Print Form

FORM F-3
(Revised 2/08)

NORTH CAROLINA

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

TELEPHONE: (919) 716-6470

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 a typewriter 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: _____ First Middle Last 2. _____ Social Security Number

All Previous Names: _____

Nicknames or Aliases: _____

3. Present Mailing Address: _____ Street & Number City County State Zip Code

Permanent Mailing Address: _____ Street & Number City County State Zip Code

Telephone Number: Home: _____ Work: _____

Pager Number: _____ E-Mail Address: _____

4. Date of Birth: _____ 5. Place of birth: _____

6. Citizenship: ☐ A. U.S. Born ☐ B. U.S. Naturalized ☐ C. Other - Specify _____

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical Information purposes only.

7. Ethnic Background

☐ A. American Indian
☐ B. Asian American
☐ C. Black
☐ D. Spanish American
☐ E. White
☐ F. Other _____

8. Sex: ☐ A. Male ☐ B. Female

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

☐ A. Yes ☐ B. No Approximate date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)		No. Full Yrs. Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools						
B. University or Colleges						
C. Extension or Correspondence Courses						

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

☐ A. Yes ☐ B. No If yes, when and where did you complete the GED?

_____

_____

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.

MARITAL

12. Marital Status (Check one) ☐ A. Single ☐ C. Married ☐ E. Divorced ☐ B. Engaged ☐ D. Separated ☐ F. Widowed

13. Name of Spouse: _____

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

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency?

☐ A. Yes ☐ B. 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?

☐ A. Yes ☐ B. No If yes, give name(s) and details:

_____

_____

RESIDENCES

17. List addresses for past 10 years starting with present address at top:

FROM MO.	FROM YR.	TO MO.	TO YR.	ADDRESS OF RESIDENCE (Include COUNTY of Residence)	CITY & STATE (Include ZIP CODE)	LANDLORD

FINANCIAL

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

_____

_____

19. Are you now supporting all children born to you, adopted by you, and stepchildren?

☐ A. Yes ☐ B. No If not, give details:

_____

_____

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

☐ A. Yes ☐ B. No If yes, give name and details:

_____

_____

21. Have you ever been sued with a civil judgment being rendered against you?

☐ A. Yes ☐ B. No If yes, give details:

_____

_____

_____

22. What is the total amount of all your debts at present? $ _____

23. What is the average monthly total of all of your bills, payments, and current living expenses? $ _____

24. List credit references, including businesses 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

25. Have you ever been denied employment by a criminal justice agency?

☐ A. Yes ☐ B. No If yes, list agency name and give details:

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

27. Do you object to wearing a uniform? ☐ A. Yes ☐ B. No

28. Do you object to working nights? ☐ A. Yes ☐ B. No

29. Do you object to working rotating shifts? ☐ A. Yes ☐ B. No

30. 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? ☐ A. Yes ☐ B. No

31. List all the jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____ No. employees supervised by you: _____
Date separated:	Employer _____ Phone Number _____
Full-time Yrs. Mos.	Address _____
Part-time Yrs. Mos.	Street City State _____ Zip Code
If part-time, number of hours worked per week:	Duties: _____
	Reason for Leaving: _____

B. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____ No. employees supervised by you: _____
Date separated:	Employer _____ Phone Number _____
Full-time Yrs. Mos.	Address _____
Part-time Yrs. Mos.	Street City State _____ Zip Code
If part-time, number of hours worked per week :	Duties: _____
	Reason for Leaving: _____

C. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____ No. employees supervised by you: _____
Date separated:	Employer _____ Phone Number _____
Full-time Yrs. Mos.	Address _____
Part-time Yrs. Mos.	Street City State _____ Zip Code
If part-time, number of hours worked per week :	Duties: _____
	Reason for Leaving: _____

D. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____ No. employees supervised by you: _____
Date separated:	Employer _____ Phone Number _____
Full-time Yrs. Mos.	Address _____
Part-time Yrs. Mos.	Street City State _____ Zip Code
If part-time, number of hours worked per week :	Duties: _____
	Reason for Leaving: _____

E. Title of present or last position _____ Starting salary _____ Last salary _____

Date employed:	Name and title of supervisor: _____ No. employees supervised by you: _____
Date separated:	Employer _____ Phone Number _____
Full-time Yrs. Mos.	Address _____
Part-time Yrs. Mos.	Street City State _____ Zip Code
If part-time, number of hours worked per week :	Duties: _____
	Reason for Leaving: _____

F. Explain Periods of unemployment of three months or more. _____

MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No

QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

34. What was the highest rank that you held? _____

35. What was the date and location of your first entrance into active duty? _____

Date: _____ Location: _____

36. What were your unit assignments in the service? _____

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

37. What was the date and location of your last discharge from active duty?

Date: _____ Location: _____

38. Was your last discharge honorable? ☐ Yes ☐ No (If no, was it characterized as bad conduct ☐ or dishonorable ☐?)

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) **or any other disciplinary action** while a member of the armed forces?
☐ Yes ☐ No If yes, explain: _____

_____

_____

40. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

_____

_____

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

_____

_____

42. 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

NOTE: In questions 43, 44, 45 and 46, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, to what degree?

_____

_____

44. Have you ever used marijuana? ☐ Yes ☐ No If yes, what were the circumstances?

_____

_____

When was the last time? _____

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

☐ Yes ☐ No If yes, under what circumstances?

_____

_____

When was the last time? _____

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

☐ Yes ☐ No If yes, please explain the circumstances: _____

_____

_____

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked,and speeding to elude arrest.

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 should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

47. 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 citation or criminal summons.)
☐ Yes ☐ No If "Yes", give details below:

A. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

B. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

C. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

48. 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)
☐ A. Yes ☐ B. No
Date of Issuance: _____
County of Issuance: _____
Name of Plaintiff: _____
Date of expiration: _____

49. 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 the 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 his/her 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.
Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? ☐ A. Yes ☐ B. No If yes, explain: _____

_____

_____

50. 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, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

☐ A. Yes ☐ B. No Offense Charged: _____
Law Enforcement Agency: _____
Date: _____
Disposition: _____

51. Have you ever been charged with or convicted of a felony? ☐ A. Yes ☐ B. No If yes, give details:

_____

52. Have you ever been placed on probation? ☐ A. Yes ☐ B. No If yes, give details:

_____

53. Have you ever been required to pay a fine in excess of $50.00 (this does not include court costs)?

☐ A. Yes ☐ B. No If yes, give details: _____

_____

54. Can you operate a motor vehicle? ☐ A. Yes ☐ B. No

55. Do you possess a valid driver's license from the State of North Carolina? ☐ A. Yes ☐ B. No

Driver's License Number: _____ Year Issued: _____

56. Do you possess a driver's license issued by any state other than the State of North Carolina? ☐ A. Yes ☐ B. No
    If yes, give the state and number: _____

57. Was your license ever suspended or revoked? ☐ A. Yes ☐ B. No If yes, state which and give reasons: _____
    _____

58. Was your license ever restored? ☐ A. Yes ☐ B. No When? _____

59. Have your driving privileges ever been restricted? ☐ A. Yes ☐ B. 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:_____
    _____

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?
    _____
    _____

REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA
COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions 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 ___