

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION Telephone: (919) 661-5980

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for 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 the beginning of his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

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PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Legibly 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 criminal justice 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.

| Positio | on(s) applied for: | | | | | |
|---------|---------------------------|-----------------------------|---------------------|-----------------------------------|--|--|
| Locatio | on: | | | Date: | | |
| PERSO | ONAL INFORMATIO | ON | | | | |
| 1. Na | ime First | Middle | Last | 2Social Security Number | | |
| | FIISt | Middle | Last | Social Security Number | | |
| All | l Previous Names | | | | | |
| Nic | cknames or Aliases | | | | | |
| 3. Pre | esent Mailing Address | | | | | |
| | | Street & Number | City | County/State Zip Code | | |
| Peı | Permanent Mailing Address | | | | | |
| | | Street & Number | City | County/State Zip Code | | |
| Tel | lephone Number: Hom | e: | | Work: | | |
| Ce | ll Phone: | | E-mail address: | | | |
| 4. Da | ate of Birth: | | 5. Place of Birth: | | | |
| 6. Cit | tizenship: U.S. E | Born U. S. Natural | ized Othe | r-Specify | | |
| EDUC | CATION | | | | | |
| 7. If y | you did not graduate fro | om high school, have you pa | assed the General I | Education Development (GED) Test? | | |
| If yes | s, when and where did | you complete the GED? | | | | |

EMPLOYMENT

| 8. | Have you previously submitted an application for employment with this agency? | | |
|-----|--|---------------|------------------|
| | Yes No Approximate date: | | |
| 9. | Have you ever been denied employment by a criminal justice agency? | Yes | ☐ No |
| | If yes, list agency and reason given: | | |
| | | | |
| 10. | Have you ever been terminated or asked to resign from any employment? | Yes | □ No |
| | If yes, provide details: | | |
| | | | |
| 11. | Do you object to wearing a uniform? | Yes | ☐ No |
| 12. | Do you object to working nights? | Yes | ☐ No |
| 13. | Do you object to working rotating shifts? | Yes | ☐ No |
| 14. | Do you object to traveling out of town for overnight stays for training or other temporary ass | signments? | ☐ No |
| 15. | Do you object to working in other counties within this district or to being assigned to perform job? | m various fu | nctions of the |
| 16. | Will the job you are applying for be your primary employment? | Yes | ☐ No |
| | If no, list other employers: | | |
| FA | MILY HISTORY | | |
| 17. | Is any member of your family now under the jurisdiction of the Juvenile Court or in the cus Juvenile Justice and Delinquency Prevention? | tody of the I | Department of No |
| | If yes, give name(s) and details: | | |
| | | | |
| | | | |
| | | | |

RESIDENCES

18. List your residential addresses for the past ten years starting with present address at top:

| Me | From: o. Yr. | To: Mo. Yr. | Street Address (Include county) | City/State (Include zip code) | Landlord (if applicable) | | |
|-----|---|--------------------|---|----------------------------------|--------------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | LITARY SE Were you ev | | filitary Service or any other military organi | zation? | Yes 🗌 No | | |
| NO | TE : If you a | nswered yes to I | tem 19, answer questions 20-23. | | | | |
| 20. | 0. Was your last discharge honorable? | | | | | | |
| | 21. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court or no judicial punishment (Captain's Mast, company punishment, Article 15, etc.), or any other disciplinary action while a member of the armed forces? <i>If yes, explain:</i> | | | | | | |
| | | | | | | | |
| 22. | List any disc | ciplinary action t | aken against you in the National Guard or | other reserve unit: | | | |
| | | | | | | | |
| 23. | | • | ber of the National Guard or any militar | _ | nit, the location and | | |
| | | | | | | | |

USE OF ALCOHOL OR DRUGS

| 24 | . Do you drink alcoholic beverages? | Yes | □No |
|-----|--|---------------|---------------|
| 21. | If yes, to what degree? | | _ |
| 25. | . Have you ever used marijuana? If yes, what were the circumstances? | Yes | □ No |
| | When was the last time you used marijuana? | | |
| 26. | . Have you ever used any other illegal drugs, including but not limited to: opiates, pills, he | roin, cocaine | e, crack, LSD |
| | Ecstasy, etc. If yes, what were the circumstances? | Yes | □ No |
| 27. | When was the last time? | | |
| 27. | | | |

CRIMINAL OFFENSE RECORD

NOTE: In the following questions, include all offenses other than minor traffic offenses. The following are **NOT** minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), failure to stop in the event of an accident, driving while license permanently revoked and speeding to elude arrest.

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 should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

| 28. | Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" includes being issued a citation or criminal summons.) | | | | | |
|-----|---|----------------------|---------------------------|-----|------|--|
| | If yes, give details: | | | | | |
| 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: | | | | |
| D. | Offense Charged: | | Law Enforcement Agency: _ | | | |
| | Date: | Disposition of Case: | | | | |
| E. | Offense Charged: | | Law Enforcement Agency: | | | |
| | Date: | Disposition of Case: | | | | |
| F. | Offense Charged: | | Law Enforcement Agency: _ | | | |
| | Date: | Disposition of Case: | | | | |
| | (Attach extra sheets, if necessary) | | | | | |
| 29. | Have you ever been charged with or c | • | | Yes | ☐ No | |
| | If yes, give details: | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 30. | Have you ever been placed on probation? If yes, give details: | Yes | □ No |
|-----|---|-----|------|
| | Tryes, give details. | | |
| | | | |
| 31. | Have you ever been required to pay a fine in excess of \$100.00? | Yes | ☐ No |
| | (this does not include court costs) If yes, give details: | | |
| | | | |
| DR | RIVING RECORD | | |
| 32. | Can you operate a motor vehicle? | Yes | ☐ No |
| 33. | Do you possess a valid driver's license from the State of North Carolina? | Yes | ☐ No |
| | Driver's License Number Year Issued | | |
| 34. | Do you possess a driver's license from any other state? | Yes | ☐ No |
| | If yes, give state and License Number | | |
| 35. | Was your license ever suspended or revoked? If yes, give details: | Yes | ☐ No |
| | | | |
| | | | |
| 36. | Was your license ever restored? | Yes | ☐ No |
| | When? | | |
| 37. | Have your driving privileges ever been restricted by a court? | Yes | ☐ No |
| | If yes, give details: | | |
| | | | |
| | | | |
| | | | |

SPECIAL SKILLS

| 38. List special skills, training, areas of experience, other than those listed on the state application | | | | ation, which may be useful in | |
|--|---|--------------------------------------|--|--|--|
| the performance of the duties | the performance of the duties of the position for which you have applied: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| REFERENCES | | | | | |
| 39. Give the names of five responsabout your character, ability, e | | | r past employers, who co | ould provide information | |
| Name | | Address | | Telephone | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| STATE OF NORTH CAROLINA | | | | | |
| COUNTY OF | | | | | |
| COUNTY OF | | | | | |
| I hereby certify that each and e misstatement or omission of infor- continuing duty to update all infor- the North Carolina Criminal Just occurrences after the signing of the | mation will subject mation contained ice Education and | ct me to disqualifing this document. | ication or dismissal. I also I will report to the empl | so acknowledge that I have a oying agency and forward to | |
| This is theday of | ,20 | | | | |
| | | | (Signature in full) | | |
| Subscribed and sworn to before me | e, this the | day of | ,20 | | |
| Notary Public (Official Se | eal) | | | | |
| My Commission Expires | ,20 | | | | |