CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980

Form F-5A (LE)
Rev. 8/11)

REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION LAW ENFORCEMENT OFFICER

FOR STANDARDS DIVISION ONLY

CERTIFICATION _____ MAILED _____

TRA _____ FP _____

INSTRUCTIONS: Please Type or Print all information clearly. **This form shall be completed for EACH individual BEFORE administration of law enforcement oath irrespective or whether service is to be full-time, part-time, paid, unpaid, regular, reserve, auxiliary, honorary, or special.** This Appointment must be submitted to the Criminal Justice Standards Division for issuance of the appropriate Certification certificate which will be returned to you for purposes of Oath administration. A copy must be retained in the appointing Agency's personnel file.

Appointing Agency: _____ Phone Number: _____

Address: _____ Zip Code: _____

☐ Check if New Address: Agency or ORI Number (If Available. Originating Routing Identifier assigned by NCIC) _____

Appointee's Name: _____ _____ _____
First Middle Last

Address: _____ Zip Code: _____

Date of Birth: _____ Driver's License No: _____ Social Security No: _____

Position/Title: ☐ Patrol Officer ☐ Other _____ ☐ Full-Time ☐ Part-Time Date of Hire _____
(Specify)

SECTION FOR NEW APPLICANTS, PROBATIONARY APPOINTEES, AND OUT-OF-STATE TRANSFERS ONLY

This section must be completed indicating that the requirements of the Administrative Code (12 NCAC 9) have been met with necessary forms and documentation having been placed in applicant's personnel file ***prior*** to submitting this application. Failure to complete any item will result in the return of this form.

Education Requirement: ☐ High School or ☐ G.E.D. Equivalent

Name of Institution: _____
(Accredited High School/GED Awarding Institution)

☐ College Degree _____ Semester Hours _____ or Quarter Hours _____

Name of Institution: _____
(Accredited Awarding Institution)

Education Verified By: ☐ Diploma ☐ GED Report ☐ Transcript ☐ Other _____

Drug Screening Test: ☐ Positive ☐ Negative ☐ Refused Test

Name of HHS Certified Laboratory _____

Date Laboratory Reported Test Results _____ (Must be within 60 days ***prior*** to employment.)

Fingerprint Requirements: Date Submitted to State Bureau of Investigation _____

Psychological Screening: Date Conducted _____ Clinical Psychologist or Psychiatrist _____

☐ F-1 Medical History Statement (Completed by Applicant) Must be completed within one year ***prior*** to employment.

☐ F-2 Medical Examination Report (Completed by Physician/Physician's Assistant/Nurse Practitioner) Must be conducted within one year ***prior*** to employment.

Date Conducted _____ Physician _____

☐ F-3 Personal History Statement (Completed, Signed and Dated by Applicant. **Must** be Notarized)

☐ Qualifications Appraisal Interview **MUST** be Completed by Agency Head or Representative (Use of Form F-4 is optional)

☐ F-8 Mandated Background Investigation Form (Signed and Dated by Person Conducting Investigation)

☐ F-9A Firearms Qualification Record (Completion of Employing Agency's In-Service Firearms Training Program) **Must Attach Copy of F-9A**

Firearms Qualification Date _____ Also indicate location (agency or facility) _____

Please indicate where applicant completed the Basic Recruit Training Course:

BLET Exam Date: _____ School Name _____

The Social Security Number is used to make positive identification of application 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.

SECTION FOR N.C. TRANSFERS ONLY

If Applicant is a lateral transfer (**holds GFA or GNA Certification**), indicate the following North Carolina Administrative Code (12 NCAC 9C .0306) requirements have been met and appropriate documentation has been placed in the applicant's personnel file prior to employment.

Date of Hire: _____ Fingerprints: _____

☐ F-1 Medical History Statement (Completed by Applicant) Must be completed within one year ***prior*** to transfer.
☐ F-2 Medical Examination Report (Completed by Physician/Physician's Assistant/Nurse Practitioner) Must be conducted within one year ***prior*** to transfer.

Date of Examination: _____ Examining Physician: _____

Drug Screen: ☐ Positive ☐ Negative ☐ Refused Test

Date Laboratory Reported Test Results: _____ (Must be within 60 days ***prior*** to employment.)

Name of HHS Certified Laboratory:_____

Firearms Qualification: Indicate one of the following and attach copy of Firearms Qualification Record (Form F-9A).

☐ Applicant successfully completed this agency's In-Service Firearms Qualification. Qualification Date:_____
☐ Applicant successfully completed In-Service Firearms Qualification at the previous agency and the on-duty weapon and the off-duty weapon(s) shall remain the same as the one used to qualify within the preceding 12 month period.

Qualification Date: _____ **NOTE: Attach copy of Firearms Qualification Record (Form F-9A)**

Law Enforcement Experience:
☐ Previous L.E. Agency and Date of Separation: _____

ALL APPLICANTS & TRANSFERS MUST READ AND COMPLETE THIS CRIMINAL RECORD SECTION IN THEIR OWN HANDRWITING.

Each applicant 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). Do not include minor traffic offenses (N.C.G.S. Chapter 20), but 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. 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**. (***Attach additional sheets if needed.***)

☐ **No Criminal Charges** ☐ **No Criminal Charges other than Minor Traffic Offenses**

Applicant Initials _____ **Applicant Initials** _____

1. Offense Charged:_____ Charging Law Enforcement Agency: _____
   Date of Offense: _____ Disposition of Case and Date:_____

2. Offense Charged:_____ Charging Law Enforcement Agency: _____
   Date of Offense: _____ Disposition of Case and Date:_____

3. Offense Charged:_____ Charging Law Enforcement Agency: _____
   Date of Offense: _____ Disposition of Case and Date:_____

As the applicant for certification, I attest that I am aware of the minimum standards for employment, that I meet or exceed each of those requirements, that the information provided above and all other information submitted by me, both oral and written throughout the employment and certification process, is thorough, complete, and accurate to the best of my knowledge. **I further understand and agree that any omission, falsification or misrepresentation of any factor or portion of such information can be the sole basis for termination of my employment and/or denial, suspension or revocation of my certification at any time, now or later. I further understand that I have a continuing duty to notify the Commission of all criminal offenses which I am arrested for or charged with, plead no contest to, plead guilty to or am found guilty of.** If applicable, I specifically acknowledge that my continued employment and certification are contingent on the results of the fingerprint records check and other criminal history records being consistent with the information provided in my Personal History Statement and as reflected in this application.

_____
Signature of Applicant/Candidate Date

I, as an official representative of the appointing agency, do submit to the Commission the above-named appointee as a candidate for certification. The candidate meets or exceeds each of the minimum standards for employment and this agency has properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 9. All documents necessary to insure compliance with the rules of the Code are being retained in the personnel files of this agency and may be inspected at any reasonable time by representatives of the Commission. **I acknowledge that any omission, falsification or misrepresentation of information or procedures, by either the candidate or this agency throughout the employment and/or certification process, may result in certification being denied, suspended or revoked by the Commission at any time, now or later.**

_____
Signature of Executive Officer or Registered Authorized Representative Title Date