Criminal Justice Education And Training Standards Commission
Criminal Justice Standards Division

REPORT OF APPOINTMENT/ REINSTATEMENT OF CERTIFICATION
WITHIN TWO (2) YEARS AFTER PERMANENT SEPARATION

Form F-5C (Adult Corrections)
(Rev. 5/16)

For Criminal Justice Standards Use Only:
Certification: _____ **TRA**: _____ **FP**: _____ **Mailed**: _____

Certification: ☐ **Correctional Officer** ☐ **Probation/Parole Officer**

Name: _____ **Social Security #** _____
First Middle Last Suffix
Date of Birth: _____

Driver's License# _____ **State:**_____ **Applicant's Email** _____

Criminal Conviction Record: **All convictions other than minor traffic violations must be reported in the applicant's own handwriting below**. Please note that a *"DWI/DUI (alcohol or drugs)," "Duty to Stop in the Event of an Accident,"* and *"Speeding to Elude Arrest"* are **NOT** minor traffic violations and, therefore, **MUST** be reported below. Provide all information 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 you were convicted of a criminal offense at some point in your life, you should check the block labeled, *"Criminal Convictions as Reported Below"* and give details. You should check the *"No Criminal Convictions"* block **ONLY** if you have never been convicted of a Misdemeanor or Felony, or your record/citation was expunged by a judge's court order. You should check the *"Pending Charges*" block if the case has not reached a disposition in court and give details. Check all that apply:

1. ☐ **No Criminal Convictions** ☐ **Criminal Convictions as Reported Below**

(a) Offense: _____ Law Enf. Agency/County/State:_____
Date of Conviction: _____ Disposition of Case:_____
Misdemeanor ☐ Felony ☐ Probation ☐ Yes ☐ No (If yes, give details on the back of this form).

(b) Offense: _____ Law Enf. Agency/County/State:_____
Date of Conviction: _____ Disposition of Case:_____
Misdemeanor ☐ Felony ☐ Probation ☐ Yes ☐ No (If yes, give details on the back of this form).

(List additional convictions on the back of this form)

Report of Appointment: (To be completed by the Regional Employment Office ONLY): **Beacon #** _____
Effective Date (EOD): _____ **Position Title:** _____

Criminal History: Date Fingerprints Scanned/Rolled: _____
Date DCI Checks Completed: _____

Medical Information: Date Psychological Screening Conducted: _____ Authorized Psychologist**:** _____
(If N/A, applicant has been separated less than 12 months)

Date Negative Drug Test Reported: _____ Name of HHS Certified Lab: _____

STATE OF NORTH CAROLINA **COUNTY OF**: _____

I hereby certify that each and every statement made on this form, and the N. C. State Application for Employment (PD-107) is true and complete. As the applicant for certification, I attest that I am aware of the minimum standards for employment, that I meet each of those requirements, that the information provided above and all other information submitted by me, both oral and written throughout the employment certification process is 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. 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**, **pleads no contest to, pleads guilty to or am found guilty of.** I acknowledge by my signature that my continued employment and certification are contingent on the results of the fingerprint record check and other criminal history records being consistent with the information provided in my State Application.

Subscribed and sworn to before me,
This the _____day of _____, 20__

This the _____ day of _____, 20__

_____ _____
Notary Public (Official Seal) (Applicant's Signature in Full)

My Commission Expires: _____,20__

Criminal Convictions Continued

(c) Offense:_____Law Enf. Agency/County/State:_____
Date of Conviction: _____Disposition of Case:_____
Misdemeanor ☐ Felony ☐ Probation ☐ Yes ☐ No (If yes, give details below).

(d) Offense: _____Law Enf. Agency/County/State:_____
Date of Conviction: _____Disposition of Case:_____
Misdemeanor ☐ Felony ☐ Probation ☐ Yes ☐ No (If yes, give details below).

(List additional convictions on a separate sheet)

2. Do you have any **pending charges**? ☐ Yes ☐ No

(a) Offense Charged: _____ Date of Offense: _____ Court Docket # _____

☐ Misdemeanor ☐ Felony ☐ Traffic Violation County/State & Court Date: _____

(Provide details below and include court documentation.)

_____
_____
_____

(b) Offense Charged: _____ Date of Offense: _____ Court Docket # _____

☐ Misdemeanor ☐ Felony ☐ Traffic Violation County/State & Court Date: _____

(Provide details below and include court documentation.)

_____
_____
_____

3. Do you currently have a Domestic Violence Order, Ex-parte Domestic Violence Protection Order or any other protective order issued against you? ☐ Yes ☐ No (if **YES,** please explain in details below)

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Applicant's Signature: _____ **Date**: _____

I, as an official representative of the appointment agency, do submit to the Commission the 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 9G. All documents necessary to insure compliance with the rules of the Code are being retained in the personnel file 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, and may result in sanctions against this Agency.

_____ _____
Signature of Executive Officer or Registered Authorized Representative ***Date***