

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**



Post Office Drawer 149, Raleigh, N.C. 27602
Telephone: (919) 661-5980

Form F-5A (JJ)
Rev. (07.2021)

**REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION
JUVENILE JUSTICE OFFICER & CHIEF/JUVENILE COURT COUNSELOR**

For Criminal Justice Standards Use ONLY

Certification: _____ TRA: _____ FP: _____ Mailed: _____

INSTRUCTIONS:

Please Type or Print all information clearly. **This Appointment must be submitted to the Criminal Justice Standards Division BEFORE the applicant is officially employed.** Upon receipt of this form, the appropriate certification will be returned to your agency for its official appointment and assignment of applicant to active duty. A copy must be retained in the appointing Agency's personnel file. **The Social Security Number is used to make positive identification of applicant and/or law enforcement 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.**

Facility/District: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Applicant's Name: _____
First Middle Last Suffix

Former Last Names/Names Used: _____ Applicant's Email: _____

Applicant's Address: _____
Street City State Zip Code

Date of Birth: _____ Driver's License State/No.: _____ SSN: _____

Appointed to Position of: _____ Full-time Part-Time

This section must be completed indicating that the requirements of the Administrative Code (12 NCAC 09) have been met with necessary forms and documentation having been placed in the applicant's file prior to appointment. Failure to complete any item will result in the return of the form.

Education Requirement: High School Yes No Name of Institution/City/State: _____

Education Verified by: Diploma GED Transcript Other: _____

College Degree: Yes No If Yes, Type of Degree Awarded (BA, BS, etc.): _____

Name of Institution/City/State: _____

Education Verified by: Degree Transcript Other: _____

Criminal History: Date Fingerprints Scanned/Rolled: _____
Personal History Statement (Form F-3) – Date Completed: _____
Mandated Background Investigation (Form F-8) – Date Completed: _____
Qualifications Appraisal Interview (Form F-4) – Date Completed: _____

Medical Information: Psychological Screening Date: _____ Authorized Psychologist/License No.: _____

Drug Screening Test: Negative Positive Name of HHS Certified Lab: _____

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

Medical History Statement (Form F-1) – Date Completed: _____ If no, explain: _____

Medical Examination Report (Form F-2) – Date Completed: _____ If no, explain: _____

Date Physical Examination: _____ (Must be completed within one year prior to employment)

Completed by: Physician PA or Nurse Practitioner Full Name/NC License No.: _____

ALL APPLICANTS & TRANSFERS MUST READ AND COMPLETE THIS CRIMINAL RECORD SECTION IN THEIR OWN HANDWRITING

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. Attached to this form is an additional list of North Carolina traffic offenses which must be listed.

You must include any and all offenses and convictions regardless of whether or not the offenses/convictions 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 judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

1. Have you ever been arrested by a 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, please list below

A. Offense Charged: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Court Docket # _____
 County/State: _____ Probation No Yes

B. Offense Charged: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Court Docket # _____
 County/State: _____ Probation No Yes

C. Offense Charged: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Court Docket # _____
 County/State: _____ Probation No Yes

D. Offense Charged: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Court Docket # _____
 County/State: _____ Probation No Yes

E. Offense Charged: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Court Docket # _____
 County/State: _____ Probation No Yes

F. Offense Charged: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Court Docket # _____
 County/State: _____ Probation No Yes

Print Applicant's Full Name _____

2. 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; Initials _____
- Yes, please list below

A. Offense Expunged/Sealed: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Date Expunged: _____
 Court Docket # _____ County/State: _____

B. Offense Expunged/Sealed: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Date Expunged: _____
 Court Docket # _____ County/State: _____

C. Offense Expunged/Sealed: _____ Misdemeanor Felony
 Disposition Offense if different than original offense: _____ Misdemeanor Felony
 Date of Offense: _____ Disposition/Date: _____ Date Expunged: _____
 Court Docket # _____ County/State: _____

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 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 offenses, 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 has properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 9. 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