CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
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Form F-5A (JJ)
(Rev. 08-2026)

APPLICATION FOR CERTIFICATION

JUVENILE JUSTICE OFFICERS AND JUVENILE COURT COUNSELORS

INSTRUCTIONS: Please type or print all information clearly. This form shall be completed for each applicant and submitted to the Criminal Justice Standards Division **BEFORE** the applicant is officially employed. Upon processing and approval, the certification documents will be sent to the hiring agency. Once executed, a copy of this form and the certification document must be maintained in agency personnel file. The Social Security Number on this form is used to assist in making a positive identification of the applicant, and disclosure is voluntary. However, failure to provide this information may result in a delay in the processing of application materials.

Employing Agency: _____ Phone: _____

Agency Address: _____
Street Address/PO Box City State Zip

Applicant Name: _____
First Middle Last

Previous Names: _____ Social Security No: _____

Home Address: _____
Street Address/PO Box City State Zip

Date of Birth: _____ Driver's License No (and issuing state): _____

Applicant's Email: _____ Phone: _____

Position: ☐ Juvenile Justice Officer ☐ Juvenile Court Counselor Status: ☐ Full-Time ☐ Part-Time Position Title: _____

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 applicant's personnel file **prior** to submitting this application. Failure to complete any item will result in delay of certification.

Education Requirement: ☐ High School ☐ High School Equivalency ☐ Home School/Private* ☐ College/University

High School Information: **Please attach verification of home/private school registration or credential.*

_____
(Name of High School/Home School/Private School) (County, City and State of School)

High School Education Verified By: ☐ Diploma ☐ Equivalency Credential ☐ Transcript ☐ Other _____

College Degree Information:

☐ No Degree ☐ 2 yr. Degree ☐ 4 yr. Degree ☐ Other _____ Degree Type (BA, BS, etc.): _____

Name of Institution/City/State: _____

College Education Verified By: ☐ Degree ☐ Transcript ☐ Other: _____

☐ Drug Screening Test: ☐ Positive ☐ Negative

Name of HHS Certified Laboratory: _____

Date Laboratory Reported Test Results _____ (Must be within 90 Days of Employment)

☐ Fingerprint Requirements: Date Submitted to State Bureau of Investigation _____ (**MUST** Attach Results)

☐ Psychological Screening: Date _____ Psychologist/Psychiatrist Full Name: _____ NC (PSYPACT) License # _____

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

☐ F-2 Medical Examination Report: Date Conducted: _____ **MUST** be completed within one year **prior** to employment.

Completed by: ☐ Physician ☐ PA ☐ Nurse Practitioner Full Name: _____ License #: _____

☐ F-3 Personal History Statement (Completed, Signed and Dated by Applicant. **MUST** be Notarized)

☐ F-4 Employment Interview (**MUST** be Completed by Agency Head or Representative)

☐ F-8 Mandated Background Investigation Form (Signed and Dated by Person Conducting Investigation)

Indicate yes or no to the following:

Applicant has prior U.S. Military service or other military organization: ☐ Yes*(must attach DD214)* ☐ No

Applicant has been discharged/terminated, requested to resign, or allowed to resign in lieu of termination by any employer: ☐ Yes ☐ No

Applicant has had a conditional offer of employment rescinded for a position that required certification or licensure: ☐ Yes ☐ No

Applicant has held a position that required certification or licensure from any commission, board, or agency, either within or outside NC: ☐ Yes ☐ No

If "Yes" for any of the three above questions, a copy of Form F-8 **MUST be attached*

☐ Signed Notarized Criminal Justice Standards Authorization for Release Form (F-36) (**MUST** Attach Copy)

Applicant's Full Name: _____
(Last, First Middle)

ALL APPLICANTS 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** attach Form F-3 with any and all criminal charges listed regardless of the date of the offense and the disposition (to include dismissals, not guilty, nol pros, Prayer for Judgement Continued, or any other disposition where you enter 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 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 certified and true copies of warrant(s) and judgement(s) for each out-of-state offense, even if documentation and charges have previously been reported to CJ Standards.

I. 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 - Provide details on F-3

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 - Provide details on F-3

III. Do you have any pending charges?

☐ No - Applicant's Initials _____ ☐ Yes - Provide details on F-3 and indicate the type of charge(s):
☐ Misdemeanor ☐ Felony ☐ Traffic Violation

IV. Are you currently, or have you ever been, on probation (supervised or unsupervised)?

☐ No - Applicant's Initials _____ ☐ Yes - Provide details on F-3

V. Do you currently have a Domestic Violence Order, Ex-parte Domestic Violence Protection Order, or any other protective order issued against you?

☐ No - Applicant's Initials _____ ☐ Yes - Provide court order

REQUIRED FOR ALL APPLICANTS:

AOC-CR-280 FORM (APPLICATION FOR VERIFICATION OF EXPUNCTION)

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 on form F-3 and attached.

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 are 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 Authorized Representative Printed Name / Title Date