



## NORTH CAROLINA

### CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

#### CRIMINAL JUSTICE STANDARDS DIVISION

TELEPHONE: (919) 716-6470

*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.

**NORTH CAROLINA**  
**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**  
**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS:** Using a typewriter 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.

Position(s) applied for: \_\_\_\_\_

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

**PERSONAL**

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

All Previous Names: \_\_\_\_\_

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

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

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

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Pager Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

6. Citizenship:  A. U.S. Born       B. U.S. Naturalized       C. Other - Specify \_\_\_\_\_

**NOTE:** Data solicited in this block will be utilized for Equal Employment Statistical Information purposes only.

7. Ethnic Background

<input type="checkbox"/> A. American Indian	<input type="checkbox"/> D. Spanish American
<input type="checkbox"/> B. Asian American	<input type="checkbox"/> E. White
<input type="checkbox"/> C. Black	<input type="checkbox"/> F. Other _____

8. Sex:       A. Male       B. Female

9. Have you previously submitted an application for employment with this agency?  
 A. Yes     B. No                  Approximate date: \_\_\_\_\_

**EDUCATIONAL**

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

Name Address (City and State)		No. Full Yrs. Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools						
B. University or Colleges						
C. Extension or Correspondence Courses						

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

A. Yes     B. No    If yes, when and where did you complete the GED?

---



---

**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 justice officer.

**MARITAL**

12. Marital Status (Check one)       A. Single       C. Married       E. Divorced  
 B. Engaged       D. Separated       F. Widowed

13. Name of Spouse: \_\_\_\_\_

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

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	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?

A. Yes  B. 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?

A. Yes  B. No If yes, give name(s) and details:

---

---

**RESIDENCES**

17. List addresses for past 10 years starting with present address at top:

FROM		TO		ADDRESS OF RESIDENCE (Include COUNTY of Residence)	CITY & STATE (Include ZIP CODE)	LANDLORD
MO.	YR.	MO.	YR.			

**FINANCIAL**

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

---

---

19. Are you now supporting all children born to you, adopted by you, and stepchildren?

A. Yes  B. No If not, give details:

---

---

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

A. Yes  B. No If yes, give name and details:

---

---

21. Have you ever been sued with a civil judgment being rendered against you?

A. Yes     B. No    If yes, give details:

---

---

---

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

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

24. List credit references, including businesses 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**

25. Have you ever been denied employment by a criminal justice agency?

A. Yes     B. No    If yes, list agency name and give details:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

27. Do you object to wearing a uniform?     A. Yes     B. No

28. Do you object to working nights?     A. Yes     B. No

29. Do you object to working rotating shifts?     A. Yes     B. No

30. 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?

A. Yes     B. No

31. List all the jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor:	No. employees supervised by you:			
Date separated:	Employer _____	Phone Number ( ) _____			
Full-time Yrs. Mos.	Address _____	_____			
Part-time Yrs. Mos.	Street _____	City _____	State _____	Zip Code _____	
If part-time, number of hours worked per week:	Duties: _____				
	_____				

Reason for Leaving: \_\_\_\_\_

B. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor:	No. employees supervised by you:			
Date separated:	Employer _____	Phone Number ( ) _____			
Full-time Yrs. Mos.	Address _____	_____			
Part-time Yrs. Mos.	Street _____	City _____	State _____	Zip Code _____	
If part-time, number of hours worked per week :	Duties: _____				
	_____				

Reason for Leaving: \_\_\_\_\_

C. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor:	No. employees supervised by you:			
Date separated:	Employer _____	Phone Number ( ) _____			
Full-time Yrs. Mos.	Address _____	_____			
Part-time Yrs. Mos.	Street _____	City _____	State _____	Zip Code _____	
If part-time, number of hours worked per week :	Duties: _____				
	_____				

Reason for Leaving: \_\_\_\_\_

D. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor:	No. employees supervised by you:			
Date separated:	Employer _____	Phone Number ( ) _____			
Full-time Yrs. Mos.	Address _____	_____			
Part-time Yrs. Mos.	Street _____	City _____	State _____	Zip Code _____	
If part-time, number of hours worked per week :	Duties: _____				
	_____				

Reason for Leaving: \_\_\_\_\_

E. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor:	No. employees supervised by you:			
Date separated:	Employer _____	Phone Number ( ) _____			
Full-time Yrs. Mos.	Address _____	_____			
Part-time Yrs. Mos.	Street _____	City _____	State _____	Zip Code _____	
If part-time, number of hours worked per week :	Duties: _____				
	_____				

Reason for Leaving: \_\_\_\_\_

F. Explain Periods of unemployment of three months or more. \_\_\_\_\_

**MILITARY SERVICE**

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

**QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS**

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

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

35. What was the date and location of your first entrance into active duty? \_\_\_\_\_

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

36. What were your unit assignments in the service? \_\_\_\_\_

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

37. What was the date and location of your last discharge from active duty?

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

38. Was your last discharge honorable?  Yes  No (If no, was it characterized as bad conduct  or dishonorable ?)

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) **or any other disciplinary action** while a member of the armed forces?

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. List any disciplinary action taken against you in the National Guard or other reserve unit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

42. 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**

**NOTE:** In questions 43, 44, 45 and 46, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages?  Yes  No If yes, to what degree?

\_\_\_\_\_

\_\_\_\_\_

44. Have you ever used marijuana?  Yes  No If yes, what were the circumstances?

\_\_\_\_\_

\_\_\_\_\_

When was the last time? \_\_\_\_\_

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

Yes  No If yes, under what circumstances?

\_\_\_\_\_

\_\_\_\_\_

When was the last time? \_\_\_\_\_

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

Yes  No If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

**NOTE:** Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.

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 should answer “No,” **only** if you have never been arrested or charged, or your record was expunged by a judge’s court order.

47. 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 citation or criminal 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)

48. 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)

A. Yes  B. No

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

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

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

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

49. 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 the 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 his/her 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.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law?  A. Yes  B. No If yes, explain: \_\_\_\_\_

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

50. 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, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

A. Yes  B. No Offense Charged: \_\_\_\_\_  
Law Enforcement Agency: \_\_\_\_\_  
Date: \_\_\_\_\_  
Disposition: \_\_\_\_\_

51. Have you ever been charged with or convicted of a felony?  A. Yes  B. No If yes, give details:

\_\_\_\_\_

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

\_\_\_\_\_

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

A. Yes  B. No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

54. Can you operate a motor vehicle?  A. Yes  B. No

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

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

56. Do you possess a driver's license issued by any state other than the State of North Carolina?  A. Yes  B. No  
If yes, give the state and number: \_\_\_\_\_
57. Was your license ever suspended or revoked?  A. Yes  B. No If yes, state which and give reasons: \_\_\_\_\_  
\_\_\_\_\_
58. Was your license ever restored?  A. Yes  B. No When? \_\_\_\_\_
59. Have your driving privileges ever been restricted?  A. Yes  B. 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
1)		
2)		
3)		
4)		
5)		

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

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions 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 \_\_\_\_