



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

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Form F-8  
Updated 2/8/2023

**Mandated Background Investigation Form**

[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 conducted on this applicant are consistent with the answers to those questions contained in the applicant's Personal 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: \_\_\_\_\_