

Asst. Chief / Operations
Captain Employment Packet



Haw River Police Department

Town Of Haw River

North Carolina

Asst. Chief / Operations Captain Recruitment Packet:

The Town of Haw River, NC, is seeking a highly qualified professional, and motivated leader. To serve in our growing and diverse community in Alamance County.

The Town of Haw River Police Department is a modern, well-equipped, full-service law enforcement agency. The job class specification description will be included in this packet for review.

Special Requirements:

- Must possess a Valid North Carolina Driver's License.
- Must be able to be certified by the North Carolina Training & Standards Commission within (60) days of submission.
- Must possess High School Diploma or G.E.D. A degree in Criminal Justice, or similar field preferred.
- Must have been sworn as a law enforcement officer for a minimum of five years.
- Management, leadership, and investigative experience preferred.
- Proficiency with Microsoft Word, Power Point, and Excel

Starting salary will be dependent on qualifications. Additional salary consideration may be given for increased law enforcement years of service, education, and training qualifications.

Excellent benefits package included, Employee Developmental Pay, 100% paid health insurance, 5% 401k benefit with no employee match required, all uniforms and equipment provided, and more.

Application packets can also be obtained from the Town of Haw River website at: www.townofhawriver.com under town career opportunities. The Town of Haw River is an Equal Opportunity Employer. Position open until filled. For further information contact Chief Toby Harrison at 336-578-4141.

Please submit completed application packet along with cover letter, and resume to: Chief Toby Harrison by email, tharrison@townofhawriver.com, or US Postal Service: Haw River Police Department: P.O. BOX 103 Haw River, NC 27258.

Haw River Police Department

Benefits

- **Life insurance / Accidental death and dismemberment \$10,000**
- **Medical Insurance 100% paid by the town for employees**
- **Retirement medical insurance after 20 years of service**
- **Dental & Vision Insurance**
- **Short Term Disability Insurance**
- **401k with 5% contribution from the town. (No employee contribution required)**
- **Enrollment to NC retirement system from first day of employment**
- **Access to Aflac, and other Supplemental insurance**
- **Longevity Pay**
- **All uniforms and police equipment supplied**
- **Credit Union Membership**
- **12 Paid Holidays**
- **Paid Vacation**
- **Paid Sick Leave**
- **Extensive Paid Training**
- **Town Employee Assistance Program**
- **Monthly Cell Phone Stipend**
- **Firearms Range Membership**
- **Employee Developmental Pay**
- **Take Home Car Program**

Haw River Police Department



POLICE CHIEF
TOBY HARRISON

ASST. CHIEF
SCOTT THOMAS

Mailing Address:

P.O. BOX 103

Haw River, NC 27258

Street Address:

105 Stone Street

Haw River, NC 27258

336-578-4141 Phone

336-578-4104 Fax

www.townofhawriver.com

Employment Information

The application packet must be completed in its entirety. If you have any questions pertaining to information needed below for this packet. Please email: Chief Toby Harrison at: tharrison@townofhawriver.com or call at: 336-578-4141. This position will be open until filled.

1. Applicant must sign and complete the Authorization for Release of Personal Information Waiver. This form must be signed and notarized before submitting the packet.
2. Applicant must be 21 years of age, have U.S citizenship, High School Diploma, G.E.D equivalence, or higher to be considered.
3. Must have, or be able to obtain a North Carolina Drivers License.
4. Applicant must complete the North Carolina Criminal Justice Personal History Statement Form F-3(LE) revised 1/21.
5. Applicant must provide certificate, or transcript copies of any educational degrees listed in packet.
6. Applicant must also complete in full, a Town of Haw River Employment Application. With an up to date resume, and letter of intent.
7. Applicant must provide a copy of their current law enforcement certification certificate.
8. Applicant must be able to be certified by the North Carolina Training & Standards Commission within (60) days of submission.

This Haw River Police Department Employment Packet can be submitted to the Haw River Police Department located at: 105 Stone Street Haw River, NC., or emailed to: tharrison@townofhawriver.com, or mailed to Attn: Chief Harrison P.O. BOX 103 Haw River, NC 27258.

Thanks For Your interest in obtaining employment with the Town of Haw River Police Department.

***Warmest Regards,
Toby L. Harrison
Chief of Police***



JOB CLASS SPECIFICATION

**ASSISTANT POLICE CHIEF
OPERATIONS CAPTAIN (Exempt-FLSA)**

GENERAL STATEMENT OF DUTIES:

Performs administrative and supervisory law enforcement work in directing the day to day operations of the Police Department.

DISTINGUISHING FEATURES OF THE CLASS:

An employee in this class directs and supervises the daily activities of the Police Department. Employee assists with/participates in administrative functions such as departmental planning and budgeting. Work includes assuming the responsibility for departmental operations in the absence of the Police Chief. Employees serves as counsel to subordinate supervisors and provides technical advice and input on coaching and training of departmental supervisory and non-supervisory personnel. Employee also supervises and participates in all personnel functions to include hiring, discipline, and performance evaluation. Duties are performed under the usual hazards of police work and are performed in accordance with departmental policy and State and federal law. Duties are performed under limited supervision of the Police Chief and appraised through observation, conferences, reports and general effectiveness of departmental operations.

ILLUSTRATIVE EXAMPLES OF WORK:

- Participates in/and assists with the planning, organizing, directing, and supervision of operational and administrative support functions of the Police Department for optimum operational needs.
- Assists the Police Chief in recruiting, selecting, and training, of personnel; advises, directs, and consults with subordinate officers on matters of training, work assignments, scheduling, and discipline.
- Participates in the short and long-term planning and budgeting processes to include the development of goals and objectives; participates in projecting budgetary needs on an annual basis; manages the purchasing process for the Department; monitors monthly expenditure and discusses needed capital improvement and any major cost items.
- Promotes the department to the general public through individual contact and representing the department to the press.
- Determines work assignments and reassigns officers and other personnel as needed.
- Directs and supervises subordinate supervisors in coaching employees and improving employee's performance.
- Serves as acting Police Chief in his/her absence, assuming the powers and responsibilities of the Chief.
- Supervises all activities associated with each unit on a 24-hour, 7-day a week basis.

- Determines priorities and needed resources; makes assignments; provides operational advice and direction;
- Prepares, reviews and/or edits reports.
- Oversee and manage all computer-based systems in place to support used to support patrol and investigations activities.
- Serve as Dare Instructor as needed
- Maintains all records related to computer maintenance.
- Maintains records related to computer maintenance and camera systems.
- Resolves and troubleshoots administrative and professional procedures;
- Organizes work and staff in concert with department goals and objectives; and ensure compliance to all departmental standards, rules, and practices.
- Assists with and supports investigations as needed.
- Performs internal investigations as directed by the Police Chief.
- Performs the work of subordinate police personnel, when necessary.
- Other duties as assigned.

KNOWLEDGE, SKILLS AND ABILITIES:

- Thorough knowledge of the operation, procedures, and legal processes of law enforcement.
- Tact and decisiveness are required in frequent public contact situations involving law enforcement and inquiries from the general public. The employee must exercise considerable judgment and initiative in applying modern law enforcement principles under which the department operates.
- Considerable knowledge of State and federal laws, local ordinances, and policies of the Police Department.
- Considerable knowledge of the physical, economic, and social characteristics of the Town.
- Skill in the use of firearms and other police equipment and in the application of self-defense tactics.
- Ability to lead and inspire confidence among subordinate officers, and to work through subordinate supervisors to manage shift operations.
- Ability to act with sound judgment in routine and emergency situations.
- Ability to perform detailed criminal investigations in an effective manner.
- Ability to analyze complex police problems and to adopt effective and reasonable courses of action regarding surrounding hazards and circumstances.
- Ability to prepare clear and concise activity reports.
- Ability to build and maintain cooperative and effective public relations with the community.

PHYSICAL REQUIREMENTS:

Must be able to physically perform all or combination of the basic life operational functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, grasping, feeling, talking, hearing, and perform repetitive motions.

Must be able to perform heavy work exerting up to 100 pounds of force occasionally, and 50 pounds of force frequently, and 20 pounds constantly to move objects.

Must possess the visual acuity to perform extensive reading and computer related work.

WORKING CONDITIONS:

Work is often performed under stressful emergency conditions and may involve personal hazards. The employee is subject to hazards associated with law enforcement and/or administrative work which may either expose the employees to inside environmental conditions for the administrative functions and the law enforcement activities would expose the employees to working in both inside and outside environments, in extreme cold weather, and exposure to various hazards such as chemicals and oils, and physical hazards. Employee may be exposed to blood borne pathogen requirements.

EDUCATION AND EXPERIENCE:

Required: High School or GED and five or more years of experience as a professional law enforcement officer, in a municipal, county, state, or federal law enforcement agency. Prior supervisory experience is preferred.

Preferred: Bachelor's degree in criminal justice or related field; several years of management experience and training

Special Requirements:

- Possession of a valid North Carolina Driver's License
- Have completed by the North Carolina Justice Training and Standards Council for certified law enforcement officers.
- Possession of appropriate certifications as required by the Town.

FLSA Status:

Exempt - (not subject to the overtime provisions of the Fair Labor Standards Act)

Disclaimer:

This classification specification has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities, and qualifications required of employees to perform the job. The Town reserves the right to assign or otherwise modify the duties assigned to this classification.

August 2019

Authorization for Release of Personal Information

To Law Enforcement Agencies for

Certification/Employment Purposes

To Whom it May Concern:

I am an applicant for a position with the Haw River Police Department. In order to determine my suitability for employment, I understand that the Haw River Police Department located in Alamance County, 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 reporting agency, retail business establishment, former and present employer, educational institution, doctor or 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 authorize agent of the Haw River Police Department regarding me whether of privileged or confidential nature.

Moreover, I hereby release the Haw River Police Department located in Alamance, 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 Town of Haw River. 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 rights to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Haw River Police Department employees, Located in Alamance County, North Carolina, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement. This is to include, but not limited to: North Carolina Criminal Justice Education & Training and Standards Commission, North Carolina Sheriff's Education and Training Standards Commission, North Carolina Attorney General's Office, any local, state, federal governmental agencies, and applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigation process has been completed, whichever is later.

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

I have read and fully understand the above statements.

Applicant/Officer Signature

Printed Name

Address

Phone Number

STATE OF NORTH CAROLINA

COUNTY OF _____

Subscribed and sworn to before me,

This is the _____ day of _____, _____

Notary Public & Seal

My Commission Expires: _____

TOWN OF HAW RIVER
Employment Application

**Town of Haw River
403 East Main Street
Post Office Box 103
Haw River, NC 27258
Phone: 336-578-0784
FAX: 336-578-0010**

WWW.TOWNOFHAWRIVER.COM

APPLICATION INSTRUCTIONS

PLEASE READ AND FOLLOW CAREFULLY

- Police Department applications are accepted year-round and will be kept on file for review for a period of 2 years.
- A separate application must be completed for each position for which you apply.
- Please type or print application information. Use Black Ink ONLY to complete the application.
- Photocopies of the Application may be submitted with the current date, position desired, and an original signature.
- Resumes and cover letters may be submitted with the completed application for supplemental information.
- Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration. If sections do not apply, please place N/A in the blank.
- A completed Town of Haw River Employment Application must be either submitted to the Town Clerk by 5:00 pm or mailed to the above address and postmarked by 5:00 pm on the closing date to be considered for a current vacancy.
- You must apply for each vacancy for which you want to be considered.
- All applications become the property of Town of Haw River and cannot be returned.
- Town of Haw River is a drug free work place. All persons offered employment must have a negative drug test before being employed by Town of Haw River.

Town of Haw River is an equal opportunity employer.

It is the policy of Town of Haw River to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

Town of Haw River Employment Application

Position Applied For _____

Position Number _____

First Name	MI	Last Name	SSN (Last 4 digits only)
Address	City	State	
Zip Code	County	Daytime Phone	Evening Phone

EDUCATION

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name and Location				
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course of Study/Major				

SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance.

List any office or other special skills you possess (typing wpm, shorthand, business machines, professional equipment, etc)

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

GENERAL INFORMATION

Please Answer All Questions

- Do you currently work for Town of Haw River? yes no
- Are you a former employee of Town of Haw River? yes no
If yes, indicate Dept. and Date Separated _____
- Are you related by blood or marriage to any person currently employed by Town of Haw River? yes no
If yes, indicate Name, Dept., and Relationship _____
- Have you ever worked under another name? (Used to verify work experience, education, etc.) yes no
If yes, please list _____
- Are you legally eligible to work in the United States? yes no
- Do you have a valid driver's license? Indicate State of issuance and DL# _____ yes no
- Have you ever been convicted of any unlawful offenses, other than a minor traffic violation: yes no
If yes, please explain fully on separate sheet.
NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you are applying for will be considered.
- When will you be available to begin work (mo/day/yr)? _____

EMPLOYMENT HISTORY

PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. List last job held first. DO NOT REFER TO RESUME.

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving/Wanting to Leave:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ # years _____ #months	<input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____	
Reason for Leaving:		
Description of Work:		

Employer	Address	Phone
Job Title	Supervisor's Name and Title	No. Supervised by You
Date Employed (Mo/Yr) _____	Starting Salary: \$ _____ Per _____	May We Contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: \$ _____ Per _____	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Full-time _____ #years _____ #months <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____		
Reason for Leaving:		

Description of Work:		

References (Provide at least 3):

Name:	Title or Occupation	Address	Phone Number	Number of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit, or other records may be conducted before employment. I permit Town of Haw River to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

I authorize any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Town of Haw River with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by Town of Haw River from a person, employer, or institution.

I understand that Town of Haw River is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by Town of Haw River, before I may be employed by Town of Haw River.

I certify that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

Signature of Applicant (Unsigned applications will not be processed)

Date



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.

Applicant Name: _____

Agency Applied: _____

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

7. Ethnic Background

American Indian

Spanish American

Asian American

White

Black

Other _____

8. Sex Male Female

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

Yes

No

Approximate Date: _____

EDUCATIONAL

10. 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					
Universities or Colleges					
Extension or Correspondence Courses					

11. 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?

Applicant Name: _____

Agency Applied: _____

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

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

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:

Applicant Name: _____

Agency Applied: _____

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

FINANCIAL

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

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

20. Are you now supporting all children born to you, adopted by you and stepchildren?
 Yes No If not, give details: _____

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

22. 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: _____

23. What is the total amount of all your debts at present? \$ _____

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

Applicant Name: _____

Agency Applied: _____

25. 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

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: _____

Applicant Name: _____

Agency Applied: _____

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.

Applicant Name: _____

Agency Applied: _____

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: _____

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 _

Duties: _____

Reason for leaving: _____

Applicant Name: _____

Agency Applied: _____

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. _____

Applicant Name: _____

Agency Applied: _____

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? _____

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

Applicant Name: _____ Agency Applied: _____

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)

Applicant Name: _____ Agency Applied: _____

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 offenses and convictions regardless of whether or not the offenses/convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8A, 15A-146, or expunged or sealed with a similar out-of-state law. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

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).

- No-Applicant's Initials _____ Yes, please list below

1. Offense Charged: _____

- Misdemeanor Felony

Disposition Offense if different than original offense: _____

- Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket #

County/State: _____ Probation No Yes

2. Offense Charged: _____

- Misdemeanor Felony

Disposition Offense if different than original offense: _____

- Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court Docket #

County/State: _____ Probation No Yes

Applicant Name: _____ Agency Applied: _____

3. Offense Charged: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court _____ Docket # _____

County/State: _____ Probation No Yes

4. Offense Charged: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Court _____ Docket # _____

County/State: _____ Probation No Yes

(ATTACH EXTRA SHEETS, IF NECESSARY)

49A. Have you ever had a criminal offense or criminal conviction expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law?

No – Applicant’s Initials _____ Yes, please list below

1. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged:

Court Docket # _____ County/State: _____

2. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged:

_____ Court Docket # _____ County/State: _____

3. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged:

_____ Court Docket # _____ County/State: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: _____

Agency Applied: _____

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 _____

Applicant Name: _____

Agency Applied: _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5., 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law)?

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:

Applicant Name: _____

Agency 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 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.		

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 ____

Applicant Name: _____ **Agency:** _____

4. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

5. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

6. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

7. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

8. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

9. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____

10. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

Date of Offense: _____ Disposition/Date _____ Date Expunged: _____

Court Docket # _____ County/State: _____