



## Town of Duck Police Department

1259 Duck Road  
Duck, North Carolina 27949

PHONE (252) 261-1112  
FAX (252) 261-2108

**Jeffrey E. Ackerman, Chief of Police**

Dear Applicant:

Thank you for your interest in joining the Town of Duck Police Department. My team and I are looking forward to learning about you and your experience and training. As you move through our hiring process every precaution will be taken to ensure your interest remains confidential.

Please ensure that you follow all applicable instructions as you fill out each of the following documents, honestly, and in their entirety.

- 1. Town of Duck Application for Employment
- 2. N.C. Criminal Justice Standards Division Form F-3 **\*Must be Notarized**
- 3. N.C. Criminal Justice Standards Division Form F-1

*NOTE:* Applicants are **not** required to have a qualified medical professional review and sign Form-1. Applicants chosen to proceed in the hiring process will undergo a physical examination at the Department's expense. Form F-1 will be reviewed at that time.

- 4. Town of Duck Police Department General Release **\*Must be Notarized**
- 5. Applicant Credit History Release Form
- 6. N.C. Criminal Justice Standards Division Release Form **\*Must be Notarized**

If you have any questions about the documents or the hiring process, please feel free to contact me.

Sincerely,

*Jeffrey E. Ackerman*

Jeffrey E. Ackerman  
Chief of Police



# TOWN OF DUCK EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be emailed to [info@townofduck.com](mailto:info@townofduck.com), mailed to P.O. Box 8369, Duck, NC 27949 or hand delivered to Town of Duck, 1200 Duck Road, Duck, NC 27949 [townofduck.com](http://townofduck.com)

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

## CURRENT INFORMATION

- (1) POSITION TITLE \_\_\_\_\_ DATE: \_\_\_\_\_
- (2) When will you be available for employment? (i.e. immediately, 2 weeks notice) \_\_\_\_\_
- (3) Are you seeking  Full-time regular  Part-time regular  Temp./prefer regular  Temporary Only
- (4) NAME: \_\_\_\_\_  
   (Last)  (First)  (Middle)
- (5) ADDRESS: \_\_\_\_\_  
   Street & No. or P.O. Box  Town  State  Zip
- (6) HOME TEL # \_\_\_\_\_ BUS. TELEPHONE # \_\_\_\_\_  
 MOBILE TEL# \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_
- (7) Are you 18 or older?  Yes  No If NO, what is your birth date? \_\_\_\_\_

## GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

- (8) Apart from absences for religious observances, check conditions that you are willing to accept.
- |             |                                     |                                       |                                   |  |                                    |
|-------------|-------------------------------------|---------------------------------------|-----------------------------------|--|------------------------------------|
| Occasional: | <input type="checkbox"/> night work | <input type="checkbox"/> weekend work | <input type="checkbox"/> overtime | <input type="checkbox"/> rotating shifts | <input type="checkbox"/> "on-call" |
| Regular:    | <input type="checkbox"/> night work | <input type="checkbox"/> weekend work | <input type="checkbox"/> overtime | <input type="checkbox"/> rotating shifts | <input type="checkbox"/> "on-call" |
| Frequent    | <input type="checkbox"/> night work | <input type="checkbox"/> weekend work | <input type="checkbox"/> overtime | <input type="checkbox"/> rotating shifts | <input type="checkbox"/> "on-call" |
- (9) Have you ever been employed with the Town of Duck?  Yes  No  
 If YES, what department and when: \_\_\_\_\_
- (10) Have you applied to the Town of Duck before?  Yes  No  
 If YES, indicate what position and when: \_\_\_\_\_
- (11) Are you willing to accept a salary within the advertised normal starting salary range?  Yes  No
- (12) Are you now or were you previously related in any way to a Town employee?  Yes  No  
 If YES, give name, relationship, and department: \_\_\_\_\_
- (13) Are you able to perform all of the duties of the job you have applied for?  Yes  No
- (14) Are you an American citizen or do you currently have authorization to work in the U.S.?  Yes  No
- 15) Did you receive any of your education or employment experience under another name?  Yes  No  
 If YES, please explain under EXPLANATIONS.

# EDUCATION

## Provide your complete history

(16) Indicate highest school year completed: (i.e. 8, 12, 16) \_\_\_\_\_

(17) Name of High School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

(18) Have you received a high school diploma or equivalent? [ ] Yes [ ] No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)									
Graduate or Professional Schools									
Technical Institutes, Internship, Other									

# KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

- (a) \_\_\_\_\_ (e) \_\_\_\_\_
- (b) \_\_\_\_\_ (f) \_\_\_\_\_
- (c) \_\_\_\_\_ (g) \_\_\_\_\_
- (d) \_\_\_\_\_ (h) \_\_\_\_\_

# REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other: \_\_\_\_\_

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank - **Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

(26) Is your driver's license a Commercial Driver's License? [ ] Yes [ ] No  
If YES, indicate the class \_\_\_\_\_

# EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

## A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_

If you worked part-time, the number of hours worked per week \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING or desiring a change \_\_\_\_\_

## B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

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DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING \_\_\_\_\_

## C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

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Employer or company address \_\_\_\_\_

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DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING \_\_\_\_\_

**D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)**

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DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING \_\_\_\_\_

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Employer or company address \_\_\_\_\_

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If you worked part-time, the number of hours worked per week \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING \_\_\_\_\_

**F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # \_\_\_\_\_

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DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING \_\_\_\_\_

- (27) Have you had disciplinary action taken against you in the past 12 months? ?  Yes  No  
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (28) a) Have you ever been dismissed or forced to resign from any job held?  Yes  No  
b) Were you dismissed or forced to resign for disciplinary reasons?  Yes  No  
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (29) May we contact your present employer for reference prior to an interview (if granted)?  Yes  No  
If you are not currently employed, please check here.  If NO, explain under EXPLANATIONS.

**EXPLANATIONS**

ITEM # \_\_\_\_\_

ITEM # \_\_\_\_\_

ITEM # \_\_\_\_\_

ITEM # \_\_\_\_\_

**Certification and Release (MUST BE SIGNED AND DATED BELOW)**

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Duck; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Duck to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Duck, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUPPLEMENT TO TOWN OF DUCK  
EMPLOYMENT APPLICATION**

The Town of Duck is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

DATE OF APPLICATION: \_\_\_\_\_

II. SEX: (Please check) [ ] Male [ ] Female

III. ETHNIC CATEGORY: (Please check)

- \_\_\_ White - Origins in any of the original peoples of Europe, North Africa, or the Middle East.
- \_\_\_ Black - Origins in any of the Black racial groups of Africa. (Not Hispanic)
- \_\_\_ Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
- \_\_\_ Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
- \_\_\_ American Indian or Alaskan Native - Origins in any of the original peoples of North America.

HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)

- \_\_\_ Newspaper (specify): \_\_\_\_\_
- \_\_\_ Employment Security Commission
- \_\_\_ Job Line
- \_\_\_ Employment Interest Card
- \_\_\_ Came to Municipal Building
- \_\_\_ Employment Opportunity List (where posted): \_\_\_\_\_
- \_\_\_ Internet
- \_\_\_ Other (specify): \_\_\_\_\_

**DRUG SCREENING**

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

**OVERTIME COMPENSATION AGREEMENT**

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

**SELECTIVE SERVICE REGISTRATION**

If **male** and age 18 to 26, have you registered for Selective Service?

(Please check) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

**CERTIFICATION (THIS FORM MUST BE SIGNED)**

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name \_\_\_\_\_ Date \_\_\_\_\_

*An Equal Opportunity/Affirmative Action Employer*



# Town of Duck Police Department

1259 Duck Road  
Duck, North Carolina 27949

PHONE (252) 261-1112  
FAX (252) 261-2108

Jeffrey Ackerman, Chief of Police

## GENERAL RELEASE

I, \_\_\_\_\_, hereby authorize those parties to whom this document is presented to make full disclosure of any and all personal knowledge, records, reports and related documents or information including all medical records that would reflect favorably or unfavorably upon my application to the Town of Duck Police Department. I further declare any and all prior non-disclosure agreement(s) pertaining to any information of personal knowledge and/or contained in records, reports and related documents or information including all medical records that would reflect favorably or unfavorably upon my application to the Town of Duck Police Department void and authorize the release of such information by any and all persons, organizations, or government entities who entered into any non-disclosure agreement(s) with me.

I further release from liability any person or persons or office or institution so providing aforementioned information in connection with this investigation.

\_\_\_\_\_  
Signature

You may contact my present employer: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initial

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My Commission expires:\_\_\_\_\_





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Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Employer or company address \_\_\_\_\_

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DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING or desiring a change \_\_\_\_\_

## B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

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DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING \_\_\_\_\_

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DUTIES IN ORDER OF IMPORTANCE

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**E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)**

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DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING \_\_\_\_\_

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**EXPLANATIONS**

- ITEM # \_\_\_\_\_
- ITEM # \_\_\_\_\_
- ITEM # \_\_\_\_\_
- ITEM # \_\_\_\_\_

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- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Duck; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
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**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_





# Town of Duck Police Department

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Duck, North Carolina 27949

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Jeffrey Ackerman, Chief of Police

## GENERAL RELEASE

I, \_\_\_\_\_, hereby authorize those parties to whom this document is presented to make full disclosure of any and all personal knowledge, records, reports and related documents or information including all medical records that would reflect favorably or unfavorably upon my application to the Town of Duck Police Department. I further declare any and all prior non-disclosure agreement(s) pertaining to any information of personal knowledge and/or contained in records, reports and related documents or information including all medical records that would reflect favorably or unfavorably upon my application to the Town of Duck Police Department void and authorize the release of such information by any and all persons, organizations, or government entities who entered into any non-disclosure agreement(s) with me.

I further release from liability any person or persons or office or institution so providing aforementioned information in connection with this investigation.

\_\_\_\_\_  
Signature

You may contact my present employer: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initial

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My Commission expires:\_\_\_\_\_



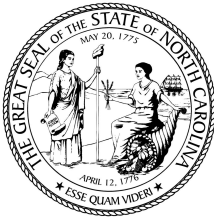
**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



**MEDICAL HISTORY STATEMENT**

**Form F-1**  
*(Rev. 11-2022)*

**This information is for official use only and will not be released to unauthorized persons.  
Payment for services rendered is the responsibility of the hiring agency or the individual.  
The Criminal Justice Standards Division is NOT responsible for payment.  
Mail form to hiring agency or individual  
DO NOT mail form to Criminal Justice Standards Division**

**Instructions:**

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

**Current Medications**

Prescription Medications: (Include pain relievers, birth control pills, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over the Counter Medications: ( Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

Drug Allergies: (Include your reaction to the medication)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical History**

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

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Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

**Males Only:**

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

**Females Only:**

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

**Immunizations**

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations? Date Received: \_\_\_\_\_
- 23. When did you receive your last tetanus (lockjaw) immunization? \_\_\_\_\_

**Occupational History**

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in the criminal justice field?  
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?  
34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)





**NORTH CAROLINA CRIMINAL JUSTICE  
EDUCATION AND TRAINING STANDARDS COMMISSION**

**PERSONAL HISTORY STATEMENT**

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

**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 beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

8. Was your driver's license ever suspended or revoked?  Yes  No

If yes, state which and give reasons:

9. Was your driver's license ever restored?  Yes  No

When? \_\_\_\_\_

**NOTE:** Data solicited in this box will be used for Equal Employment statistical purposes only.

10. a. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

b. Race (check all that apply):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Other \_\_\_\_\_

11. Sex:  Male  Female  Other \_\_\_\_\_  Prefer not to say

12. Have you previously submitted an application for employment with this agency?

Yes  No Approximate Date: \_\_\_\_\_

**EDUCATIONAL**

13. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

Traditional

Home School

Distance Learning

Did not attend high school

Other: \_\_\_\_\_

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools or Equivalent					
Universities or Colleges					

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

14. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?  
 Yes       No      If yes, when and where did you complete the GED?

\_\_\_\_\_

15. Have you ever attended, in part or in whole, a Basic Law Enforcement Training Program?  
 Yes       No      If yes, when and where did the program take place?

\_\_\_\_\_

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**NOTE:** Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

**MARITAL**

16. Marital Status (check one)     Single                       Married                       Divorced  
    Engaged                       Separated                       Widowed

17. Name of Spouse: \_\_\_\_\_

Name of Former Spouse(s):

--

18. List all of your children, including any adopted or stepchildren.

Name	Birth Date	Relationship	Address	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

**FAMILY HISTORY**

19. Are you related by blood or marriage to any person(s) now employed by this agency?  Yes     No  
If yes, give name(s) and details:

--



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

20. Is any member(s) of your immediate family now in prison or on either probation or parole?  Yes  No

If yes, give name(s) and details:

**RESIDENCES**

21. List every city/county in which you have lived, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State

**FINANCIAL**

22. What income other than salary do you have at present?

23. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**):

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

Yes  No  N/A

25. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? If yes, give name and details:  Yes  No  N/A

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

26. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)

Yes     No     Not sure (explain)    If yes, give details:

27. What is the total amount of all your debts at present? \$ \_\_\_\_\_

28. What is the average monthly total of all of your bills, payments, and current living expenses? \$ \_\_\_\_\_

29. List credit references, including creditors to which you make monthly payments:

A. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

B. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

C. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

D. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

E. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

F. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_

Street Address

City and State

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**WORK HISTORY**

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

Yes       No

If yes, list agency name and give details:

31. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board, or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.)       Yes       No

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority?       Yes       No

31b. If such certification or license was ever surrendered, suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

32. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

Yes       No

If yes, list organization name and give details:

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

34. Do you object to working nights?       Yes       No

35. Do you object to working rotating shifts?       Yes       No

36. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?       Yes       No

37. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

a. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

b. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

c. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

d. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

e. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

	Name	Phone Number
Street	City	State
Zip Code		

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

f. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name		Phone Number	
Street	City	State	Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

g. Explain periods of unemployment of three (3) months or more.



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**MILITARY SERVICE**

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

Were you ever denied entrance into the military?  Yes  No If yes, why?

39. What was the highest rank that you held? \_\_\_\_\_

40. What was the last rank that you held? \_\_\_\_\_

41. What was the date and location of your first enlistment or commission? Date: \_\_\_\_\_

42. List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

43. List all duty stations: \_\_\_\_\_

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

44. Have you ever received any of the following types of discharge:

Type of Discharge	Yes	No
Uncharacterized		
Honorable		
General (under honorable conditions)		
Under other than honorable conditions		
Bad Conduct Charge		
Dishonorable Discharge		
Dismissal		

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

45. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

Yes  No If yes, explain what occurred and what type of punishment you received:

46. List all medals and decorations awarded you during your military service:

47. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

**USE OF DRUGS**

**NOTE:** In questions 48 and 49, the word 'used' means "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

Yes  No  I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time?

49. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

Yes  No  I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

50. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription?

Yes

No

I don't know (explain below)

---

### **CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

**NOTE:** 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 must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered 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.** 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.**

51. 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

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

No - Applicant's Initials \_\_\_\_\_

Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced your citizenship, having previously been a citizen of the United States.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

**NOTE:** If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

Yes       No

Date of Issuance: \_\_\_\_\_

County of Issuance: \_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

53. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

Yes     No     I don't know (explain below)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

Yes     No

Offense Charged: \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date: \_\_\_\_\_

Disposition \_\_\_\_\_

**REFERENCES**

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

Name	Address	Telephone
A.		
B.		
C.		
D.		

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**STATE OF:**

**NORTH CAROLINA**

**Other:** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and 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 NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Applicant Signature in Full)

\_\_\_\_\_  
(Applicant Print Name in Full)

Subscribed and sworn before me,

this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)

My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_

**EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR**

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 <sup>rd</sup> offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

\*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 51.



**AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION**

I, the undersigned, authorize Innovative Credit Solutions (ICS), and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status to:

**Town of Duck Police Department  
1259 Duck Road,  
Duck, North Carolina 27949  
Telephone (252) 261-1112**  
(NAME OF COMPANY REQUESTING REPORT)

If this authorization is used for pre-employment purposes, I, the undersigned, also grant permission for criminal records (including felony and misdemeanor records), motor vehicle records, employment (including worker's comp investigations), and education backgrounds to be released to the above named company.

Is this report for pre-employment screening?    Yes XXX No \_\_\_\_\_

Person reports are requested on:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_

City and State: \_\_\_\_\_ ZIP (required): \_\_\_\_\_

\*A copy of the prospective employee's application may be needed for processing some of the pre-employment reports.

PHONE 1-800-345-2746 FAX 1-888-571-7222

INNOVATIVE CREDIT SOLUTIONS, INC.  
1011 HEYWARD STREET  
P.O. BOX 1386  
COLUMBIA, SC 29202  
[www.icscredit.com](http://www.icscredit.com)

**Authorization for Release of Information to North Carolina Criminal Justice Education and Training Standards Commission**

To Whom It May Concern:

I am an applicant/certified officer for criminal justice officer certification, corrections officer, or a certified officer with the North Carolina Criminal Justice Education & Training Standards Commission. In order to determine my suitability for certification or continued certification, I understand that the North Carolina Criminal Justice Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_, Operators License # \_\_\_\_\_, do hereby and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, National Personnel Records Center, Air Force Personnel Center, Air Reserve Personnel Center, Coast Guard Personnel Center, Marine Corps Manpower Management Records & Performance, Marine Forces Reserve, Army Human Resources Command, Navy Personnel Command, Department of Veterans Affairs, Division of Commissioned Corps Officer Support, and any other individual agency to produce and provide copies of any and all information to the North Carolina Criminal Justice Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Criminal Justice Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the North Carolina Criminal Justice Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the North Carolina Criminal Justice Education and training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Subscribed and Sworn to before Me, this  
The \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

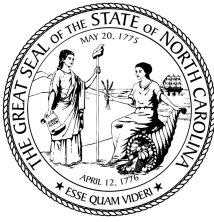
**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



**MEDICAL HISTORY STATEMENT**

**Form F-1**  
(Rev. 11-2022)

**This information is for official use only and will not be released to unauthorized persons.  
Payment for services rendered is the responsibility of the hiring agency or the individual.  
The Criminal Justice Standards Division is NOT responsible for payment.  
Mail form to hiring agency or individual  
DO NOT mail form to Criminal Justice Standards Division**

**Instructions:**

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

**Current Medications**

Prescription Medications: (Include pain relievers, birth control pills, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over the Counter Medications: ( Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

Drug Allergies: (Include your reaction to the medication)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical History**

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

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Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

**Males Only:**

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

**Females Only:**

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

**Immunizations**

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations? Date Received: \_\_\_\_\_
- 23. When did you receive your last tetanus (lockjaw) immunization? \_\_\_\_\_

**Occupational History**

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in the criminal justice field?  
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?  
34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

**Explanation of any “Yes” answers:** (Identify by number)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

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**Penalty:**

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

**Certification:**

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant (Use Ink)

\_\_\_\_\_  
Date Signed

**Qualified Medical Professional Review:**

\_\_\_\_\_  
Signature of Qualified Medical Professional (Use Ink)

\_\_\_\_\_  
Date Reviewed

\_\_\_\_\_  
Name, Title and Address of qualified medical professional completing review – **Please Type.**

\_\_\_\_\_  
Medical License Number



**NORTH CAROLINA CRIMINAL JUSTICE  
EDUCATION AND TRAINING STANDARDS COMMISSION**

**PERSONAL HISTORY STATEMENT**

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

**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 beginning 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:** Using the online form or legibly printing in ink 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 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.

Agency: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Position(s) applied for:  Police Officer  Corrections Officer  
 Probation/Parole Officer  Juvenile Justice Officer  Juvenile Court Counselor

**PERSONAL**

1. Name: \_\_\_\_\_ 2. Social Security Number: \_\_\_\_\_  
             First                  Middle                  Last

Maiden Name: \_\_\_\_\_

Other Previous Last Names: \_\_\_\_\_

Nicknames or Aliases: \_\_\_\_\_

Has your name ever legally changed?  Yes  No  
 If yes, submit documentation with date and attach to this form.

3. Present Mailing Address: \_\_\_\_\_  
   Street & Number          City          County          State          Zip Code

Permanent Mailing Address: \_\_\_\_\_  
   Street & Number          City          County          State          Zip Code

Telephone Number: \_\_\_\_\_  
 (Include Area Code)                          Home    Work

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ 5. Place of Birth: \_\_\_\_\_

5. Citizenship:  U.S. Born  U.S. Naturalized  Other – Specify \_\_\_\_\_

6. Do you possess a valid driver's license from the state of North Carolina?  Yes  No

Driver's License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

7. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina?

If yes, give state and number: \_\_\_\_\_



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

8. Was your driver's license ever suspended or revoked?  Yes  No

If yes, state which and give reasons:

9. Was your driver's license ever restored?  Yes  No

When? \_\_\_\_\_

**NOTE:** Data solicited in this box will be used for Equal Employment statistical purposes only.

10. a. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

b. Race (check all that apply):

- American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander
- Asian  White
- Black or African American  Other \_\_\_\_\_

11. Sex:  Male  Female  Other \_\_\_\_\_  Prefer not to say

12. Have you previously submitted an application for employment with this agency?

Yes  No Approximate Date: \_\_\_\_\_

**EDUCATIONAL**

13. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

- Traditional  Home School
- Distance Learning  Did not attend high school  Other: \_\_\_\_\_

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools or Equivalent					
Universities or Colleges					

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

14. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?  
 Yes       No      If yes, when and where did you complete the GED?

\_\_\_\_\_

15. Have you ever attended, in part or in whole, a Basic Law Enforcement Training Program?  
 Yes       No      If yes, when and where did the program take place?

\_\_\_\_\_

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**NOTE:** Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

**MARITAL**

16. Marital Status (check one)     Single                       Married                       Divorced  
    Engaged                       Separated                       Widowed

17. Name of Spouse: \_\_\_\_\_

Name of Former Spouse(s):

--

18. List all of your children, including any adopted or stepchildren.

Name	Birth Date	Relationship	Address	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

**FAMILY HISTORY**

19. Are you related by blood or marriage to any person(s) now employed by this agency?  Yes     No  
If yes, give name(s) and details:

--

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

20. Is any member(s) of your immediate family now in prison or on either probation or parole?  Yes  No

If yes, give name(s) and details:

**RESIDENCES**

21. List every city/county in which you have lived, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State

**FINANCIAL**

22. What income other than salary do you have at present?

23. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**):

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

Yes  No  N/A

25. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? If yes, give name and details:  Yes  No  N/A

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

26. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)

Yes     No     Not sure (explain)    If yes, give details:

27. What is the total amount of all your debts at present? \$ \_\_\_\_\_

28. What is the average monthly total of all of your bills, payments, and current living expenses? \$ \_\_\_\_\_

29. List credit references, including creditors to which you make monthly payments:

A. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

B. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

C. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

D. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

E. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

F. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**WORK HISTORY**

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

Yes       No

If yes, list agency name and give details:

31. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board, or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.)       Yes       No

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority?       Yes       No

31b. If such certification or license was ever surrendered, suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

32. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

Yes       No

If yes, list organization name and give details:

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

34. Do you object to working nights?       Yes       No

35. Do you object to working rotating shifts?       Yes       No

36. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?       Yes       No

37. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

a. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

b. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

	Name	Phone Number
Street	City	State
Zip Code		

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

c. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

d. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

e. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

f. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name		Phone Number	
Street	City	State	Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

g. Explain periods of unemployment of three (3) months or more.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**MILITARY SERVICE**

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

Were you ever denied entrance into the military?  Yes  No If yes, why?

39. What was the highest rank that you held? \_\_\_\_\_

40. What was the last rank that you held? \_\_\_\_\_

41. What was the date and location of your first enlistment or commission? Date: \_\_\_\_\_

42. List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

43. List all duty stations: \_\_\_\_\_

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

44. Have you ever received any of the following types of discharge:

Type of Discharge	Yes	No
Uncharacterized		
Honorable		
General (under honorable conditions)		
Under other than honorable conditions		
Bad Conduct Charge		
Dishonorable Discharge		
Dismissal		

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

45. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

Yes  No If yes, explain what occurred and what type of punishment you received:

46. List all medals and decorations awarded you during your military service:

47. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

**USE OF DRUGS**

**NOTE:** In questions 48 and 49, the word 'used' means "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

Yes  No  I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time?

49. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

Yes  No  I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

50. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription?

Yes       No       I don't know (explain below)

---

### **CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

**NOTE:** 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 must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered 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.** 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.**

51. 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

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

No - Applicant's Initials \_\_\_\_\_

Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced your citizenship, having previously been a citizen of the United States.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

**NOTE:** If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

Yes       No

Date of Issuance: \_\_\_\_\_

County of Issuance: \_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

53. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

Yes     No     I don't know (explain below)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

Yes     No

Offense Charged: \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date: \_\_\_\_\_

Disposition \_\_\_\_\_

**REFERENCES**

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

Name	Address	Telephone
A.		
B.		
C.		
D.		



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**STATE OF:**

**NORTH CAROLINA**

**Other:** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and 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 NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Applicant Signature in Full)

\_\_\_\_\_  
(Applicant Print Name in Full)

Subscribed and sworn before me,

this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)

My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_

**EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR**

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 <sup>rd</sup> offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

\*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 51.

**AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION**

I, the undersigned, authorize Innovative Credit Solutions (ICS), and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status to:

**Town of Duck Police Department**  
**1259 Duck Road,**  
**Duck, North Carolina 27949**  
**Telephone (252) 261-1112**  
(NAME OF COMPANY REQUESTING REPORT)

If this authorization is used for pre-employment purposes, I, the undersigned, also grant permission for criminal records (including felony and misdemeanor records), motor vehicle records, employment (including worker's comp investigations), and education backgrounds to be released to the above named company.

Is this report for pre-employment screening?    Yes XXX No \_\_\_\_\_

Person reports are requested on:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_

City and State: \_\_\_\_\_ ZIP (required): \_\_\_\_\_

\*A copy of the prospective employee's application may be needed for processing some of the pre-employment reports.

PHONE 1-800-345-2746 FAX 1-888-571-7222

INNOVATIVE CREDIT SOLUTIONS, INC.  
1011 HEYWARD STREET  
P.O. BOX 1386  
COLUMBIA, SC 29202  
[www.icscredit.com](http://www.icscredit.com)

**Authorization for Release of Information to North Carolina Criminal Justice Education and Training Standards Commission**

To Whom It May Concern:

I am an applicant/certified officer for criminal justice officer certification, corrections officer, or a certified officer with the North Carolina Criminal Justice Education & Training Standards Commission. In order to determine my suitability for certification or continued certification, I understand that the North Carolina Criminal Justice Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_, Operators License # \_\_\_\_\_, do hereby and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, National Personnel Records Center, Air Force Personnel Center, Air Reserve Personnel Center, Coast Guard Personnel Center, Marine Corps Manpower Management Records & Performance, Marine Forces Reserve, Army Human Resources Command, Navy Personnel Command, Department of Veterans Affairs, Division of Commissioned Corps Officer Support, and any other individual agency to produce and provide copies of any and all information to the North Carolina Criminal Justice Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Criminal Justice Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the North Carolina Criminal Justice Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the North Carolina Criminal Justice Education and training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

Subscribed and Sworn to before Me, this  
The \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number: \_\_\_\_\_