



**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION**

JOSH STEIN
ATTORNEY GENERAL

**PO DRAWER 629
RALEIGH, NC 27602-0629
PHONE: (919) 779-8213 • FAX: (919) 662-4515**

RICHARD SQUIRES
DIRECTOR

Form F-8
Updated 12/15/2022

Summary of Background Investigation
[12 NCAC 10B .0305; 10B .0408]

Applicant Name:

(Last, First Middle)

Social Security:

Report Prepared by:

(Last, First Middle/Rank)

Agency:

Date of Report:

Biographical Data:

Family Data:

Scholastic Data:

Applicant Name: _____

Agency: _____

Employment Data (including Any Disciplinary Actions)(also include non-judicial punishments or any other disciplinary action while a member of the military, National Guard or Reserve Unit):

Criminal History Data (including expunged charges and/or convictions)(Must List all criminal offenses found on criminal history checks and criminal offenses disclosed by applicant):

Interview with Applicant's References:

1. Reference name/summary:

2. Reference name/summary:

3. Reference name/summary:

4. Reference name/summary:

Applicant Name: _____

Agency: _____

5. Reference name/summary:

Summary of Interview with Applicant:

Recommendation of Investigator as to applicant's suitability for a conditional offer of employment:

Post-Conditional Offer

Prior Worker's Compensation Awards:

Other Information:

Applicant Name: _____

Agency: _____

Physician's Suggest Limitations for essential job functions (Essential Job Functions can be Found in the Medical Implementation Guide):

Request for accommodation:

Psychologist's Suggest Limitation for performing essential job functions:

Results of Polygraph Examination (if administered):

To Be Completed by Background Investigator

I hereby certify that the results of the Background Investigation conduct on this applicant are consistent with the answers to those questions contained in the applicant's Person History Statement. I understand it is the responsibility of this agency to obtain a certified county-wide criminal history check from each jurisdiction required and that the _____ Sheriff's Office / Telecommunications Center is satisfied that the requirement has been met.

Investigator's Name _____
(Last, First Middle)

Investigator's Signature: _____

Date: _____