

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

SHERIFFS' STANDARDS DIVISION

TELEPHONE (919) 779-8213



Form F-4
(Rev. 9/2025)

REPORT OF APPOINTMENT

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 Sheriffs' Standards Division no later than 10 days after the applicant has been appointed pursuant to 12 NCAC 10B .0403(a). A copy of this form must be maintained in the appointing agency's personnel files.

Appointing Agency: _____ **ORI #:** _____

Address: _____ **Zip Code:** _____

Phone Number: _____ **Agency POC Email:** _____

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

Address: _____ **Zip Code:** _____

Date of Birth: _____ **Driver's License No.:** _____ **Social Security No.:** _____

Deputy Sheriff Authorized Unauthorized

Date of Oath: _____

Full Time Part Time Active Inactive

Detention Officer Authorized Unauthorized

Date of Appointment: _____

Full Time Part Time Active Inactive

Previous Law Enforcement: **Yes (Complete the below)** **No (Go to Next Section)**

Agency and Location (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, provide memorandum/certificate of training completion.] Did applicant/officer leave in good standing? **Yes** **No**

Section for New Applicants, Probationary Appointees and Detention Lateral Transfers: This section must be completed indicating that the requirements of the administrative code have been met with the required forms and documentation having been placed in the applicant's personnel file prior to submitting this application.

The documentation below must be attached:

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

Criminal History Checks

The documentation below DOES NOT need to be attached; however the agency must verify the completion of the following and maintain the documentation in the applicant/officer's certification file:

Fingerprints Submitted for Rap Back Date: _____

F-1 Medical History Statement (Valid for **one year**) (Signed & 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 #: _____

F-2A Tuberculosis questionnaire

Psychological Screening Evaluation (Valid for **one year**)

Psychologist/Physician Name _____

License #: _____

Drug Screening Test (Valid for **60 days** within employment date) Date: _____ Positive _____ Negative _____
Name of HHS Certified Laboratory: _____
Education Verified by: Diploma G.E.D. Transcript (Home school must have state verification letter)
F-3 Personal History Statement (Signed, dated by Applicant & notarized within 120 days prior to date/employment)
F-8 Summary of Background Investigation (within **120 days** of employment) Date Completed: _____
Reviewed Prior Law Enforcement Agency(s) Personnel Files regarding Applicant for the previous 5 years.

Attestation Section

Note: Answer all 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 all criminal charges listed regardless of the date of the offense and disposition (to include dismissals, not guilty, nol pros, Prayer for Judgment Continued, or other dispositions where you entered a plea of guilty), including 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, 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 term "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, 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

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 in writing of all criminal offenses for which I am arrested or charged, to which I have pled no contest, plead guilty, or am found guilty; and all Domestic Violence Protective Orders (50B) and Civil No Contact Orders (50C) which are issued by a judicial official. This written notice must be made within five (5) business days of arrest or issuance of 50B or 50C and the final disposition.

Signature of Applicant

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 ensure 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)

Printed Name/Title

Date