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.
Position(s) applied for: ______________________________

Agency: ______________________________ Month: _______ Day: _______ Year: _______

PERSONAL

1. Name: ______________________________ 2. Social Security Number: _____________
   First                         Last
   Middle
   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: ______________________________


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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  ☐ Did not attend high school  ☐ Other:

<table>
<thead>
<tr>
<th>Name Address (City &amp; State)</th>
<th>No. Full Yrs Work Completed</th>
<th>When Attended</th>
<th>Graduated (Yes/No)</th>
<th>Degree Awarded</th>
<th>Major Field</th>
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<td>Extension or Correspondence Courses</td>
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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

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13. Name of Spouse: 

Name of Former Spouse(s):

14. List all of your children, including any adopted or stepchildren.

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<th>Name</th>
<th>Birth Date</th>
<th>Relationship</th>
<th>Address</th>
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**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:

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<thead>
<tr>
<th>From Mo/yr</th>
<th>To Mo/yr</th>
<th>Address of Residence</th>
<th>City County State</th>
<th>Landlord</th>
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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. Name of Business __________________________ Amount Owing $__________
      Street Address __________________________ City and State

   B. Name of Business __________________________ Amount Owing $__________
      Street Address __________________________ City and State

   C. Name of Business __________________________ Amount Owing $__________
      Street Address __________________________ City and State

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D. ____________________________  Amount Owing $ __________________
Name of Business

______________________________  City and State
Street Address

E. ____________________________  Amount Owing $ __________________
Name of Business

______________________________  City and State
Street Address

F. ____________________________  Amount Owing $ __________________
Name of Business

______________________________  City and State
Street Address

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: ____________________________________________________________________________________________

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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.

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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  □ Part Time
   □ Yrs  □ Mos  □ Yrs  □ Mos

   If part time, number of hours worked per week
   No. employees supervised by you

   Duties:
   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

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B. Title of present or last position

Employer Address and Phone Number

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<th>Phone Number</th>
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<th>Last Salary</th>
<th>Date Separated</th>
<th>Name/Title of Supervisor</th>
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If part time, number of hours worked per week [ ] No. employees supervised by you

Duties:

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<th>Reason for leaving:</th>
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C. Title of present or last position

Employer Address and Phone Number

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<th>Phone Number</th>
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If part time, number of hours worked per week [ ] No. employees supervised by you

Duties:

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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: __________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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F. Title of present or last position ________________________________

Employer Address and Phone Number

Name __________________________ Phone Number ______________________

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<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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: ____________________________

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39. List each tour of active duty where a DD-214 was issued:

<table>
<thead>
<tr>
<th>Branch</th>
<th>Unit (Company or Ship)</th>
<th>Location</th>
<th>From Mo./Yr.</th>
<th>To Mo./Yr.</th>
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40. List all duty stations:

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<th>Unit (Company or Ship)</th>
<th>Location</th>
<th>From Mo./Yr.</th>
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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:

__________________________________________________________________________

__________________________________________________________________________


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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:

______________________________________________________________

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?

______________________________________________________________

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, no pros, PC, 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.

__________________________________________________________

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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:

__________________________________________________

__________________________________________________

__________________________________________________

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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:


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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
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<tr>
<td>D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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____

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<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Effective Date</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-28</td>
<td>Driving while license permanently revoked (20-28(b)(b) Repealed)</td>
<td>10/1/94 -11/12/96</td>
<td>1</td>
</tr>
<tr>
<td>20-28(d)(3)</td>
<td>Driving while license permanently revoked (3rd offense)</td>
<td>5/31/02-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-30(5)</td>
<td>Fictitious name or address in any application for a driver’s license or learner’s permit (20-35)</td>
<td>5/31/02-Present</td>
<td>2</td>
</tr>
<tr>
<td>20-37.7(e)</td>
<td>Special identification card (fraud or misrepresentation in application or use thereof)</td>
<td>01/01/06-Present</td>
<td>2</td>
</tr>
<tr>
<td>20-37.8</td>
<td>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]</td>
<td>10/1/94-12/1/99</td>
<td>2</td>
</tr>
<tr>
<td>20-37.8</td>
<td>Fraudulent use of a fictitious name for a special identification card (20-37.8(c))</td>
<td>5/31/02-Present</td>
<td>2</td>
</tr>
<tr>
<td>20-63(g)</td>
<td>Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)</td>
<td>01/01/06-Present</td>
<td>2</td>
</tr>
<tr>
<td>20-71.4</td>
<td>Failure to disclose damage to a vehicle</td>
<td>01/01/06-Present</td>
<td>2</td>
</tr>
<tr>
<td>20-102.1</td>
<td>False report of theft or conversion of a motor vehicle</td>
<td>10/1/94-Present</td>
<td>2</td>
</tr>
<tr>
<td>20-111(5)</td>
<td>Fictitious name or address in application for registration</td>
<td>10/1/94-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-130.1</td>
<td>Use of red or blue lights on vehicles prohibited (20-130.1(e))</td>
<td>10/1/94-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-136.2</td>
<td>Air bag installation</td>
<td>01/01/06-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-137.2</td>
<td>Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))</td>
<td>10/1/94-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-138.1</td>
<td>Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(b))</td>
<td>10/1/94-5/31/02</td>
<td>M</td>
</tr>
<tr>
<td>20-138.1(d)</td>
<td>Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(b))</td>
<td>5/31/02-Present</td>
<td>M</td>
</tr>
<tr>
<td>20-138.2</td>
<td>Impaired driving in commercial vehicle (20-138.2(c))</td>
<td>10/1/94-Present</td>
<td>M</td>
</tr>
<tr>
<td>20-141(j)</td>
<td>At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97, recodified under 20-141.5(a)]</td>
<td>10/1/94-12/1/97</td>
<td>1</td>
</tr>
<tr>
<td>20-141.3(a) &amp; (c)</td>
<td>Unlawful racing on streets and highways</td>
<td>11/12/96-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-141.5(a)</td>
<td>Speeding to elude arrest</td>
<td>11/17/99-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-157(b)</td>
<td>Duty to Move Over</td>
<td>01/01/06-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-166(b)</td>
<td>Duty to stop in event of accident or collision</td>
<td>10/1/94-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-166(c)</td>
<td>Duty to stop in event of accident or collision</td>
<td>10/1/94-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-166(c1)</td>
<td>Duty to stop in event of accident or collision</td>
<td>10/1/94-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-183.8(b1)</td>
<td>Inspection violation by Inspector</td>
<td>3/1/11-Present</td>
<td>3</td>
</tr>
<tr>
<td>20-279.31(b)(1)</td>
<td>Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)</td>
<td>01/01/06-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-279.31(b)(2)</td>
<td>Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)</td>
<td>01/01/06-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-279.31(b)(3)</td>
<td>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)</td>
<td>01/01/06-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-313.1</td>
<td>Making false certification or giving false information</td>
<td>01/01/06-Present</td>
<td>1</td>
</tr>
<tr>
<td>20-371</td>
<td>Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]</td>
<td>3/1/11-Present</td>
<td>1</td>
</tr>
</tbody>
</table>

*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.*