



Michael O'Connell  
Chief of Police

# Rose Hill Police Department

P.O. Box 9  
Rose Hill, North Carolina 28458



Telephone  
Bus. 289-3020  
Emer. 911

## NOTICE TO APPLICANTS

Please furnish the following documents when you return your application form:

- (1) Copy of Birth Certificate
- (2) Copy of High School Diploma or G.E.D.
- (3) Copies of College transcripts or diplomas/training
- (4) Copy of DD-214, if former military
- (5) Copy of Driver's License
- (6) Copy of Social Security Card

APPLICATIONS ARE ACCEPTED MONDAY- FRIDAY 1PM – 5PM

## **Town of Rose Hill Employment Information**

The Town of Rose Hill welcomes and appreciates your interest in employment with the Town. Outlined below is information describing the Town's employment process that will assist you in your application process.

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### **Equal Employment Opportunity**

As we strive to maintain a diverse workforce, the Town of Rose Hill encourages all qualified persons to apply without regard to race, ethnicity, gender, age, religious affiliation or disability.

### **Job Opening Information**

A current listing of job openings is available on our job Information Line at (910) 289-3159. The Town of Rose Hill only accepts applications for specific open positions.

### **Employment Applications**

Our employment application is designed to gather information to evaluate your qualifications for the position for which you are applying. If you wish to apply for more than one position, a separate application must be submitted for each position. A resume may be attached, but may not substitute for completing the application. The application is your introduction to the department so every effort should be made to make your application legible and complete.

The employment application and all related information requested should be received or post marked by the application deadline. Applications received after the application deadline will not be considered for the position. All information on the application is subject to verification.

### **Application Consideration**

The application review process begins after the closing date for applications. Simply fulfilling the minimum qualifications for a position does not assure an interview. Candidates being offered an interview may not be contacted immediately following the closing date. Your patience in the process is appreciated.

### **Pre-employment Physical & Drug Screen**

All new employees will be offered the position contingent on passing a pre-employment physical and drug screen. This free screening is provided by the Town of Rose Hill. Failure to pass the tests will disqualify you from further consideration for this position.

### **Pay and Benefits**

The Town of Rose Hill offers a competitive salary package. Comprehensive benefits include health and life insurance as well as paid holidays, vacation and sick leave and a retirement package.

### **Verification of Employment Eligibility**

Under the Immigration Reform and Control Act of 1986, all new hires will be required to provide appropriate documentation to establish identity and right to work in the United States.



# TOWN OF ROSE HILL

Print Form

P.O. BOX 8  
ROSE HILL, NORTH CAROLINA 28458

Telephone  
(910) 289-3159

## Employment Application

We welcome you as a prospective employee of the Town of Rose Hill. Completing the Employment Application is the first step in the selection process. You will not be considered unless you meet the minimum qualifications as posted in the advertisement. In order to be fairly considered, answer all questions completely and accurately, relating to your education, training, and experience to the position for which you are applying. No information in this application is intended to be used for discriminatory purposes. A resume may be attached, but not substituted for requested information. The Office will keep you informed of the selection process. If hired you must provide appropriate documents to verify your eligibility for employment under the Immigration, Reform, and Control Act of 1986.

### IDENTIFYING DATA

Position Sought: \_\_\_\_\_ Date: \_\_\_\_\_

First Name MI Last Name

Social Security Number

Address Number Street Name Apt#

City State Zip Code

Area Code Home Phone

Area Code Business or Mobile Phone

Driver's License: Is driver's license presently restricted, suspended, or revoked? Yes No

Driver's License Number State Class (A, B, C) Expiration Date

Date Available for Work: \_\_\_\_\_

Type of Position Desired Full-time Part-time Temporary

Available For: Shift Work Nights/Weekend Work

For some positions, there are minimum age requirements. Please check the appropriate box.

Under 16 years of age 16-18 18-21 over 21

AN EQUAL OPPORTUNITY EMPLOYER



**EXPERIENCE**

List your most recent experience first. Experience may be paid, or unpaid, full-time, part-time, or military. Describe all of your work experience thoroughly, indicating how it relates to the position for which you are applying. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application. A resume may be attached to supplement information, but may not substitute for completion of this section.

<b>Date and Salary</b>	<b>Employer</b>	<b>Job Title, Description of Duties, Hours Worked, Reason for Leaving</b>
Starting Date (mm/yy):	Name:	Title: _____ Hours Worked (per week): _____
Ending Date (mm/yy):	Address:	Duties: _____ _____
Starting Salary:	Telephone:	Reason for leaving: _____
Ending Salary:	Supervisor's Name:	

Equipment Operated: \_\_\_\_\_

<b>Date and Salary</b>	<b>Employer</b>	<b>Job Title, Description of Duties, Hours Worked, Reason for Leaving</b>
Starting Date (mm/yy):	Name:	Title: _____ Hours Worked (per week): _____
Ending Date (mm/yy):	Address:	Duties: _____ _____
Starting Salary:	Telephone:	Reason for leaving: _____
Ending Salary:	Supervisor's Name:	

Equipment Operated: \_\_\_\_\_

<b>Date and Salary</b>	<b>Employer</b>	<b>Job Title, Description of Duties, Hours Worked, Reason for Leaving</b>
Starting Date (mm/yy):	Name:	Title: _____ Hours Worked (per week): _____
Ending Date (mm/yy):	Address:	Duties: _____ _____
Starting Salary:	Telephone:	Reason for leaving: _____
Ending Salary:	Supervisor's Name:	

Equipment Operated: \_\_\_\_\_

<b>Date and Salary</b>	<b>Employer</b>	<b>Job Title, Description of Duties, Hours Worked, Reason for Leaving</b>
Starting Date (mm/yy):	Name:	Title: _____ Hours Worked (per week): _____
Ending Date (mm/yy):	Address:	Duties: _____ _____
Starting Salary:	Telephone:	Reason for leaving: _____
Ending Salary:	Supervisor's Name:	

Equipment Operated: \_\_\_\_\_

May we contact your current employer? Yes  No

**PERSONAL INFORMATION**

**YES**                      **NO**

- 1. Can you provide proof of your identity and eligibility for employment in the United States?
- 2. Are you currently employed by the Town of Rose Hill? (If yes, list department below)
- 3. Have you ever been employed by the Town of Rose Hill? (If yes, please explain below)
- 4. Have you ever been convicted of a crime? (misdemeanor, felony, or military court martial) or had any moving traffic violations within the past two years? Conviction does not necessarily disqualify candidates from employment consideration. If yes, list date, place, offense, and fine (or sentence) for each instance in space provided below.
- 5. Do you have members of your household or relatives currently employed by the Town of Rose Hill? (If yes, provide the following information)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Explanatory Remarks (please indicate question number to which the answer(s) apply):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

Thank you for completing this application. You are urged to carefully the following conditions.

All the information provided by me on this application or otherwise is accurate and complete and hereby give the Town of Rose Hill permission to investigate any and all information contained here, or otherwise provided during the selection process. In addition, if appropriate for the position:

I (A) authorize the Rose Hill Police Department to provide my driving record from the Department of Motor Vehicles, (B) agree to submit to drug screening, (C) agree to undergo a polygraph examination, and (D) agree to participate in a physical and/or psychological examination.

I fully understand that this application will be used in conjunction with the position for which I am applying and that its completion neither assures me a position with the Town of Rose Hill nor obligates the Town of Rose Hill in any way.

I also understand that the failure to complete this application may render it void and that any misleading information, incorrect statements, or omissions of material facts during the selection process will make me subject to disqualification, or if hired, result in my suspension or immediate discharge from employment with the Town of Rose Hill. If employed, I will provide documentation establishing my identity and eligibility to work in the United States. I agree to conform to the rules and regulations of the Town of Rose Hill and departments contained therein. I fully understand that employment can be terminated for any reason deemed sufficient by the Town of Rose Hill.

I certify that I have read the above statements and I agree to the conditions stated therein.

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

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

INEXPERIENCED LAW ENFORCEMENT OFFICER  
ESSENTIAL JOB FUNCTIONS

1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdues resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
4. Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
6. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informants.
7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
8. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.
10. Conduct visual and audio surveillance for extended periods of time.

11. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking doors and windows of buildings to ensure they are secure.
12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
13. Demonstrate communication skills in court and other formal settings.
14. Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
15. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
16. Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
18. Put on and operate a gas mask in situations where chemical munitions are being deployed.
19. Extinguish small fires by using a fire extinguisher and other appropriate means.
20. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
21. Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprint impressions.

NOTE: The successful applicant must be able to perform ALL of the above essential job functions of an inexperienced law enforcement officer, unassisted and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.



# *LAW ENFORCEMENT CODE OF ETHICS*

As a law enforcement officer, my fundamental duty is to serve the community; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation and the peaceful against violence or disorder; and to respect the constitutional rights of all to liberty, equality and justice.

I will keep my private life unsullied as an example to all and will behave in a manner that does not bring discredit to me or to my agency. I will maintain courageous calm in the face of danger, scorn or ridicule; develop self-restraint; and be constantly mindful of the welfare of others.

Honest in thought and deed both in my personal and official life, I will be exemplary in obeying the law and the regulations of my department.

Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

I will never act officiously or permit personal feelings, prejudices, political beliefs, aspirations, animosities or friendships to influence my decisions.

With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

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I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of police service.

I will never engage in acts of corruption or bribery, nor will I condone such acts by other police officers. I will cooperate with all legally authorized agencies and their representatives in the pursuit of justice.

I know that I alone am responsible for my own standard of professional performance and will take every reasonable opportunity to enhance and improve my level of knowledge and competence.

I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession, law enforcement.

**TOWN OF ROSE HILL**  
**VOLUNTARY INFORMATION**

The Town of Rose Hill does not discriminate based on race, ethnicity, gender, age, religious affiliation or disability.

This information is to be completed by applicant on a voluntary basis. The information will be used and kept confidential in accordance with applicable laws and regulations. The Town of Rose Hill will utilize the information to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply for federal reporting purposes. This information is not shared with the hiring department.

We invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to complete this form will not subject you to any adverse personnel decisions or actions. Your cooperation is appreciated.

---

PLEASE PRINT

**Applicant Information**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
          Last           First           Middle

Address \_\_\_\_\_  
                          Street                           City           State                           Zip Code

Male    Female                           Date of Birth \_\_\_\_\_

**Please check one of the following Equal Opportunity Identification Groups:**

Caucasian (not of Hispanic origin)                            African American/Black (not of Hispanic Origin)

American Indian/Alaskan Native                            Asian/Pacific Islander

Hispanic

**How did you become aware of this position?**

Job information Line                            Job postings in our office

Newspaper Advertisement                            Friend or relative  
List paper \_\_\_\_\_



# Rose Hill Police Department

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## DRUG SCREENING THROUGH URINALYSIS APPLICANT CONSENT FORM

I, \_\_\_\_\_, understand that as part of the pre-employment process as required by the North Carolina Criminal Justice Education and Training Standards Commission I must submit to a urinalysis drug screening.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of employment.

I also understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied certification as a criminal justice officer. I also understand that in the case of a refusal to submit to a drug screen or a positive result, my name will be forwarded to the Criminal Justice Standards Division, which serves as the central agency for documentation of such results. I understand that a refusal to submit to drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a criminal justice officer.

I authorize disclosure of the drug screen results by and between the testing laboratory, medical review officer, employing agency and the Criminal Justice Standards Division. I further authorize the disclosure of this or any related information, to include results of prior screens or refusals by the Criminal Justice Standards Division to the extent that such disclosure is made to a law enforcement agency or another law enforcement or criminal justice licensing or regulatory agency as needed or requested for certification, employment and other valid non-criminal purposes.

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by the Rose Hill Police Department.

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

\_\_\_\_\_  
Social Security Number

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

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

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

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



Michael O'Connell  
Chief of Police

# Rose Hill Police Department

P.O. Box 9  
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Emer. 911

## Authorization for Release of Personal Information To Law Enforcement Agencies for Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the **Rose Hill Police Department**. In order to determine my suitability for employment, I understand that the **Rose Hill Police Department**, Rose Hill, North Carolina 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 request 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 and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agency of **Rose Hill Police Department**, Rose Hill, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the **Rose Hill Police Department**, Rose Hill, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluation such information as it relates to my employment with the **Rose Hill Police Department**, Rose Hill, North Carolina. And, I hereby release the issuing agency and its agents, 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 employment. I do further hereby authorize the **Rose Hill Police Department**, 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 officer. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's Education Training & Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer employing agency.

A copy of this document is considered valid, just as the original.

I have fully read and understand the above statements.

\_\_\_\_\_  
Employee Signature                      Date

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

State of North Carolina  
County of Duplin

\_\_\_\_\_  
Subscribed and sworn to before me,

This is the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public and Seal

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



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

### **CRIMINAL JUSTICE STANDARDS DIVISION**

*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.*

### **PERSONAL HISTORY STATEMENT**

**NOTE:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.







13. Name of Spouse: \_\_\_\_\_  
 Name of Former Spouse(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. 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**

15. 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:

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

16. 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**

17. List every city/county in which you have lived since attaining the age of 16, with present address at top:

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



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

**WORK HISTORY**

26. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency which required certification or licensure from any Commission, Board or Agency after a conditional offer of employment was made?

Yes     No    If yes, list agency name and give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. 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

27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority?  Yes  No

27b. If such certification or license was ever 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

30. Do you object to working nights?  Yes  No

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

32. 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

33. 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 \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 months or more. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

34. 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS**

35. What is your service number? \_\_\_\_\_

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

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

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

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

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

40. List all duty stations:

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

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

- Uncharacterized  Yes  No
- Honorable  Yes  No
- General (Under honorable conditions)  Yes  No
- Under other than honorable conditions  Yes  No
- Bad Conduct Discharge  Yes  No
- Dishonorable Discharge  Yes  No
- Dismissal  Yes  No

42. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

43. List all medals and decorations awarded you during your military service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

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

**USE OF ALCOHOL OR DRUGS**

45. Do you drink alcoholic beverages?  Yes  No

NOTE: In questions 46, and 47, 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.)

46. Have you ever used, to include tasting, any illegal drugs 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? \_\_\_\_\_

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

47. 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?

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

48. 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)

If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale.

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

**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 convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. 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.**

49. 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.)  
 Yes     No    If yes, give details below:

A. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
B. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
C. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

50. 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: \_\_\_\_\_

51. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:
- (a) currently 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. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
  - (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.

**NOTE:** A "crime punishable by imprisonment for a term exceeding one year" as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

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 15 of this document indicates you have read this section and understand each of the disqualifiers.

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

52. 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 \_\_\_\_\_

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)  
 Yes  No If yes, give details:

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

54. Have you ever been placed on probation?  Yes  No If yes, give details:

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

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

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

56. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina?  Yes  No

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

57. Was your driver's license ever suspended or revoked?  Yes  No If yes, state which and give reasons:

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

58. Was your driver's license ever restored?  Yes  No When? \_\_\_\_\_

59. Have your driving privileges ever been restricted?  Yes  No If yes, give details:

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

### CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

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

61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

63. Give the names of five 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.		
E.		

STATE OF NORTH CAROLINA

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\_\_\_\_

\_\_\_\_\_ (Signature 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(b)	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 49.