It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

PERSONAL HISTORY STATEMENT

NOTE: This form is NOT designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to the beginning of his/her background investigation. This form should only be completed by applicants for a Commission-certified position.
NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Legibly fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

NOTE: The Social Security Number is used to make positive identification of applicant and/or criminal justice personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Position(s) applied for: ____________________________________________________________

Location: __________________________________ Date: ________________________________

PERSONAL INFORMATION

1. Name ____________________________________________ 2. ______________ Social Security Number

   First   Middle   Last

   All Previous Names ____________________________________________________________

   Nicknames or Aliases __________________________________________________________

3. Present Mailing Address ______________________________________________________

   Street & Number   City   County/State   Zip Code

   Permanent Mailing Address _____________________________________________________

   Street & Number   City   County/State   Zip Code

   Telephone Number: Home: ___________________________ Work: _________________________

   Cell Phone: ___________________________ E-mail address: ____________________________

4. Date of Birth: ___________________________ 5. Place of Birth: ___________________________

6. Citizenship:  ☐ U. S. Born    ☐ U. S. Naturalized    ☐ Other-Specify ___________________

EDUCATION

7. If you did not graduate from high school, have you passed the General Education Development (GED) Test?

   ☐ Yes    ☐ No

   If yes, when and where did you complete the GED? ____________________________________
EMPLOYMENT

8. Have you previously submitted an application for employment with this agency?
   □ Yes    □ No    Approximate date: ________________

9. Have you ever been denied employment by a criminal justice agency?
   □ Yes    □ No
   If yes, list agency and reason given: ____________________________________________
   ____________________________________________
   ____________________________________________

10. Have you ever been terminated or asked to resign from any employment?
    □ Yes    □ No
    If yes, provide details:
    ____________________________________________
    ____________________________________________

11. Do you object to wearing a uniform?       Yes    No

12. Do you object to working nights?        □ Yes    □ No

13. Do you object to working rotating shifts? □ Yes    □ No

14. Do you object to traveling out of town for overnight stays for training or other temporary assignments?
    □ Yes    □ No

15. Do you object to working in other counties within this district or to being assigned to perform various functions of the job?
    □ Yes    □ No

16. Will the job you are applying for be your primary employment?
    □ Yes    □ No
    If no, list other employers: ____________________________________________
    ____________________________________________
    ____________________________________________

FAMILY HISTORY

17. Is any member of your family now under the jurisdiction of the Juvenile Court or in the custody of the Department of Juvenile Justice and Delinquency Prevention?
    □ Yes    □ No
    If yes, give name(s) and details: ____________________________________________
    ____________________________________________
    ____________________________________________
    ____________________________________________
RESIDENCES

18. List your residential addresses for the past ten years starting with present address at top:

<table>
<thead>
<tr>
<th>From: Mo. Yr.</th>
<th>To: Mo. Yr.</th>
<th>Street Address (Include county)</th>
<th>City/State (Include zip code)</th>
<th>Landlord (if applicable)</th>
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MILITARY SERVICE

19. Were you ever in the U.S. Military Service or any other military organization? □ Yes □ No

NOTE: If you answered yes to Item 19, answer questions 20-23.

20. Was your last discharge honorable? □ Yes □ No
If no, was it characterized as: □ Bad Conduct? or □ Dishonorable?

21. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court or non-judicial punishment (Captain’s Mast, company punishment, Article 15, etc.), or any other disciplinary action while a member of the armed forces? If yes, explain: □ Yes □ No

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

22. List any disciplinary action taken against you in the National Guard or other reserve unit: __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

23. If you are presently a member of the National Guard or any military reserve unit, give the unit, the location and describe your obligation: __________________________
________________________________________________________________________
________________________________________________________________________
USE OF ALCOHOL OR DRUGS

NOTE: In questions 24, 25, 26 and 27, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details.

24. Do you drink alcoholic beverages? □ Yes □ No
   If yes, to what degree? ____________________________________________
   ____________________________________________
   ____________________________________________

25. Have you ever used marijuana? □ Yes □ No
   If yes, what were the circumstances? __________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   When was the last time you used marijuana? _____________________________
   ____________________________________________
   ____________________________________________

26. Have you ever used any other illegal drugs, including but not limited to: opiates, pills, heroin, cocaine, crack, LSD, Ecstasy, etc. If yes, what were the circumstances? □ Yes □ No
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   When was the last time? _____________________________________________

27. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? □ Yes □ No
   If yes, what were the circumstances? __________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   When was the last time? _____________________________________________
CRIMINAL OFFENSE RECORD

NOTE: In the following questions, include all offenses other than minor traffic offenses. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), and failure to stop in the event of an accident, driving while license permanently revoked and speeding to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications 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 should answer “No,” ONLY if you have never been arrested or charged, or your record was expunged by a judge’s court order.

28. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?  
   (The term “charged” includes being issued a citation or criminal summons.) □ Yes  □ No
   If yes, give details:
   A. Offense Charged: ____________________________  Law Enforcement Agency: ____________________________
      Date: ________________  Disposition of Case: ____________________________
   B. Offense Charged: ____________________________  Law Enforcement Agency: ____________________________
      Date: ________________  Disposition of Case: ____________________________
   C. Offense Charged: ____________________________  Law Enforcement Agency: ____________________________
      Date: ________________  Disposition of Case: ____________________________
   D. Offense Charged: ____________________________  Law Enforcement Agency: ____________________________
      Date: ________________  Disposition of Case: ____________________________
   E. Offense Charged: ____________________________  Law Enforcement Agency: ____________________________
      Date: ________________  Disposition of Case: ____________________________
   F. Offense Charged: ____________________________  Law Enforcement Agency: ____________________________
      Date: ________________  Disposition of Case: ____________________________

   (Attach extra sheets, if necessary)

29. Have you ever been charged with or convicted of a felony?  □ Yes  □ No
   If yes, give details: _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
30. Have you ever been placed on probation? □ Yes □ No
If yes, give details: ____________________________________________________
_______________________________________________________________________
_______________________________________________________________________

31. Have you ever been required to pay a fine in excess of $100.00? □ Yes □ No
(this does not include court costs) If yes, give details: ____________________________________________________
_______________________________________________________________________
_______________________________________________________________________

DRIVING RECORD

32. Can you operate a motor vehicle? □ Yes □ No

33. Do you possess a valid driver’s license from the State of North Carolina? □ Yes □ No
Driver’s License Number ___________________________ Year Issued ________________

34. Do you possess a driver’s license from any other state? □ Yes □ No
If yes, give state and License Number ____________________________________________
_______________________________________________________________________

35. Was your license ever suspended or revoked? If yes, give details: □ Yes □ No
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

36. Was your license ever restored? □ Yes □ No
When? __________________________
_______________________________________________________________________

37. Have your driving privileges ever been restricted by a court? □ Yes □ No
If yes, give details: ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
SPECIAL SKILLS

38. List special skills, training, areas of experience, other than those listed on the state application, which may be useful in the performance of the duties of the position for which you have applied:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

REFERENCES

39. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience and other qualities.

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<th>Name</th>
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STATE OF NORTH CAROLINA
COUNTY OF ________________

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the North Carolina Criminal Justice Education and Training Standards Commission any additional information about occurrences after the signing of this document.

This is the_________ day of______, 20 _____

(Signature in full)

Subscribed and sworn to before me, this the_________ day of_________, 20______

__________________________
Notary Public (Official Seal)

My Commission Expires___________________, 20_____