Gibsonville Police Department

129 West Main Street • Gibsonville, NC 27249 • (336) 449-7926

APPLICATION FOR EMPLOYMENT CHECKLIST:

1. Authorization and release form to obtain information signed, dated, and notarized. www.gibsonville.net
2. Town Application for Employment (last page signed and dated) www.gibsonville.net
3. Form F-3 (Personal History Statement) completed and notarized. www.ncdoj.com
4. Copy of Birth Certificate
5. Copy of High School Diploma or GED and/or college transcripts if applicable
6. Copy of DD214 (Veteran) if applicable
7. Copy of Driver's License
8. Copy of Social Security Card
9. Copy of Basic Law Enforcement Certificate and any other Law Enforcement Schools, including grades
10. Credit History
11. Certified copy of a Criminal History from the Clerk's Office from each county you have lived in

Ron Parrish
Chief of Police
rparrish@gibsonville.net

Becky Dixon
Assistant Chief of Police
rdixon@gibsonville.net

Gibsonville Police Department

129 West Main Street • Gibsonville, NC 27249 • (336) 449-7926

Authority to Release Information

To Whom It May Concern:

I hereby authorize any authorized representative of the above named agency or any agent acting for it, within one year of this date, to obtain any information in your files pertaining to my employment, military, medical, credit or educational records including, but not limited to, academic, achievement, attendance, athletics, personal history, and disciplinary records, medical records and credit records. This release is executed with full knowledge and understanding that the information is for the official use of the above agency to furnish such information as described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Type or Print Name)

Date: _____

Current Address: _____

Telephone Number: _____

State: _____ **County:** _____

Subscribed and sworn to before me this _____ **day of** _____**, 20**____

_____
Notary Public

My commission expires : _____

Ron Parrish
Chief of Police
rparrish@gibsonville.net

Becky Dixon
Assistant Chief of Police
rdixon@gibsonville.net

TOWN OF GIBSONVILLE
EMPLOYMENT APPLICATION

Applications may be mailed to: Town of Gibsonville Attn: Human Resources 129 West Main Street Gibsonville, NC 27249 or emailed to mhill@gibsonville.net.

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. **PRINT OR TYPE ALL INFORMATION.**

CURRENT INFORMATION

POSITION TITLE_____ DATE: _____

When will you be available for employment? (i.e. immediately, 2 weeks notice)_____

Are you seeking ☐ Full-time regular ☐ Part-time regular ☐ Temp./prefer regular ☐ Temporary Only

NAME:_____
(Last) (First) (Middle)

ADDRESS:_____
Street & No. or P.O. Box City State Zip

HOME TEL # ( )_____ OTHER TEL # ( )_____

E-MAIL ADDRESS _____(if applicable)

Are you 18 or older? ☐ Yes ☐ No Are you a Veteran? ☐ Yes ☐ No

Selective Service Registration If you are a male between the ages of 18 to 25, have you registered for Selective Service? ☐ Yes ☐ No. If not, you will have 30 days to comply if selected for a position as required by law.

Immigration Reform & Control Act After employment, you will be required to submit verification of your legal right to work in the United States. The Town of Gibsonville employs only United States citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment.

Equal Opportunity Employer This institution is an equal opportunity provider, and employer. It is the policy of the Town of Gibsonville to foster, maintain, and promote equal employment opportunity. The Town shall select employees on the basis of applicants' qualifications and without regard to sex, race, national origin , ethnicity, color, religion, creed, age, marital status, veteran's status, disability, genetic information, political affiliation, familial status, or sexual orientation except where specific age, sex or physical requirements constitute a bona fide occupational qualification necessary for job performance.

Background & Drug Screening All ***FINAL*** applicants must pass a background, motor vehicle and drug screening process. Further information will be provided at the appropriate time in the employment process.

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

Have you ever been employed with the Town of Gibsonville? ☐ Yes ☐ No

If YES, what department and when:_____

Are you now or were you previously related in any way to a Town employee? ☐ Yes ☐ No

If YES, give name, relationship and department: _____

Do you currently have authorization to work in the U.S.? ☐ Yes ☐ No

EDUCATION

Provide your complete history

Indicate highest school year completed: (i.e. 8, 12, 16) _____

Name of High School _____City _____State_____

Have you received a high school diploma or equivalent? ☐ Yes ☐ No

Education Beyond High School	Name and Location	Did You Graduate?	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
College(s) University(ies)				
Graduate or Professional Schools				
Technical Institutes, Internship, Other				

KNOWLEDGE, SKILLS & ABILITIES

Please list any knowledge, skills or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate and/or word processing software packages known or used.

_____

_____

_____

_____

REGISTRATIONS, LICENSES, CERTIFICATIONS

List fields of work for which you have been registered, licensed or certified.

_____

_____

_____

_____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.**

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____

Date employed_____ Date Separated_____

Employer or company _____Telephone # ( )_____

Employer or company address _____

Name and Title of most current supervisor_____

Full Time for how long? _____

If you worked part-time, the number of hours worked per week_____

DUTIES IN ORDER OF IMPORTANCE _____

_____

_____

_____

_____

REASON FOR LEAVING or desiring a change

_____

_____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # ( ) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full Time for how long? _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # ( ) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full Time for how long? _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # ( ) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full Time for how long? _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____

Date employed_____ Date Separated_____

Employer or company _____Telephone # ( )_____

Employer or company address _____

Name and Title of most current supervisor_____

Full Time for how long? _____

If you worked part-time, the number of hours worked per week_____

DUTIES IN ORDER OF IMPORTANCE _____

_____

_____

_____

_____

REASON FOR LEAVING or desiring a change

_____

_____

May we contact your present employer for reference prior to an interview (if granted)? ☐ Yes ☐ No

If you are not currently employed, please check here N/A (☐). If NO, explain under EXPLANATIONS.

EXPLANATIONS

_____

_____

_____

_____

_____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I understand and acknowledge that should I be employed by the Town of Gibsonville, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.
- Please sign below or in lieu of signature please type your name in signature line below.

SIGNATURE_____**DATE**_____

NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

It is the determination of the Commission 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.

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 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

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.

Position(s) applied for: _____

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

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 _____

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

7. Ethnic Background

☐ American Indian ☐ Spanish American
☐ Asian American ☐ White
☐ Black ☐ 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?

_____

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:

_____

_____

_____

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? $_____

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: _____

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.

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: _____

_____

_____

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: _____

_____

_____

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. _____

_____

_____

_____

_____

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?_____

_____

_____

_____

_____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

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

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?

_____

_____

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)
If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale.

_____

_____

_____

_____

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 convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. 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.)
☐ Yes ☐ No If yes, give details below:

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 _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

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 _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)
☐ 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:

_____

_____

_____

_____

62. What are your feelings about the use of deadly force it if became necessary in the performance of official duties?

_____

_____

_____

REFERENCES

63. Give the names of five 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.		
E.		

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 ___ _____

(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ___

_____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ___

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 (3rd 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(c)	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 and should also be listed in response to number 49.