

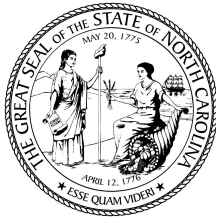
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



MEDICAL HISTORY STATEMENT

Form F-1

(Rev. 10-2022)

This information is for official use only and will not be released to unauthorized persons.

Payment for services rendered is the responsibility of the hiring agency or the individual.

The Criminal Justice Standards Division is NOT responsible for payment.

Mail form to hiring agency or individual

DO NOT mail form to Criminal Justice Standard Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Last 4 Digits of SSN: _____

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- ☐ 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- ☐ 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- ☐ 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington=s chorea, peripheral neuropathy and others?
- ☐ 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- ☐ 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- ☐ 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere=s disease, moderate to severe hearing loss in one or both ears and others?
- ☐ 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- ☐ 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- ☐ 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- ☐ 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud=s disease and others?
- ☐ 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn=s disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- ☐ 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- ☐ 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- ☐ 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- ☐ 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- ☐ 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

Males Only:

- ☐ 17. Prostate problems such as enlargement or prostatitis?
- ☐ 18. Genital problems such as epididymitis or testicular injury?

Females Only:

- ☐ 19. Currently pregnant?
- ☐ 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

- ☐ 21. Have you ever had a positive TB test?
- ☐ 22. Have you received Hepatitis B vaccinations?
- ☐ 23. When did you receive your last tetanus (lockjaw) immunization? _____

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- ☐ 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- ☐ 25. Chemical exposure to skin or lungs?
- ☐ 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- ☐ 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- ☐ 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- ☐ 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- ☐ 30. Do you have any missing limbs or non-functional joints?
- ☐ 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- ☐ 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- ☐ 33. Have you ever worked in law enforcement?
 - ☐ 33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- ☐ 34. Have you ever served in any of the armed forces?
 - ☐ 34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- ☐ 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- ☐ 36. Do you have difficulty sitting for any extended period of time?
- ☐ 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- ☐ 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- ☐ 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- ☐ 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- ☐ 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- ☐ 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- ☐ 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- ☐ 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

[illegible]

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Date Signed _____

Signature of Qualified Medical Professional
(Use Ink)

Date Reviewed

Page 4



**NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION**

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

Form F-2A(LE)
(Rev. 10-2022)

**INSTRUCTIONS TO AGENCY AND EXAMINER
FOR COMPLETION OF MEDICAL EXAMINATION REPORT (FORM F-2)**

TO AGENCY OR TRAINING DELIVERY SITE:

The attached form must be completed following a physical examination by a surgeon, physician, physician assistant, or nurse practitioner who is licensed to practice in North Carolina or authorized to practice medicine in the United States Armed Forces, as outlined in 10 U.S. Code 1094. The physical examination must be conducted prior to beginning Basic Law Enforcement Training and the agency submission of application for certification to the Commission. The form is valid for one (1) year from the date it is signed. The original shall be submitted to the Criminal Justice Standards Division as a part of the certification application. The employing agency and training delivery sites shall maintain a copy for their files.

THE APPLICANT SHOULD PROVIDE THE EXAMINER WITH THE MEDICAL HISTORY STATEMENT FORM (F-1), WHICH MUST BE READ, COMPLETED, AND SIGNED; AND THE INSTRUCTIONS TO AGENCY AND EXAMINER FOR COMPLETION OF MEDICAL EXAMINATION REPORT (F-2A) FORM ATTACHED TO THE MEDICAL EXAMINATION REPORT FORM (F-2)

TO EXAMINER:

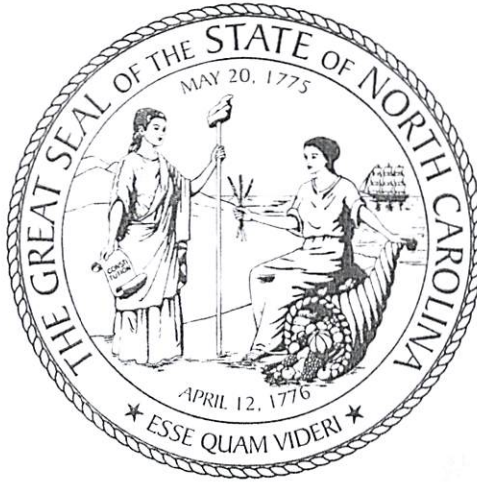
The person for whom this examination is being performed is a candidate for employment and training as a law enforcement officer. This employment and training will involve the performance of tasks that will require a moderate degree of strength and manual dexterity.

The examining physician, surgeon, physician's assistant, nurse practitioner, shall record the results of the examination on the Medical Examination Report Form (F-2) and shall sign and date the form.

*****PRIOR TO CONDUCTING THE PHYSICAL EXAMINATION, YOU MUST HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL AS PUBLISHED BY THE CRIMINAL JUSTICE STANDARDS COMMISSION.*****

TO EMPLOYING AGENCY, TRAINING DELIVERY SITE, AND EXAMINER:

IF YOU DO NOT HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL, OR IF YOU NEED ADDITIONAL COPIES, PLEASE CONTACT THE CRIMINAL JUSTICE STANDARDS DIVISION.



**NORTH CAROLINA CRIMINAL JUSTICE
EDUCATION AND TRAINING STANDARDS COMMISSION**

**NORTH CAROLINA SHERIFFS'
EDUCATION AND TRAINING STANDARDS COMMISSION**

PERSONAL HISTORY STATEMENT

It is the determination of the Commissions 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.

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.

NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using the online form or legibly printing in ink 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 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.

Agency: _____ Month: _____ Day: _____ Year: _____

Position(s) applied for: ☐ Police Officer ☐ Deputy Sheriff ☐ Detention Officer ☐ Telecommunicator
☐ Correctional Officer ☐ Probation/Parole Officer ☐ Juvenile Justice Officer ☐ Juvenile Court Counselor

PERSONAL

1. Name: _____ 2. Social Security Number: _____
First Middle Last

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name been legally changed after age 12? ☐ Yes ☐ No
If yes, submit documentation with date and attach to this form.

3. Present Mailing Address: _____
Street & Number City County State Zip Code

Permanent Mailing Address: _____
Street & Number City County State Zip Code

Telephone Number: _____
(Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify _____

Applicant Name: _____

Agency Applied: _____

NOTE: Data solicited in this box will be used for Equal Employment statistical purposes only.

7. a. Ethnicity (Check One) Hispanic or Lantino Not Hispanic or Latino

b. Race (check all that apply)

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ White

☐ Black or African American

☐ Other

8. Sex Male Female

9. Have you previously submitted an application for employment with this agency?

☐ Yes

☐ No

Approximate Date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

☐ Traditional

☐ Home School

☐ Distance Learning

☐ Did not attend high school

☐ Other: _____

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools					
Universities or Colleges					
Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

☐ Yes

☐ No

If yes, when and where did you complete the GED?

Applicant Name: _____

Agency Applied: _____

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

MARITAL

12. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

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:

Applicant Name: _____

Agency Applied: _____

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? \$ _____

Applicant Name: _____ Agency Applied: _____

25. List credit references, including creditors to which you make monthly payments:

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

Applicant Name: _____

Agency Applied: _____

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.

Applicant Name: _____ Agency Applied: _____

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:

--

Applicant Name: _____

Agency Applied: _____

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:

Applicant Name: _____

Agency Applied: _____

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.

Applicant Name: _____

Agency Applied: _____

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?

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

Applicant Name: _____ Agency Applied: _____

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?

Applicant Name: _____ Agency Applied: _____

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)

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 offenses and convictions regardless of whether or not the offenses/convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8A, 15A-146, or expunged or sealed with a similar out-of-state law. 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).

☐ No-Applicant's Initials _____ ☐ Yes, please list below

1. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

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

County/State: _____ Probation ☐ No ☐ Yes

2. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

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

County/State: _____ Probation ☐ No ☐ Yes

Applicant Name: _____ Agency Applied: _____

3. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

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

County/State: _____ Probation ☐ No ☐ Yes

4. Offense Charged: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

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

County/State: _____ Probation ☐ No ☐ Yes

(ATTACH EXTRA SHEETS, IF NECESSARY)

49A. Have you ever had a criminal offense or criminal conviction expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law?

☐ No – Applicant's Initials _____ ☐ Yes, please list below

1. Offense Expunged/Sealed: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

2. Offense Expunged/Sealed: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

3. Offense Expunged/Sealed: _____

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: _____

☐ Misdemeanor ☐ Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: _____

Agency Applied: _____

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 _____

Applicant Name: _____

Agency Applied: _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5., 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law)?

☐ 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:

Applicant Name: _____

Agency 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 four 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.		

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____

(Applicant Signature in Full)

(Applicant Print Name in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20____

Notary Public (Official Seal)

My Commission Expires: _____, 20____