

**Town of Franklin**  
**EMPLOYMENT APPLICATION**  
An Equal Opportunity Employer

**FRANKLIN POLICE DEPARTMENT APPLICATION**

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. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

**CURRENT INFORMATION**

- (1) POSITION TITLE \_\_\_\_\_ DATE: \_\_\_\_\_
- (2) When will you be available for employment? (i.e. immediately, 2 weeks notice) \_\_\_\_\_
- (3) Are you seeking     Full-time regular    Part-time regular  Temp./prefer regular  
                           Temporary Only
- (4) NAME: \_\_\_\_\_  
  (Last)                                   (First)                                   (Middle)
- (5) ADDRESS: \_\_\_\_\_  
  Street & No. or P.O. Box                                   Town                                   State                                   Zip
- (6) HOME TEL # (    ) \_\_\_\_\_ BUS. TELEPHONE # (    ) \_\_\_\_\_  
      E-MAIL ADDRESS \_\_\_\_\_ (if applicable)
- (7) Are you 18 or older?  Yes  No If NO, what is your birth date? \_\_\_\_\_

**GENERAL INFORMATION**

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

- (8) Apart from absences for religious observances, check conditions that you are willing to accept.
- Occasional:    night work    weekend work    overtime    rotating shifts    "on-call"  
Regular:        night work    weekend work    overtime    rotating shifts    "on-call"  
Frequent       night work    weekend work    overtime    rotating shifts    "on-call"
- (9) Have you ever been employed with the Town of Franklin?    Yes    No  
If YES, what department and when: \_\_\_\_\_
- (10) Have you applied to the Town before?                                    Yes    No  
If YES, indicate what position and when: \_\_\_\_\_
- (11) Are you willing to accept a salary within the advertised normal starting salary range?  Yes  No
- (12) Are you now or were you previously related in any way to a Town employee?  Yes                    No  
If YES, give name, relationship and department: \_\_\_\_\_
- (13) Are you able to perform all of the duties of the job you have applied for?    Yes    No
- (14) Are you an American citizen or do you currently have authorization to work in the U.S.?  
           Yes    No
- (15) Did you receive any of your education or employment experience under another name?  
           Yes    No  
If YES, please explain under EXPLANATIONS.

## EDUCATION      Provide your complete history

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

(17) Name of High School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

(18) Have you received a high school diploma or equivalent?     Yes     No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

## KNOWLEDGE, SKILLS & ABILITIES

(23) 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. Also indicate any software applications with which you have skill.

(a) \_\_\_\_\_ (e) \_\_\_\_\_  
 (b) \_\_\_\_\_ (f) \_\_\_\_\_  
 (c) \_\_\_\_\_ (g) \_\_\_\_\_  
 (d) \_\_\_\_\_ (h) \_\_\_\_\_

## REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other: \_\_\_\_\_

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank –

**Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

(26) Is your driver's license a Commercial Driver's License?     Yes     No  
 If YES, indicate the class \_\_\_\_\_

# 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 \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_

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 \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_

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 \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_

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 \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_

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 \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_

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

DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING or desiring a change \_\_\_\_\_

\_\_\_\_\_

<p>(27) Have you had disciplinary action taken against you in the past 12 months? ? <input type="checkbox"/> Yes <input type="checkbox"/> No          (If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)</p> <p>(28) a.) Have you ever been dismissed or forced to resign from any job held? <input type="checkbox"/> Yes <input type="checkbox"/> No          b.) Were you dismissed or forced to resign for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)</p> <p>(29) May we contact your present employer for reference prior to an interview (if granted)? <input type="checkbox"/> Yes <input type="checkbox"/> No          If you are not currently employed, please check here N/A (____). If NO, explain under EXPLANATIONS.</p>
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**EXPLANATIONS**

ITEM #--- \_\_\_\_\_

ITEM #--- \_\_\_\_\_

ITEM #--- \_\_\_\_\_

ITEM #--- \_\_\_\_\_

**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 also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town, 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 unless such change is specifically approved by the City Manager

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



**SUPPLEMENT TO FRANKLIN TOWN  
EMPLOYMENT APPLICATION**

The Town of Franklin is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

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**I. POSITION APPLIED FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
                    **Last**                                **First**                                **Middle**

**DATE OF APPLICATION:** \_\_\_\_\_

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**II. SEX:** (Please circle)    **Male**                                **Female**

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**III. ETHNIC CATEGORY: (Please circle)**

**White** - Origins in any of the original peoples of Europe, North Africa, or the Middle East.  
**Black** - Origins in any of the Black racial groups of Africa. (Not Hispanic)  
**Hispanic** - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.  
**Asian or Pacific Islander** - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.  
**American Indian or Alaskan Native** - Origins in any of the original peoples of North America.

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**HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)**

- \_\_\_\_\_ Newspaper (**specify**): \_\_\_\_\_
- \_\_\_\_\_ Employment Security Commission
- \_\_\_\_\_ Job Line
- \_\_\_\_\_ Employment Interest Card
- \_\_\_\_\_ Came to Municipal Building
- \_\_\_\_\_ Employment Opportunity List (**where posted**): \_\_\_\_\_
- \_\_\_\_\_ Internet
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

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**DRUG SCREENING**

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

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**OVERTIME COMPENSATION AGREEMENT**

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

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**SELECTIVE SERVICE REGISTRATION**

If **male** and age 18 to 26, have you registered for Selective Service?

(Please circle)                                **Yes**                                **No**

If not, you will have 30 days to comply if selected for a position as required by Federal law.

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**CERTIFICATION (THIS FORM MUST BE SIGNED)**

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

---

Name \_\_\_\_\_ Date \_\_\_\_\_

*An Equal Opportunity/Affirmative Action Employer*



# **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 \_\_\_\_\_



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:

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**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?

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When was the last time? \_\_\_\_\_

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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?

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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.

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**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 if it 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 (3 <sup>rd</sup> 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 and should also be listed in response to number 49.