NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

JOSH STEIN
ATTORNEY GENERAL

DIANE KONOPKA
DIRECTOR

Telecommunicator

Report of Appointment

Form F-4T (revised 01/2022)

INSTRUCTIONS: Please type or print all information clearly. This form shall be completed for each individual irrespective of whether service is to be full-time, part-time, paid, unpaid, regular, reserve, auxiliary, honorary, or special. This appointment must be submitted to the Standards Division no later than 10 days after applicant has been appointed pursuant to 12 NCAC 10B .0403(a). A copy must be maintained in the appointing agency's personnel files.

Appointing Agency _____

Address _____ **Zip Code** _____

Agency or ORI Number _____

Phone Number _____

Appointee's Name: _____
(First) (Middle) (Last)

Address _____ **Zip Code** _____

Date of Birth _____ **Operator's License Number** _____

Gender: Male ☑ Female ☐

Race: African American ☐ Asian American ☐ Hispanic ☐ Caucasian ☐ Other ☐ _____

Social Security Number ☐☐☐ ☐☐ ☐☐☐☐ **Date of Appointment** _____

Appointment Status: ☐ **Part Time** ☐ **Active** ☐ **Inactive**

☐ **Full Time** ☐ **Active** ☐ **Inactive**

Section for New Applicants, Probationary Appointees and Lateral Transfers

This section must be completed indicating that the requirements of the administrative code have been met with the necessary forms and documentation having been placed in the applicant's personnel file prior to submitting this application. Original substantiating documentation must be attached.

☐ **Fingerprint Requirement** ☐ Submitted Directly to S.B.I./F.B.I. Submitted with application ☐

☐ **Authorization for Release of Information Form(s)**

☐ **F -1 Medical History Statement** (valid for one year)
(Signed, and dated by Applicant and Licensed Physician, Nurse Practitioner or Physician's Assistant)

☐ **F–2 and F–2a Medical Examination Report** (valid for one year)
(Signed, and dated by Applicant and Licensed Physician, Nurse Practitioner or Physician's Assistant)

☐ **Psychological Screening Date:** _____ Name & address of licensed psychologist**:** _____

☐ **Drug Screen Results** (valid for 60 days)

☐ **Education Requirement Verified By** ☐ Diploma ☐ G.E.D. Report

☐ Transcript ☐ Other _____

☐ **F-3 Personal History Statement**
(Signed, dated by applicant and notarized no more than 120 days prior to the date of appointment)

☐ **Criminal History Records Checks**
(Certified county-wide records check from each jurisdiction where the applicant has resided for last 10 years and from the jurisdiction where the applicant attended high school)

☐ **Summary of Background Investigation**
(Signed and Dated by Person Conducting Investigation) Attachment must include records checks from:

- ☐ a state wide search of the Administrative Office of the Courts (AOC) computerized system;
- ☐ the national criminal record database accessible through the Division of Criminal Information (DCI) network;
- ☐ the North Carolina Department of Motor Vehicles, if the applicant has ever possessed a driver's license issued in North Carolina;
- ☐ out-of-state motor vehicles check from the appropriate agency, if applicant has ever been issued a driver's license by a state other than North Carolina; and
- ☐ completed and processed AOC-CR-280 form.

☐ **Documentation of any charges**
(Listed by applicant or revealed in the background investigation.)

Other Information

☐ Previous Telecommunicator Agency_____ Date of Separation_____

☐ Has the applicant completed the ***mandated*** in-service training with the prior agency(s)? If so, specify

Topics completed and dates: _____

_____

_____

☐ Applicant is/will also be certified with: _____

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 written and oral 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 fact or portion of such information may be the sole basis for termination of my employment and/or denial or revocation of my certification at any time; now or later. If applicable, I specifically acknowledge that my continued employment and certification are contingent on the results of the fingerprint record check and other criminal history records being consistent with the information provided in the Personnel History Statement as reflected in this application.

I also acknowledge that I have a continuing duty to update all information contained in this document. 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; and all Domestic Violence Orders (50B) or Civil No Contact Orders (50C) which are issued by a judicial official and which provide an opportunity for both parties to be present. This notice must be made in writing within five (5) business days of arrest of charge and within thirty (30) days of the date of disposition of the charge.

_____

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 minimum standard for employment and this agency has properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 10B. Copies of 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 or revoked by the Commission at any time, now or later.

_____

Signature (Sheriff, Agency Head or Authorized Representative) **Title** **Date**