



Qualifications for Sheriff/Expunction

Eff. 8/1/2025

Full Legal Name: _____
Last First Middle Suffix

Previous Legal Names: _____

Nicknames (or indicate "none"): _____

Date of Birth: _____ NCDL#: _____ Full SSN: _____

Current Physical Address: _____

Current Mailing Address: _____

Prior Addresses (list all for past 10 years): _____

Email: _____ Telephone: _____

List any and all Felony convictions in North Carolina, the United States, or any other state, even if your rights of citizenship have been restored or you have been granted an expunction.

Date	County/State	Charge	Expunged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date	County/State	Charge	Expunged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Attach additional sheets as needed to complete any part of this form. Check here ☐ to indicate additional sheets have been attached.

I hereby affirm that the information disclosed on this form is complete, true and accurate to the best of my knowledge. I further consent to a check of my criminal history, including the use of fingerprints and other identifying information required by State and National Repositories and any additional information required by the North Carolina Department of Public Safety.

Candidate's Signature

Candidate's Printed Name

Subscribed and sworn to before me, this the _____ day of _____, 2025

Notary Signature in Full _____

My Commission Expires: _____

Notary Seal