



CRAMERTON POLICE DEPARTMENT



Dear Applicant:

Thank you for your interest in employment with the Cramerton Police Department. The Town of Cramerton prides itself in providing professional police services to its residents. To this end, the Town is seeking dedicated, self-motivated individuals who are willing to work hard and train hard in order to allow the Department to continue to be a pacesetter among municipal police agencies.

Within this employment package you will find the following:

- **Town of Cramerton Employment Application** – Must be completed *by the applicant* and signed.
- **Authorization for Release of Personal Information** – Must be completed and signed *by the applicant* and notarized.
- **Drug Screening through Urinalysis Applicant Consent Form** – Must be completed *by the applicant* and notarized.
- **Applicant Interview Questions** – Must be answered completely *by the applicant*. Additional instructions preface the question packet.
- **Personal History Statement** – Must be completed and signed *by the applicant*. Form must also be notarized.
- **Medical History Statement** – Must be completed *by the applicant*.

Take time to read the instructions for each form carefully. Complete each of the forms, in their entirety, and return them in the packet along with:

- Legible photocopy of current NC Driver's License
- Legible photocopy of Social Security Card
- Photocopy of Birth Certificate
- Photocopy of High School Diploma or Equivalent
- Photocopy of College Diploma (if applicable)
- Certified copy of High School and/or college transcript
- Certified copy of case dispositions of any criminal charges (including traffic citations; excluding infractions)
- Photocopy of Certificate of Discharge from Military Service (if applicable)
- Photocopy of Basic Law Enforcement Certificate
- Listing of any Law Enforcement Training received; the location of the training, number of hours awarded, and date awarded. Copies of certificates documenting this training are acceptable.

Should you have any questions concerning this application packet, please feel free to contact me. It will not be necessary for you to follow-up on this application. You will be contacted if further information is needed or if an interview will be scheduled for you.

You may attach any documentation that you feel would be helpful when reviewing your application packet (e.g., resume', certificates, awards, etc.). However, a resume' or any other documentation may not be submitted in lieu of the Town of Cramerton Employment Application or any other required forms.

Sincerely,

Brad Adams
Chief of Police

155 North Main Street, Cramerton, North Carolina 28032
Office 704.824.7964 / Fax 704.824.0134
www.cramertonpd.org



CRAMERTON POLICE DEPARTMENT



INEXPERIENCED LAW ENFORCEMENT OFFICER ESSENTIAL JOB FUNCTIONS

INSTRUCTIONS: The following are the "essential job functions" that are common to all inexperienced law enforcement officers in North Carolina, as determined by the N.C. Criminal Justice Education and Training Standards Commission and the Sheriff's Education and Training Standards Commission. The successful applicant must be able to perform **ALL** of the essential job functions of an inexperienced law enforcement officer, generally unassisted and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
4. Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
6. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
8. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.



CRAMERTON POLICE DEPARTMENT



INEXPERIENCED LAW ENFORCEMENT OFFICER ESSENTIAL JOB FUNCTIONS (continued)

10. Conduct visual and audio surveillance for extended periods of time.
11. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
13. Demonstrate communication skills in court and other formal settings.
14. Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
15. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
16. Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
18. Put on and operate a gas mask in situations where chemical munitions are being deployed.
19. Extinguish small fires by using a fire extinguisher and other appropriate means.
20. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
21. Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprint impressions.



CRAMERTON POLICE DEPARTMENT



Drug Screening Through Urinalysis Applicant Consent

I, _____, understand that as part of the pre-employment process as required by the North Carolina Education and Training Standards Commission I must submit to a urinalysis drug screening.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of employment.

I understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied certification as a criminal justice officer. I also understand that in the case of a refusal to submit to a drug screen or a positive result my name will be forwarded to the Criminal Justice Standards Division, which serves as the central agency for documentation of such results. I understand that a refusal to submit to a drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a criminal justice officer.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer, employing agency and the Criminal Justice Standards Division. I further authorize disclosure of this or any related information, to include results of prior drug screens or refusals, by the Criminal Justice Standards Division to the extent that such disclosure is made to a law enforcement agency or criminal justice licensing or regulatory agency as needed or requested for certification or employment and other valid non-criminal purposes.

I understand the results of the urinalysis will be available to me as soon as possible after receipt by the Cramerton Police Department.

Signature of Applicant

Social Security Number

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public in and for said County and State

do hereby certify that _____ personally appeared before me

this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and notary seal, this the _____ day of _____, _____

_____, Notary Public

My Commission Expires: _____

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Authorization for Release of Personal Information To Law Enforcement Agencies for Certification/Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Cramerton Police Department. In order to determine my suitability for employment, I understand that the Cramerton Police Department, Cramerton, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____,
Operator's license number _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Cramerton Police Department, Cramerton, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Cramerton Police Department, Cramerton, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Town of Cramerton. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with the authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Cramerton Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other state and federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant/Officer Signature

Printed Name

Address: _____

Telephone number: _____

STATE OF NORTH CAROLINA
COUNTY OF GASTON

Subscribed and sworn to before me
this the _____ day of _____, _____

Notary Public & Seal

My Commission Expires: _____



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: _____

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

44. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

45. Do you drink alcoholic beverages? Yes No

NOTE: In questions 46, and 47, the word 'used' means "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

46. Have you ever used, to include tasting, any illegal drugs including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

Yes No I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time? _____

47. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

Yes No I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

Applicant Name: _____ Agency Applied: _____

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)

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:

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:

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 four 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 ____

Applicant Name: _____

Investigator Name: _____

Date: _____

Attachment I

APPLICANT INTERVIEW QUESTIONS

1. Are you a U. S. Citizen? If not, naturalization papers required.

2. Are you at least 20 years of age?

3. Do you have a high school diploma (public or home school), high school equivalency credential, or college degree? (Name of school and date received.)

4. Have you attended any other educational or learning institutions? List any disciplinary actions received while in attendance. Names and dates:

5. Did you obtain an Associate, Bachelor, Masters or Doctorate Degree from any of these institutions?

6. What was the field of study that your degree was obtained in?

7. Do you have a valid driver's license? (What state and operator number?)

8. In what other states have you been licensed to operate a vehicle in the past?
[License number(s) and State(s)]

9. Has your driver's license ever been suspended or revoked?
If so, when and why?

10. Have you ever been arrested for DWI or DUI?

11. How many citations have you received since you began driving?

12. Starting with the most recent citation, give the year, location, violation and disposition. This should include any citations that were dismissed or given prayer for judgment in court.

13. What are your personal strengths?

14. What are your personal weaknesses?

15. What do you consider to be good traits for a police officer?

16. Which of these traits do you consider yourself to have?

17. Why do you want to become an officer?

18. Have you ever applied for employment with this department in the past? When?
19. Are you applying or have you applied to other enforcement agencies, including any Federal, state or local agencies? If so, what agencies and when?
20. 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, provide Commission, Board or Agency name and the reason for the denial:
21. Do you know any law enforcement, corrections, or other criminal justice officers? Who and what department?
22. Do you have any relatives employed by this agency?
23. Discuss your thoughts about making a career in this field?
24. How did you learn about our department?
25. What are some of your hobbies?
26. Do you speak a foreign language, and to what proficiency?

27. Who have you been previously employed by and when? List all jobs, positions or appointments you have held to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships.

28. Have you ever been discharged, requested to resign, allowed to resign in lieu of termination, or resigned under investigation, from any position because of criminal or personal misconduct or rules violations?

Yes No

If Yes, provide organization name and the reason(s) for discharge or termination:

29. Describe any criminal involvement that you may have had in the past since turning 16 years of age. This is to include taking pens/pencils from an employer; taking change from a drawer at work for a drink; money out of a cash register; shoplifting to any degree.

30. Have you been involved in any acts of moral turpitude that would raise questions or impair your performance of this job?

31. Have you ever been arrested, detained, or charged with a crime, even if the charges against you have been dismissed? This includes citations issued for crimes such as, but not limited to, public consumption, assault, trespass, or any city ordinances. Note: 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, 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law.

32. 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-145-8A, 15A-146, or a similar out-of-state law? Please provide what criminal offense(s) or criminal conviction(s).

33. How many times have you stood by and observed someone else take part in criminal activity?

34. Have you ever been issued a criminal summons to appear in court? This includes worthless checks and non-support matters.

35. Describe any involvement or instance when you have been sued in civil or any other court.

36. Have you ever been convicted of, or arrested for, a crime? This includes misdemeanor and felony offenses, as well as city ordinances.

37. Have you ever been convicted of any type of crime arising from Domestic Violence?

38. Have you ever had any type of Domestic Violence Restraining Order, including *ex parte* orders, issued against you?

39. Have you ever been involved in any incident or conduct which might expose you to blackmail?

40. Have you ever sued anyone in civil court?

41. Do you have any outstanding civil judgments against you?

42. Do you have relatives who have criminal convictions? If so, for what crimes?

43. Are you presently using any type of illegal drugs?

44. Explain your knowledge or involvement regarding illegal drugs.

45. Have you ever possessed or sold any amount of illegal drugs? When?

46. Have you ever used, tasted, or sniffed, any of the following drugs? This includes one time, or more, including experimentation.

- | | |
|--|---|
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> LSD (Lysergic Acid Diethylamide) |
| <input type="checkbox"/> Powder Cocaine | <input type="checkbox"/> Steroids |
| <input type="checkbox"/> Crack Cocaine | <input type="checkbox"/> Mushrooms (Hallucinogens) |
| <input type="checkbox"/> PCP (Phencyclidine) | <input type="checkbox"/> Opiates (Morphine & Codeine) |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Synthetic or 'Designer' |
| <input type="checkbox"/> Pills | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Designer or synthetic | |

47. Have you ever been in the presence of anyone possessing drugs illegally, including during social functions? Explain.

48. Do you drink alcoholic beverages? Yes No
49. Have you ever operated a vehicle after consuming an alcoholic beverage?
50. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?
51. Are you now or have you ever been a member of any group that practices discrimination against any race, sex, religion, or that advocated the overthrow of the government?
52. Are you able and willing to work rotating shifts?
53. Are you able and willing to wear a uniform?
54. Are you able and willing to meet this department's grooming standards?
55. Do you object to carrying a firearm?
56. On occasion you may be required to travel out of town for additional training. Would you be able and willing?
57. Would you have any reservation in regard to working an assignment with someone of the opposite sex?
58. Are you willing to use deadly force, if necessary, to protect your life and that of another? Explain.

59. Have you ever used a weapon against anyone or caused injury to another person?

60. Are you able and willing to render emergency aid to trauma victims?

61. Are you able and willing to identify dead persons or witness autopsies?

62. Are you capable of enforcing a law with which you do not agree?

63. Are you capable of arresting a friend?

64. With proper training and supervision, are you able and willing to perform **all** of the essential job functions of of a criminal justice officer, unassisted and without delay?

Note: You may be required to demonstrate the ability to accomplish the essential job functions by performing various tasks. Applicants should be provided a copy of the essential job functions and have been afforded an opportunity to review them.

65. Do you file your State and Federal income taxes on time?
Have you ever failed to file your taxes on time?

66. Are you able to manage your personal finances?

67. Explain your ability to honor your debts.

68. Explain the status of any delinquent accounts.

69. Have you ever filed for bankruptcy? Yes No
If yes, provide year, amount, court in which filed, and indicate whether Chapter 7, 11, or 13.

70. Have you ever had a vehicle or any other object repossessed?

71. Do you own or rent your current residence?

72. In what county do you reside?

73. Do you pay personal property tax to that county?

74. Are you effective at communicating with all kinds of people?

75. Are you able to control your anger when insulted or threatened?

76. Why should this department hire you?

77. Explain your personal work ethic:

78. Are you able to function normally when placed under temporary or prolonged stress?

79. What experience have you had with stressful situations? How did you resolve these?

80. Describe your ability to work under pressure.

81. Describe any past experience you may have had as a member of a team.

82. Describe any accomplishments that you believe you are solely responsible for.

83. What accomplishments in your life are you most proud of?

84. Give an example of an event in your life that demonstrates your integrity.

85. What are your goals in life?

86. Do you consider yourself to be honest and reliable?

87. How do other people perceive you?

88. What does this department have to offer you?

89. Where do you see yourself, career-wise, in five years? Ten years?

90. Why do you believe you are qualified for this position?

91. If applicable, do you understand that if you are accepted for this position, you will have to conform to any residency requirements?



The Town of Cramerton

155 North Main Street
 Cramerton, North Carolina 28032
 (704) 824-4337
 www.cramerton.org

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, the presence of a medical condition or handicap, or any other legally protected status.

Applicant Information

Last Name		First Name		Middle Name	
Street Address			City	State	Zip Code
Telephone Number(s)				Social Security Number	

Position Applying For

Position	Department	Date of Application
POLICE OFFICER	POLICE	
List any training, skills, or experiences you have that would be relevant to your qualification for this position		
If you are currently employed by the Town of Cramerton and are applying for a new position or transfer, fill out the following information:		
Current Position	Department	Date of Hire
Reason for applying for new position or transferring:		

General Questions

Are you over 18 years of age? Yes No

If not, can you provide proof of your eligibility to work? Yes No

Have you ever been employed with The Town of Cramerton before? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you a United States citizen? Yes No

If not, do you have work authorization? Yes No

On what date would you be available for work? Date: _____

Are you seeking: Full time Part Time Temporary Seasonal

Are you currently on layoff status and subject to recall? Yes No

Can you travel if a position requires it? Yes No

Have you been arrested or convicted of any criminal offenses other than minor traffic violations? Yes No
(Arrests or convictions will not necessarily exclude you from employment. The nature, date, and job-relatedness of the arrest or conviction will be considered)

If you have been arrested or convicted, please explain:

Driver's License Information

Do you have a valid Driver's License? Yes No

State in which Driver's License was issued: _____

Driver's License Number: _____ Expiration Date: _____

List any special certifications (such as CDL) that you have on your license:

Please specify any moving violation citations received in the last 12 months:

Education

Circle Highest Level Completed:													
K-12	1	2	3	4	5	6	7	8	9	10	11	12	GED
College	1	2	3	4									
Graduate School	1	2	3	4									
Schools	Name/Location	Grad.	Year	Major/Minor and Type of Degree									
High School		Yes No											
College or University		Yes No											
Graduate or Professional		Yes No											

Employment History

(List your employment history starting with your current or last position held.)

Employer		Dates Employed		Work Performed / Job Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Date Employed (mo/yr)	Date Separated (mo/yr)			
Reason for Separation				

Employer		Dates Employed		Work Performed / Job Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Date Employed (mo/yr)	Date Separated (mo/yr)			
Reason for Separation				

Employer		Dates Employed		Work Performed / Job Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Date Employed (mo/yr)	Date Separated (mo/yr)			
Reason for Separation				

Employer		Dates Employed		Work Performed / Job Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Date Employed (mo/yr)	Date Separated (mo/yr)			
Reason for Separation				

References

Please list name, address, and telephone number of three references who are not related to you, are not previous employers, and will talk openly with us about you.

Name	Address	Telephone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements and information contained in this application for employment as may be necessary in arriving at an employment decision and specifically consent by signature below to review of my prior employment personnel files.

I understand that I will be required to undergo drug and alcohol screening upon an offer of employment and prior to my actual employment and that the confirmed presence of any illegal drugs in the urine sample will be cause for disqualifying me as an applicant.

I understand and acknowledge that my employment relationship with the Town will be "at will", which means that I may resign at any time and the Town may terminate my employment at any time with or without cause. I further understand that my "at will" employment relationship may not be changed by any written document or by conduct unless the Town Manager specifically authorizes such change in a binding written agreement.

In the event of employment, I understand that any false or misleading information given in my application or interviews may result in immediate discharge. I understand, also, that I am required to abide by all rules, regulations, and policies of the Town.

Signature of Applicant

Date