



# 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

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155 North Main Street, Cramerton, North Carolina 28032  
Office 704.824.7964 / Fax 704.824.0134  
[www.cramertonpd.org](http://www.cramertonpd.org)



# 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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## CRAMERTON POLICE DEPARTMENT

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



### 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: \_\_\_\_\_



# 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
<b>POLICE OFFICER</b>	<b>POLICE</b>	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with The Town of Cramerton before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a United States citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, do you have work authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work?	Date: _____	
Are you seeking:	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	
Are you currently on layoff status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a position requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been arrested or convicted of any criminal offenses other than minor traffic violations? <small>(Arrests or convictions will not necessarily exclude you from employment. The nature, date, and job-relatedness of the arrest or conviction will be considered)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have been arrested or convicted, please explain:   		

**Driver's License Information**

Do you have a valid Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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



**NORTH CAROLINA CRIMINAL JUSTICE  
EDUCATION AND TRAINING STANDARDS COMMISSION**

**PERSONAL HISTORY STATEMENT**

*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.*

**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.



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

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

8. Was your driver's license ever suspended or revoked?  Yes  No

If yes, state which and give reasons:

9. Was your driver's license ever restored?  Yes  No

When? \_\_\_\_\_

**NOTE:** Data solicited in this box will be used for Equal Employment statistical purposes only.

10. a. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

b. Race (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other \_\_\_\_\_

11. Sex:  Male  Female  Other \_\_\_\_\_  Prefer not to say

12. Have you previously submitted an application for employment with this agency?

Yes  No Approximate Date: \_\_\_\_\_

**EDUCATIONAL**

13. 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 or Equivalent					
Universities or Colleges					



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

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

20. 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**

21. List every city/county in which you have lived, with present address at top:

From Mo/Yr	To Mo/Yr	Address of Residence	City County State

**FINANCIAL**

22. What income other than salary do you have at present?

23. List all businesses you currently own or have financial interest in (do not list any stocks and bonds):

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

Yes  No  N/A

25. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? If yes, give name and details:  Yes  No  N/A

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

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

26. 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:

27. What is the total amount of all your debts at present? \$ \_\_\_\_\_

28. What is the average monthly total of all of your bills, payments, and current living expenses? \$ \_\_\_\_\_

29. 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

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

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

**WORK HISTORY**

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

Yes     No

If yes, list agency name and give details:

31. 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

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority?     Yes     No

31b. If such certification or license was ever surrendered, 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.



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

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

32. 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:

33. Do you object to wearing a uniform?     Yes     No

34. Do you object to working nights?     Yes     No

35. Do you object to working rotating shifts?     Yes     No

36. 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

37. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

a. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name Phone Number

Street City State Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos     Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

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

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

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

**Duties:**

**Reason for leaving:**

b. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

	Name	Phone Number
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	Street	City	State	Zip Code
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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:**

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 \_\_\_\_\_

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

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

**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:**

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

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 (3) months or more.

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

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

**MILITARY SERVICE**

38. 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?

39. What was the highest rank that you held? \_\_\_\_\_

40. What was the last rank that you held? \_\_\_\_\_

41. What was the date and location of your first enlistment or commission? Date: \_\_\_\_\_

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

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

43. List all duty stations: \_\_\_\_\_

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

44. Have you ever received any of the following types of discharge:

Type of Discharge	Yes	No
Uncharacterized	<input type="checkbox"/>	<input type="checkbox"/>
Honorable	<input type="checkbox"/>	<input type="checkbox"/>
General (under honorable conditions)	<input type="checkbox"/>	<input type="checkbox"/>
Under other than honorable conditions	<input type="checkbox"/>	<input type="checkbox"/>
Bad Conduct Charge	<input type="checkbox"/>	<input type="checkbox"/>
Dishonorable Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>

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

45. 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:

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

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

#### USE OF DRUGS

**NOTE:** In questions 48 and 49, 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.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, 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?

49. 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?

50. 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)

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### **CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

**NOTE:** Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

**You must include any and all offenses and convictions regardless of whether or not the offenses/convictions were expunged.** 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.**



51. 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

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

No - Applicant's Initials \_\_\_\_\_  Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

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

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

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are 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. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (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.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

**NOTE:** If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

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 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. 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: \_\_\_\_\_

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

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

53. 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 \_\_\_\_\_

**REFERENCES**

54. 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.		

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

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

**STATE OF:**

**NORTH CAROLINA**

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

**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 \_\_\_\_

\_\_\_\_\_  
(Applicant Signature in Full)

\_\_\_\_\_  
(Applicant Print Name 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 have any relatives employed by this agency?
22. Discuss your thoughts about making a career in this field?
23. How did you learn about our department?
24. What are some of your hobbies?
25. Do you speak a language other than English, and to what proficiency?

26. 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.

27. 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:

28. Describe any criminal involvement of any sort since turning 19 years of age, including minor items such as, for some examples, taking office supplies, "borrowing" a small amount of money from a cash register, taking even a small item from a store without paying for it.

29. Have you been involved in any acts of moral turpitude that would raise questions or impair your performance of this job? For purposes of this question, moral turpitude involves an act, criminal or not, that is dishonest or immoral to a degree that, if known, would be seen as a serious violation of community standards.

30. 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.



31. Have you ever had a criminal offense or criminal conviction expunged? Please provide what criminal offense(s) or criminal conviction(s).

32. Have you ever witnessed criminal activity, by someone you know or a stranger, where you thought you could intervene but did not? Discuss.

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

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

35. Have you ever sued anyone in civil court? Explain.

36. Do you have any outstanding civil judgments against you? Explain.

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

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

39. Have you ever had any type of Domestic Violence Restraining Order, including *ex parte* orders, issued against you? Explain.
40. Have you ever been involved in any incident or conduct which might expose you to blackmail? Explain.
41. Do you have relatives who have criminal convictions? If so, for what crimes?
42. Are you presently using any type of drugs that are illegal under North Carolina or Federal law? Explain.
43. Explain your knowledge or involvement regarding drugs that are illegal under North Carolina or Federal law.
44. Have you ever possessed or sold any amount of drugs that are illegal under North Carolina or Federal law? When?
45. 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                           |
46. Have you ever been in the presence of anyone possessing drugs illegally, including during social functions? Explain.

47. Do you drink alcoholic beverages?  Yes  No

48. Have you ever operated a vehicle after consuming an alcoholic beverage?

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

50. 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?

51. Are you able and willing to work rotating shifts?

52. Are you able and willing to wear a uniform?

53. Are you able and willing to meet this department's grooming standards?

54. Do you object to carrying a firearm?

55. On occasion you may be required to travel out of town for additional training. Would you be able and willing?

56. Would you have any reservation working on any assignment with someone based on their sex, gender, or any other personal characteristic? Discuss.

57. Are you willing to use deadly force, if necessary, to protect your life and that of another? Explain.

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

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

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

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

62. Are you capable of arresting a friend?

63. With proper training and supervision, are you able and willing to perform **all** of the essential job functions 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.

64. Do you file your State and Federal income taxes on time?

65. Are you able to manage your personal finances?

66. Explain your ability to honor your debts.

67. Explain the status of any delinquent accounts.

68. 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.

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

70. Do you own or rent your current residence?

71. In what county do you reside?

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

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

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

75. Why should this department hire you?

76. Explain your personal work ethic:

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

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

79. Describe your ability to work under pressure.

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

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

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

83. What are your goals in life?

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

85. How do other people perceive you?

86. What does this department have to offer you?

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

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

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

**Attachment V**

**LAW ENFORCEMENT OFFICER**  
**ESSENTIAL JOB FUNCTIONS**

INSTRUCTIONS: The following are the “essential job functions” that are common to all 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 a 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 judgement 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.



**Law Enforcement Officer Essential Job Functions (cont'd.)**

9. 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.
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.