CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980

Form F-5A (LCP)
(Rev. 6/11)

REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION LOCAL CONFINEMENT PERSONNEL

For Standards Division Use ONLY

Certification: _____ Mailed: _____ TRA _____ FP_____

INSTRUCTIONS: Please Type or Print all information clearly. ***This Appointment must be submitted to the Criminal Justice Standards Division*** **BEFORE** ***the applicant is officially employed.*** Upon receipt of this form the appropriate certification will be returned to your Agency for its official appointment and assignment of applicant to active duty performance. A copy must be retained in the appointing Agency's personnel file. Please check one below.

Type of Agency: ☐ Local Confinement Facility ☐ Juvenile Detention Home ☐ County Confinement Facility

Employing Agency: _____ Phone Number: _____

Address: _____
PO Box/Street City Zip Code

Agency ORI Number (If Available - ORI-Originating Routing Identifier assigned by NCIC) _____

Appointee's Name: _____
(First) (Middle) (Last)

Address: _____

Date of Birth: _____ Driver's License No. _____ Social Security Number _____

Appointed to the Position of: _____ ☐ FULL-TIME ☐ PART-TIME
(Officer, Supervisor, Administrator)

This section MUST be completed indicating that the requirements of the Administrative Code (12 NCAC 9) have been met with necessary forms and documentation having been placed in applicant's personnel file PRIOR to submitting this application. Failure to complete any item will result in the return of this form.

Education Requirement: ☐ High School or ☐ G.E.D. Equivalent

Name of Institution: _____
(Accredited High School/GED Awarding Institution)

☐ College Degree _____ Semester Hours: _____ or Quarter Hours: _____

Name of Institution: _____
(Accredited Awarding Institution)

Education Verified By: ☐ Diploma ☐ G.E.D. Report ☐ Transcript ☐ Other: _____
Drug Screening Test: ☐ Positive ☐ Negative ☐ Refused Test

Name of HHS Certified Laboratory: _____ Date Laboratory Reported Test Results: _____
(Must be within 60 days ***prior*** to employment.)

Fingerprint Requirement: Date Submitted to State Bureau of Investigation: _____

Psychological Screening: Date conducted: _____ Clinical Psychologist or Psychiatrist: _____

☐ F-1 Medical History Statement (Completed by Applicant) Must be completed within one year ***prior*** to employment.
☐ F-2 Medical Examination Report (Completed by Physician/Physician's Assistant/Nurse Practitioner) Must be conducted within one year ***prior*** to employment.
Date Conducted: _____ Physician: _____
☐ F-3 Personal History Statement (Completed, Signed and Dated by Applicant/Must be Notarized)
☐ Qualifications Appraisal Interview (Completed By Agency Head or Representative/Form F-4 optional)
☐ F-8 Mandated Background Investigation Form (Signed and Dated by Person Conducting Investigation)

Please indicate whether applicant has completed the Basic Recruit Training Course: ☐ Yes ☐ No

"The Social Security Number is used to make positive identification of application 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."

SECTION FOR N.C. TRANSFERS ONLY

If applicant is a lateral transfer (holds GFJ or GNJ certification), indicate the following NC Administrative Code (12 NCAC 9C .0309) have been met and appropriate documentation has been placed in the applicant's personnel file prior to employment.

Fingerprints: Date Submitted to State Bureau of Investigation: _____

☐ F-1 Medical History Statement (Completed by Applicant) Must be completed within one year ***prior*** to transfer.
☐ F-2 Medical Examination Report (Completed by Physician/Physician's Assistant/Nurse Practitioner) Must be conducted within one year ***prior*** to transfer.

Date of Examination: _____ Examining Physician: _____

Drug Screen: ☐ Positive ☐ Negative ☐ Refused Test Date Laboratory Reported Test Results: _____
(Must be within 60 days ***prior*** to employment.)

Name of HHS Certified Laboratory: _____

☐ Previous Local Confinement Facility: _____
☐ Date of Separation: _____
☐ If applicant holds law enforcement officer certification, please indicate agency: _____

All applicants and transfers MUST read and complete this criminal record section IN THEIR OWN HANDWRITING

Each applicant 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.) Do not include minor traffic offenses (NCGS Chapter 20), but 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. If you list 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. **Attach additional sheets if needed.**

☐ NO CRIMINAL CHARGES ☐ NO CRIMINAL CHARGES OTHER THAN MINOR TRAFFIC OFFENSES

1. Offense Charged: _____ Charging Law Enforcement Agency: _____

   Date of Offense: _____ Disposition of Case and Date: _____

2. Offense Charged: _____ Charging Law Enforcement Agency: _____

   Date of Offense: _____ Disposition of Case and Date: _____

3. Offense Charged: _____ Charging Law Enforcement Agency: _____

   Date of Offense: _____ Disposition of Case and Date: _____

As the applicant for certification, I attest that I am aware of the minimum standards for employment, that I meet or exceed each of those requirements, that the information provided above and all other information submitted by me, both oral and written throughout the employment and certification process, is thorough, complete, and accurate to the best of my knowledge. **I further understand and agree that any omission, falsification or misrepresentation of any factor or portion of such information can be the sole basis for termination of my employment and/or denial, suspension or revocation of my certification at any time, now or later. I further understand that I have a continuing duty to notify the Commission of all criminal offenses which I am arrested for or charged with, plead no contest to, plead guilty to or am found guilty of.** If applicable, I specifically acknowledge that my continued employment and certification are contingent on the results of the fingerprint records check and other criminal history records being consistent with the information provided in my Personal History Statement and as reflected in this application.

_____ _____
Signature of Applicant/Candidate Date

I, as an official representative of the appointing agency, do submit to the Commission the above-named appointee as a candidate for certification. The candidate meets or exceeds each of the minimum standards for employment and this agency has properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 9. All documents necessary to insure compliance with the rules of the Code are being retained in the personnel files of this agency and may be inspected at any reasonable time by representatives of the Commission. **I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended or revoked by the Commission at any time, now or later.**

_____
Signature of Executive Officer or Registered Authorized Representative Title Date