

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Form F-5A (LE)

(Rev. 10-2022)

REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION LAW ENFORCEMENT OFFICER FOR IN-STATE TRANSFERS

INSTRUCTIONS: Please **type** or **print** all information clearly. **This form shall be completed for EACH individual BEFORE administration of law enforcement oath 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 Criminal Justice Standards Division for issuance of the appropriate Certification, which will be returned to you for purposes of Oath administration. A copy must be retained in the appointing Agency's personnel file. **The Social Security Number is used to make a positive identification of application and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in a delay in processing application materials and may result in inaccurate records being assigned to you.

Employing Agency: _____ Phone Number: _____

Address: _____ Zip Code: _____

ORI Number: _____

Applicant Name: _____
First Middle Last

List Any Previous Names Used: _____ Applicant's Email: _____

Address: _____ State: _____ Zip Code: _____

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

Position: ☐ Officer ☐ Chief Status: ☐ Full-Time ☐ Part-Time Date of Paid Employment: _____

If the Applicant is a lateral, transfer (holds GFA or GNA Certification), indicate the following North Carolina Administrative Code (12 NCAC 09C .0306) requirements have been met and appropriate documentation has been placed in the applicant's personnel file prior to employment.

Date of Hire: _____ Fingerprint Requirements: Date Submitted to State Bureau of Investigation: _____

F-1 Medical History Statement (Completed by Applicant): **MUST** be completed within one year **prior** to transfer.

F-2 Medical Examination Report: **MUST** be conducted within one year **prior** to transfer. Date Conducted: _____

Completed by: Physician/PA or Nurse Practitioner NC License #: _____

Full Name: _____

Drug Screen: Positive Negative

Date Laboratory Reported Test Results: _____ (MUST be within 60 days **prior** to employment.)

Name of HHS Certified Laboratory: _____

Firearms Qualification: Indicate one of the following and attach a copy of the Firearms Qualification Record (F-9A).

Applicant successfully completed this agency's In-Service Firearms Qualification. Qualification Date: _____

Applicant successfully completed In-Service Firearms Qualification at the previous agency and the on-duty weapon and the off-duty weapon(s) shall remain the same as the one used to qualify within the preceding 12 month period.

Qualification Date: _____ Location: (agency or facility) _____ NOTE: Attach a copy of the Firearms Qualification Record (Form F-9A)

Law Enforcement Experience: Previous L.E. Agency _____ Date of Separation (if applicable): _____

Does the applicant intend to hold dual appointments? Yes No

Applicant's Full Name: _____

ALL APPLICANTS & TRANSFERS MUST READ AND COMPLETE THIS CRIMINAL RECORD SECTION

Note: Answer all of the following questions completely and accurately. **Any falsification or misstatements 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** list any and all criminal charges regardless of the date of the offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you enter a plea of guilty). Juvenile charges or arrests should also be listed.

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 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), please attach certified and true copies of warrant(s) and judgement(s) for each offense, even if documentation and changes have previously been reported to this agency.

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

No - Applicant's Initials _____

Yes - Applicant **MUST** Attach Form F-3 Personal History Statement

II. 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-145-8, 15A-146, or a similar out-of-state law?

No - Applicant's Initials _____

Yes - Applicant **MUST** Attach Form F-3 Personal History Statement

AOC-CR-280 FORM (LAW ENFORCEMENT APPLICATION FOR VERIFICATION OF EXPUNCTION-REQUIRED FOR ALL APPLICANTS:

Date Completed: _____ Agencies are required to submit a copy of the processed AOC-CR-280 form and all results returned from the NC Administrative Office of the Courts (AOC) for all applicants. The form can be found on the AOC website. The results of any expunged charge(s) must be listed by the applicants in the below section.

As the applicant for certification, I attest that I am 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 oral and written 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 factor or portion of such information can be the sole basis for termination of my employment and/or denial, suspension or revocation of my certification at any time, now or later. I further understand that I have a continuing duty to notify the Commission of all criminal offense, which I am arrested for or charged with, plead no contest to, plead guilty to or am found guilty of.** If applicable, I specifically acknowledge that my continued employment and certification are contingent on the results of the fingerprint records check and other criminal history records being consistent with the information provided in my Personal History Statement and as reflected in this application.

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 had properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 09. 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, suspended or revoked by the Commission at any time, now or later.**

Signature of Executive Officer or Registered Authorized Representative _____

Title _____

Date _____

FOR STANDARDS DIVISION ONLY

CERTIFICATION _____ **MAILED** _____

TRA _____ **FP** _____

Notes: