NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION
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JEFF JACKSON
ATTORNEY GENERAL

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DIRECTOR

REPORT OF APPOINTMENT – Form F-4 (revised 02/2025)

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.

I. APPOINTING AGENCY: _____ **ORI #:** _____

ADDRESS: _____ **ZIP CODE:** _____

PHONE NUMBER:_____ **Agency POC email:** _____

II. APPOINTEE'S NAME: _____
(First) (Middle) (Last)

Address: _____ Zip Code: _____

Date of Birth: _____ **Operator's License Number**: _____ **Gender**: ☐ Male ☐ Female

Social Security Number: _____

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

Deputy Sheriff ____ ☐ Authorized ☐ Unauthorized **Detention Officer** ____ ☐ Authorized; ☐ Unauthorized

Date of Oath: _____ Date of Appointment: _____ Date of Employment: _____

Part Time ☐ Inactive ☐ Part Time: ☐ Inactive: ☐

Full Time ☐ Active ☐ Full Time: ☐ Active: ☐

Previous Law Enforcement: ☐ **Yes (Complete the below);** ☐ **No** (Go to Section III)

Previous Law Enforcement Agency (Include state): _____Date of Separation: _____

If certification has expired, as a LE Officer in NC or if the individual has out-of-state or federal law enforcement experience, did the applicant have at least 2 years full time service with arrest authority (not counting the academy) ☐ Yes ☐ No.

[If yes, please provide memorandum/certificate of training completion.]

Did they leave in good standing ☐ Yes ☐ No

III. 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.

The application must include the below documentation as attachments:

☐ Oath of Office (Required for Deputy Position) Date Completed BLET: _____

☐ Authorization for Release of Information ☐ SBI Fingerprint Response Sheet

☐ AOC-CR-280 Form (completed and processed) ☐ If authorized, F-9A - Day/Night (Handgun, Shotgun Combat Course)

☐ Criminal History Checks (County/state records checks from each jurisdiction where the applicant resided)

The agency needs to provide the following information and maintain the documentation in the officer's certification file:

☐ Fingerprints Submitted for Rap Back Date: _____

☐ 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 Medical Examination Report (valid for **one year**) Date Conducted: _____

Completed by: ☐ Physician ☐ PA ☐ Nurse Practitioner

Full Name: _____ License #: _____

☐ Psychological Screening Evaluation (valid for **one year**) Doctor's Name _____ License # _____

Applicant Name: _____ **Agency:** _____

III (Cont.) The agency needs to provide the following information and maintain the documentation in the officer's certification file:

☐ Drug Screening Results (valid for **60 days**) Date of Laboratory Reported Test Result: _____

Name of HHS Certified Laboratory: _____

☐ Education Verified by: ☐ Diploma ☐ G.E.D. Report ☐ Transcript (Home school should have state verification letter)

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

☐ F-8 Summary of Background Investigation Date Completed: _____

Note: F-8 attachments must include: a statewide search of the Administrative Office of the Courts (AOC, DCI, Odyssey) computerized system; the national criminal record data base accessible through the Division of Criminal Information (DCI) network; the NC Department of Motor Vehicles, if the applicant ever possessed a driver's license issued in NC; out-of-state driver's license check from the appropriate agency (KQ if using DCI), if applicant has ever been issued a driver's license by a state other than NC; and completed and processed AOC-CR-280 form.

IV. Note: Answer all of the following questions completely and accurately. Any falsification or misstatement of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "yes." You **MUST** attach Form F-3 with any and all criminal charges listed regardless of the date of the offense and disposition (to include dismissals, not guilty, nol pros, Prayer for Judgement Continued, or other dispositions where you entered a plea of guilty), including any and all Juvenile charges or arrests. Include all offenses other than minor traffic offenses. 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 the event of accident. Traffic Offenses in the "Class B Misdemeanor" Manual **MUST** be listed.

You must include any and all offenses and convictions regardless of whether or not the offenses/conviction were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or expunged or sealed with a similar out-of-state law. If you list a charge(s) on Form F-3, please attach copies of warrant(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to Sheriffs' Standards.

a. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The tern "charge" as used in this question includes being issued a criminal citation or summons.)

☐ No – Applicant's Initials _____ ☐ Yes – Applicant's F-3 Personal History Statement **must** be attached

b. Have you ever had a criminal offense or criminal conviction expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or expunged or sealed with a similar out-of-state law.

☐ No – Applicant's Initials _____ ☐ Yes – Applicant's F-3 Personal History Statement **must** be attached

V. 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 in writing to 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 Protective Orders (50B) and Civil No Contact Orders (50C) which are issued by a judicial official. This notice must be made in writing within five (5) business days of arrest or issuance of 50B or 50C and the final disposition.

_____

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 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 or Authorized Representative) Title Date