

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					
Name: First Maiden Name:	Middle Las				
Other Previous Last 1	Names:				
	s: Legally changed after age 12 entation with date and attacl	?	□No		
3. Present Mailing Address:	Street & Number	City	County	State	Zip Code
Permanent Mailing Address:	Street & Number	<u> </u>			Zip Code
Telephone Number: (Include Area Code)	Home			Work	
	Born TUS. Naturaliz		e of Birth: Other – Sneci		

	Background American	Indian	☐ Spar	nish America		cal purposes	only.
	☐ Asian Am ☐ Black	erican	☐ Whi ☐ Othe				
8. Sex	M		le			 -	
Have you pre	viously subn	nitted an application	for employmen	nt with this a	gency?		
Yes [□ No	Approximate Dat	e:				
EDUCATIONA	L						
10. Indicate below	w the schools	you have attended.	(Include incom	plete course	s)		
Indicate the t Traditiona Distance I	1	School you attended: Home School Did not attend		Other: _			
Name Address (City & S	State)		No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools	To the state of th						
Universities or							
Colleges		approximate Addition Labor.			10 11 1 L L L L L L L L L L L L L L L L		
Extension or							
Correspondence Courses		PM					
					:		
	graduate from	n high school, have If yes, when and w				elopment (Gl	ED) Test?
NOTE: Questions are not intended for	s included in or use by the	the next section are employing agency a	intended to ass s disqualifying	sist in the co	nducting of a mployment as	background a criminal j	investigation and ustice officer.
MARITAL							
12. Marital Status	(check one)	Single	☐ Marri	ed	Divorce	d	
		☐ Engaged	Separ	ated	☐ Widowe	ed .	
		1	-3/LE) Rev. 13	2 13			

F-3(LE) Rev. 12.2.13 3

13. Name of	Spouse:					· · · · · · · · · · · · · · · · · · ·
Name of	Former Spouse(·			
				· · · · · · · · · · · · · · · · · · ·		
			<u> </u>			
14. List all o	f your children, i	ncluding any adopt	ted or stepchildren.			
Name		Birth Date	Relationship	Address	Phon	e Number
(1).						
(2).						
(3).				···		
(4).						
(5).		·				
(6).						
16. Is any me	mber(s) and domination and dominatio	immediate family n	ow in prison or on eith	er probation or parol	e? 🔲 🤄	Yes No
11 J 00, G1,	- Hame(b) and de					
RESIDENCE	S					
		hich von have live	d since attaining the ag	e of 16 with present	addross s	at toni
From	To To	men you have hve	d since attaining the ag	e of 10, with present	address a	тюр.
Mo/Yr	Mo/Yr	Address	of Residence	City County S	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

		rendered against you? Please note this aild support, etc. (Do not include divor	
Yes 1		details:	
25. What is the total	amount of an Joan acom at present		
24. What is the aver	age monthly total of all of your hills, pays		
		ments, and current living expenses? \$	
25. List credit refere	nces, including creditors to which you ma	ments, and current living expenses? \$ake monthly payments:	
25. List credit refere		ments, and current living expenses? \$ake monthly payments:	
25. List credit refere	nces, including creditors to which you ma	ments, and current living expenses? \$ake monthly payments:	
25. List credit refere A.	nces, including creditors to which you man Name of Business Street Address	nents, and current living expenses? \$ake monthly payments: Amount Owing \$ City and State	
25. List credit refere A.	nces, including creditors to which you man	nents, and current living expenses? \$ake monthly payments: Amount Owing \$ City and State	
25. List credit refere A.	nces, including creditors to which you man Name of Business Street Address	nents, and current living expenses? \$ake monthly payments: Amount Owing \$ City and State	

City and State

Street Address

		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	
VORK HIST	Street Address	City and State
agency w	hich required certification or licensure from mployment was made?	forcement agency, corrections agency, or security any Commission, Board or Agency after a condition give details:
1		

. Have you	ever held a position in any capacity which requi	red certification or licensure from any Commission, Board
	- · · · · · · · · · · · · · · · · · · ·	red certification or licensure from any Commission, Board Note: List any such Commission, Board, or Agency,
or Agency	- · · · · · · · · · · · · · · · · · · ·	•
or Agency	established to certify or license that position? (No or out of North Carolina.) \(\subseteq \text{Yes} \subseteq \text{No} \)	•
or Agency whether in	established to certify or license that position? (No or out of North Carolina.) \(\subseteq \text{Yes} \subseteq \text{No} \)	Note: List any such Commission, Board, or Agency,
or Agency whether in	established to certify or license that position? (Nor out of North Carolina.) Yes No If yes, was such certification or license ever s issuing authority? Yes No If such certification or license was ever suspissuing authority, please list the agency's name	Note: List any such Commission, Board, or Agency,
or Agency whether in 27a.	established to certify or license that position? (Nor out of North Carolina.) Yes No If yes, was such certification or license ever s issuing authority? Yes No If such certification or license was ever suspissuing authority, please list the agency's name	Note: List any such Commission, Board, or Agency, suspended, revoked, or any sanctions taken against it by to pended, revoked, or any sanctions taken against it by the taking the action against the certification or license, day
or Agency whether in 27a.	established to certify or license that position? (Nor out of North Carolina.) Yes No If yes, was such certification or license ever s issuing authority? Yes No If such certification or license was ever suspissuing authority, please list the agency's name	Note: List any such Commission, Board, or Agency, suspended, revoked, or any sanctions taken against it by to pended, revoked, or any sanctions taken against it by the taking the action against the certification or license, day

Yes No If yes, 1	list organizatio	n name and	give deta	ils:			
	-		_				
	·						
		•					
Do you object to wearing a u	niform?	Yes	No				
. Do you object to working nig	ghts?	Yes	No				
. Do you object to working rot	ating shifts?	Yes	No				
Do you object to occasional acquiring training and otherward			ities?	1	3************		
List ALL jobs, positions or not paid employment, active Reason for Leaving for each there are gaps in your employment.	vise performing appointments y e or inactive r th job. Include yment please p	you have he eserve, and military ser	eld in the internshirvice in p	Yes last ten yea ps. Put you roper time n for each p	No rs to include ur present or sequence an eriod of uner	temporary, part-t most recent job d temporary part-t nployment.	ime, paid first. List
List ALL jobs, positions or not paid employment, active Reason for Leaving for each there are gaps in your employed. Title of present or last positions	vise performing appointments ye or inactive right job. Include yment please p	you have he eserve, and military ser	eld in the internshirvice in p	Yes last ten yea ps. Put you roper time n for each p	No rs to include ur present or sequence an eriod of uner	temporary, part-t most recent job d temporary part-t nployment.	ime, paid first. List
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Title of present o	or last posit	tion					
			Number				
		·	Name	Phone Number			
Street	t		City	State	,	Zip Code	
Date Employed		Sta	arting Salary	Las	t Salary	·	
Date Separated		Na	me/Title of Superviso	or			
☐ Full Time	_ Yrs	Mos	☐ Part Time _	Yrs	Mos		
			er week		es supervised	by you	
Dunes:				,			
Reason for leavi	ng:						
C. Title of presen	nt or last po	osition					
C. Title of presen	nt or last po	osition					
C. Title of presen	nt or last po	osition					
C. Title of presen	at or last po	osition					
C. Title of presen Employer Addres	nt or last po	osition ne Number _	Name	State	Phone Num	ber	
C. Title of presen Employer Addres Street Date Employed	nt or last po	osition ne Number _ Sta	Name City	State Last	Phone Num	ber Zip Code	
C. Title of presen Employer Addres Street Date Employed Date Separated	at or last po	osition ne Number _ Sta Nat	Name City rting Salary	State Last	Phone Num	ber Zip Code	
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C. Title of presen Employer Addres Street Date Employed Date Separated Full Time If part time, numb	at or last poss and Pho	osition Sta Nai Mos	Name City rting Salary me/Title of Superviso Part Time r week	State Last or Yrs No. employed	Phone Num Salary Mos es supervised l	ber Zip Code	
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Title of present or last pos	ition		
	one Number		
	Name	Phone Nu	ımber
Street	City	State	Zip Code
Date Employed	Starting Salary	Last Salary	
Date Separated	Name/Title of Supervi	sor	
•	Mos		
If part time, number of ho	urs worked per week	No. employees supervise	d by you
Answers			
Reason for leaving:			
Reason for leaving: Title of present or last posi	tionone Number		
Reason for leaving: Title of present or last posi	tion		
Reason for leaving: Title of present or last posi	tionone Number		
Reason for leaving: Title of present or last posi Employer Address and Pho	tion one Number Name	Phone Nu State	mber
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	·	Name		Phone Nun	ıber
Street		City		State	
Date Employed		Starting Salary		Last Salary	
		Name/Title of Super			
		Part Time			
		d per week			by you
Reason for leaving					
Explain Periods of u		three months or more			
LITARY SERVICE				area ac	
Were you ever in the	U.S. Military Se	rvice or any other mi	litary organizatio	n? 🔲	Yes 🗌 No
ere you ever denied en	trance into the m	ilitary? 🗌 Yes 🏻	☐ No If yes, wl	hy?	
ESTIONS 35 THRO		PPLICABLE ONL			
What was the highest					
What was the last ran					
What was the date an					

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Y
			11.00/111	1110.7 1
). List all duty statio	ns:			
Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To
Dianen	Ont (Company of Sinp)	Location	1710./11.	Mo./Y
		,		
. Have you ever rec	eived any of the following types of discha	rge:	···	
Under other than h	Yes No Yes No ponorable conditions Yes No conorable conditions Yes No harge Yes No Yes No Yes No			
judicial punishm action while a m	ourt-martialed, tried on charges, or the tent, captain's mast, company punishmember of the military, national guard of the If yes, explain what occurred and what	ent, article 15, and/or r reserve unit?	any other discip	olinary
List all medals and				

USI	E OF ALCOHOL OR DRUGS
45.	Do you drink alcoholic beverages?
NO' is ye	FE: In questions 46, and 47, the word ' <u>used' means "one time or more, including experimentation."</u> If any answers, give full and complete details. (Attach extra sheets if necessary.)
	Have you ever used, to include tasting, any illegal drugs including but not limited to, marijuana, steroids, opiate 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) f yes, what were the circumstances, drugs used, and when did the usage last occur?
	When was the last time?
7	Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician? Yes \sum No \sum I don't know (explain below) If yes, what were the circumstances, drug(s) used, and when did the usage last occur?
(]	Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or ontrolled substances for which you did not have a valid prescription? Yes No I don't know explain below) f yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or ale.

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.

Offense Changed	Y D.C	
A. Offense Charged		
	Disposition	•
		rcement Agency
	Dispositio	
C. Offense Charged		
	Dispositio	n of Case
(ATTACH EXTRA SHEETS, I	NECESSARY)	
	Violence Protective Orders and	against you? those entered subsequent to a hearing.)
Date of Issuance:	All playing and a second a second and a second a second and a second a second and a	
County of Issuance:		
Name of Plaintiff:		
Date of expiration:		
 (a) currently under Indictment exceeding one year. (b) have been convicted in any of would not be ineligible under conviction has been expunged the conviction occurred the properties of the conviction occurred the properties. (c) are a fugitive from justice. (d) are an unlawful user of, or controlled substance. (e) have been adjudicated mental of the properties of the conviction occurred the properties of the conviction occurred the properties. (d) are an unlawful user of, or controlled substance. (e) have been adjudicated mental of the conviction occurred the properties of the conviction occurred the properties of the conviction occurred the properties. (d) are an unlawful user of, or controlled substance. (e) have been adjudicated mental of the conviction occurred the properties occurred	or Information in any court of a crime punishable by in this criteria if the person has bed or set aside, or the person has erson is not prohibited from recaddicted to, marijuana, or any addicted to, marijuana, or any lly defective or have been involve Armed Forces under dishonorates. hip, having previously been a cinterior in high properties of the p	tizen of the United States. eding one year" as discussed in (a) and (b) above

	Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempte 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 spouse, parent, or guardian of the victim (Domestic Violence Offense)? Yes No
(Offense Charged:
]	Law Enforcement Agency
]	Date:
]	Disposition
1	Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-45.4 and 15A-145.5.) Yes No If yes, give details:
54. H	Have you ever been placed on probation? Yes No If yes, give details:
56. E	Do you possess a valid driver's license from the State of North Carolina? Yes No Oriver's License Number Year Issued Oo you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina? Yes No
	yes, give state and number
57. W	Vas your driver's license ever suspended or revoked? Yes No If yes, state which and give easons:
58. W	/as your driver's license ever restored?
59. H	ave your driving privileges ever been restricted? Yes No If yes, give details:
CARI	EER OBJECTIVES
60. Bi	riefly explain your reasons for applying for this position:
_	

What are your feelings a	about the use of deadly for	ce it if became necessary in	n the performance of official duties
			·
REFERENCES 63. Give the names of five responsible persons, other than relatives or past about your character, ability, experience, personality, and other qualities. Name Address A. B. C. D. E.			
Give the names of five	responsible persons, othe	r than relatives or past en	nployers, who could provide infor
	miy, experience, personali	-	
		Address	Telephone
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IMIL OF NORTH CARO.			
OUNTY OF	Pre-24	de on this form is true	and complete and understand the
	and every statement ma-	do di dilo idili ib dido	and complete and anderstand a
hereby certify that each isstatement or omission of	information will subject n	ne to disqualification or di	smissal. I also acknowledge that I
hereby certify that each isstatement or omission of ontinuing duty to update all	information will subject n information contained in	ne to disqualification or di this document. I will repor	t to the employing agency and for
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EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

P			
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 rd 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	М
20-138,1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	М
20-138.2	Impaired driving in commercial vehicle (20-138,2(e))	10/1/94-Present	М
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
#XT1 . 1 1 .1	one of 20 129 1 Driving While Impoined (numishment levels 2 4		

^{*}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.