



**Criminal Justice Education and Training Standards Commission
Criminal Justice Standards Division**

Form F-5A (Adult Correction)
Rev. 5/16

REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION

For Criminal Justice Standards Use Only:

Certification: _____ **TRA:** _____ **FP:** _____ **Mailed:** _____

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

Name: _____ **Social Security Number:** _____
 First Middle Last Suffix

List Any Previous Names Used: _____ **Date of Birth:** _____

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

Applicants must answer **ALL** questions in their own handwriting.

1. Answer the following questions: *If YES to a, b, or c, please give details on page 4.*
 - (a) Have you ever held a position in any capacity with a law enforcement agency, corrections agency, or security agency, which required certification or licensure from any Commission, Board or Agency established to certify or license that position? Yes No
 (NOTE: List any such Commission, Board or Agency, whether in or out of North Carolina. This includes, but is not limited to, police departments, sheriff's offices, local confinement facilities, etc.)
 - (b) If yes, was such certification or license ever suspended or revoked? Yes No
 - (c) Have you ever been denied employment for any position with a law enforcement agency, corrections agency, or security agency? Yes No

2. Is any member of your family now in prison or jail or on either probation or parole? Yes No
If YES, please list the name(s), relationship, and specify whether the relative is in prison (name and location of prison), or in jail, or on probation or parole. _____

3. Answer the following questions concerning illegal drug use:
 - (a) 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 drug, etc., to include even one-time use or experimentation? Yes No
If YES, what were the circumstances, drugs used, and when did usage last occur? (Please give details on page 4) I don't know
If I DON'T KNOW, explain. (Please give details on page 4)
 - (b) Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician to include even one-time use or experimentation? Yes No
If YES, specify what drug(s), how and from whom did you receive the drug(s), and when did usage last occur? I don't know
(Please give details on page 4.) If I DON'T KNOW, explain. (Please give details on page 4)
 - (c) Have you ever purchased, possessed, manufactured, grown, or delivered any amount of illegal drugs? Yes No
If YES, what were the circumstances and the dates of occurrence? (Please give details on page 4) I don't know
If I DONT KNOW, explain. (Please give details on page 4.)
 - (d) Have you ever purchased, possessed, sold or delivered any amount of a controlled substance, notwithstanding purchasing and possessing a controlled substance for which you have a valid prescription? Yes No
If YES, what were the circumstances and the date of occurrence? (Please give details on page 4) I don't know
If I DONT KNOW, explain. (Please give details on page 4.)

Print Applicant's Name _____

4. **CRIMINAL CONVICTION RECORD** All convictions other than minor traffic violations must be reported in the applicant's own handwriting below. Please note that "DWI/DUI (alcohol/drugs)," "Duty to Stop in the Event of an Accident (Hit and Run)," and "Speeding to Elude Arrest" are **NOT** minor traffic violations and therefore, **MUST** be reported. **Additionally, please review page 6 for a listing of traffic offenses that you must include.** Provide all information completely and accurately. **Any falsifications, omissions, or misstatements of fact may be sufficient to disqualify you. 'Convicted' or 'Conviction' includes a plea of guilty; a plea of no contest, nolo contendere, or the equivalent; or a verdict or finding of guilt by a jury, judge, magistrate, or other duly constituted, established adjudicating body, tribunal, or official, either civilian or military.**

Check one of the following:

NO CRIMINAL CONVICTIONS – You should check the "No Criminal Convictions" block **ONLY** if you have **NEVER** been convicted of a Misdemeanor or Felony. You must list any and all convictions regardless of the date of offense and the disposition (to include PJC, or any other disposition where you entered a plea of guilty). You must also include convictions regardless of whether or not the convictions were expunged, pursuant to NCGS 15A-145.4 and 15A-145.5 Juvenile convictions should also be listed.
 _____ By initialing, I am indicating that I have read and understand the requirements regarding reporting criminal convictions.

CRIMINAL CONVICTIONS - Note that "Simple Worthless Checks," "Fishing and Hunting Citations," and "Alcohol Violation Citations" where you paid the citation/summons instead of a court appearance are considered convictions and **MUST** be reported. 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," then give details below for each conviction (who was involved, where it took place, when it happened and explain why it occurred). List any fines, probations, incarcerations, community punishments, deferred prosecutions, and other court appointed punishments resulting from each conviction. (Please give details on page 4.)

(a) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony
 Date of Offense: _____ Disposition & Date: _____ Court Docket # _____
 County/State: _____ Probation: Yes No

(b) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony
 Date of Offense: _____ Disposition & Date: _____ Court Docket # _____
 County/State: _____ Probation: Yes No

(c) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony
 Date of Offense: _____ Disposition & Date: _____ Court Docket # _____
 County/State: _____ Probation: Yes No

(d) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony
 Date of Offense: _____ Disposition & Date: _____ Court Docket # _____
 County/State: _____ Probation: Yes No

(e) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony
 Date of Offense: _____ Disposition & Date: _____ Court Docket # _____
 County/State: _____ Probation: Yes No

List any additional convictions on page 4.

Print Applicant's Name _____

5. Do you have any pending charges? Yes No

List any pending charges below:

(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.)

6. Are you currently, or have you ever been, on probation (supervised or unsupervised)? Yes No
 (If YES, please explain in detail on page 4.)

7. 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 detail on page 4)

MILITARY SERVICE – Have you ever served, or are you currently serving, in the military? Yes No
 (If YES, please answer questions 8-9)

8. What was your last discharge? Date: _____ Honorable General (Under Honorable Conditions)
 Bad Conduct Discharge Uncharacterized
 Dismissal Under other than Honorable Conditions
 Dishonorable Other _____

If you have served on active duty on more than one occasion, please indicate all discharge dates and types of discharge (each DD-214):

Branch	Type of Discharge	From Mo./Yr.	To Mo./Yr.

9. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) or any other disciplinary action? Yes No
 (Please give details on page 4.)

Print Applicant's Name _____

(f) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony

Date of Offense: _____ Disposition & Date: _____ Court Docket # _____

County/State: _____ Probation: Yes No

(g) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony

Date of Offense: _____ Disposition & Date: _____ Court Docket # _____

County/State: _____ Probation: Yes No

(h) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony

Date of Offense: _____ Disposition & Date: _____ Court Docket # _____

County/State: _____ Probation: Yes No

(i) Offense Charged: _____ Offense Convicted: _____
 Misdemeanor Felony Misdemeanor Felony

Date of Offense: _____ Disposition & Date: _____ Court Docket # _____

County/State: _____ Probation: Yes No

Question # and Explanation:

Print Applicant's Name _____

Report of Appointment

(To be completed by the Regional Employment Office **ONLY**)

Beacon # _____

Position Title: _____ Effective Date (EOD): _____

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

Education Information High School Home School Private School
High School Verified: Diploma Equivalency Credential Transcript Other _____
College Verified: Diploma Degree Verification Transcript Other _____
College Degree: Type of Degree Awarded (AAS, BA, BS, etc.) _____

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

Medical Information

Date Psychological Screening Conducted: _____ Authorized Psychologist: _____ NC License#: _____
Date Negative Drug Test Reported: _____ Name of HHS Certified Lab: _____
Medical History Statement (F-1) Yes No Medical Examination Report (F-2) Yes No
Date Physical Exam Conducted: _____
Name of Physician/Physician Assistant/Nurse Practitioner: _____ NC License# _____

STATE OF NORTH CAROLINA

COUNTY OF: _____

I hereby certify that each and every statement made on this form, and the NC 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 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, plead no contest to, plead 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____.

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 9G. 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 the contents of this form (to include Questions 1-9) have been discussed with the candidate. 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 the Agency.**

Signature of Executive Officer or Registered Authorized Representative *Date*

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