign: _____

Date: _____

FOR HUMAN RESOURCES USE ONLY

Arrange interview?

Yes No

Remarks:

Employed?

Yes No

Date of Employment _____

Salary _____

Job Title _____

Department _____

Authorized By:

Name and Title

Date



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.

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	
	_____	City and State
	Street Address	
B.	_____	Amount Owing \$ _____
	Name of Business	
	_____	City and State
	Street Address	
C.	_____	Amount Owing \$ _____
	Name of Business	
	_____	City and State
	Street Address	

D.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
E.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State
F.	_____	Amount Owing \$ _____
	Name of Business	
	_____	_____
	Street Address	City and State

WORK HISTORY

26. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency which required certification or licensure from any Commission, Board or Agency after a conditional offer of employment was made?

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

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

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

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

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

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

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

30. Do you object to working nights? Yes No

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

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

Yes No

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

A. Title of present or last position _____

Employer Address and Phone Number _____

Name _____ Phone Number _____

Street _____ City _____ State _____ Zip Code _____

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

B. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

C. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

D. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

E. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

F. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos

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

Duties: _____

Reason for leaving: _____

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

MILITARY SERVICE

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

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

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

35. What is your service number? _____

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

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

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

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

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

40. List all duty stations:

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

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

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

42. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

Yes No If yes, explain what occurred and what type of punishment you received: _____

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

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

USE OF ALCOHOL OR DRUGS

45. Do you drink alcoholic beverages? Yes No

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

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

Yes No I don't know (explain below)

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

When was the last time? _____

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

Yes No I don't know (explain below)

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

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

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

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

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

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

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

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

Yes No If yes, give details below:

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

(ATTACH EXTRA SHEETS, IF NECESSARY)

50. Have you ever had a Domestic Violence Protection Order issued against you?
 (Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

Yes No

Date of Issuance: _____
 County of Issuance: _____
 Name of Plaintiff: _____
 Date of expiration: _____

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

NOTE: A "crime punishable by imprisonment for a term exceeding one year" as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

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

52. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

Yes No I don't know (explain below) If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

Yes No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)

Yes No If yes, give details:

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

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

Driver's License Number _____ Year Issued _____

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

If yes, give state and number _____

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

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

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

CAREER OBJECTIVES

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

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

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

REFERENCES

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

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

STATE OF NORTH CAROLINA

COUNTY OF _____

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

This the _____ day of _____, 20 ____ _____
 (Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

 Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

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.

Criminal Justice Education and Training Standards Commission

Criminal Justice Standards Division
Application For Law Enforcement Employment

1: Personal Data

Position Applied For: _____

Name: _____ Date: _____
(Full Name)

Address: _____ SS# _____

City / Town _____ County _____ State _____ Zip _____

Telephone _____ DL # _____
(Area Code) (State)

Date of Birth: _____ Citizenship: _____

Education: H.S. Graduate _____ GED _____ College _____
(Specify Degree / Hrs)

II. ANSWER EACH QUESTION

- 1. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A SERIOUS MISDEMEANOR?
YES NO
- 2. HAVE YOU SUCCESSFULLY COMPLETED A COMMISSION ACCREDITED BASIC LAW ENFORCEMENT TRAINING COURSE?
YES NO
(if yes, specify _____ Date _____ Accredited School _____)
- 3. HAVE YOU EVER BEEN, OR ARE YOU NOW, CERTIFIED BY THE NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION (OR A SIMILAR AGENCY IN ANOTHER STATE)?
YES NO
(if another state, specify _____)

III. SPECIAL OR LOCAL REQUIREMENTS

FOR AGENCY USE ONLY

IV. CHECKLIST OF REQUIRED DOCUMENTS

- _____ RESULT OF FINGERPRINT RECORD CHECK
- _____ PERSONAL HISTORY STATEMENT (F-3)
- _____ PROOF OF EDUCATIONAL ATTAINMENT
- _____ MANDATED BACKGROUND INVESTIGATION FORM (F-8)
- _____ PROOF OF BASIC TRAINING COMPLETION
- _____ MEDICAL HISTORY STATEMENT (F-1)
- _____ MEDICAL EXAMINATION REPORT (F-2)
- _____ REPORT OF APPRAISAL INTERVIEW (F-4)
- _____ REPORT OF APPOINTMENT (F-5A LE) (AGENCY COPY)
- _____ DOCUMENTATION OF DRUG SCREENING RESULTS
- _____ PSYCHOLOGICAL EXAM RESULTS
- _____ FIREARMS QUALIFICATION RECORD (F-9A)