



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

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**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?

\_\_\_\_\_

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: \_\_\_\_\_

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43. List all medals and decorations awarded you during your military service: \_\_\_\_\_

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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)

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

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 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:

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54. Have you ever been placed on probation?  Yes  No If yes, give details:

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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:

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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:

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### CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

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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:

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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 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.		

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 \_\_\_\_