



Criminal Justice Education and Training Standards Commission

Criminal Justice Standards Division

Form F-5A(DOC)

Revised (08/2009)

REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION

For Criminal Justice Standards Use Only:

Certification: _____ **TRA:** _____ **FP:** _____ **Mailed:** _____

Certification: **DOC Correctional Officer** **DOC Probation/Parole** **DOC Surveillance**

Name: _____
First Middle Last

Social Security # _____

Date of Birth: _____

- Answer the following questions:
 - Have you ever held a position requiring criminal justice certification? Yes No
 - If yes, has your criminal justice certification ever been suspended or revoked? Yes No
 - Have you ever been denied employment with a criminal justice agency? Yes No
(If yes, please give details on a separate sheet)
- Is any member(s) of your family now in prison or jail or on either probation or parole? Yes No
 If yes, please list on a separate sheet the name(s), relationship, and specify whether relative is in prison (name and location of prison), or in jail, or on probation or parole.
- Have you ever used any illegal drugs? *(If yes, please explain on a separate sheet)*. Yes No

Military Service: If you have ever served in the U.S. Military or been a member of any military organization, please complete Questions 4-5.

- What was your last discharge? Date: _____ Honorable General Dishonorable Other: _____
- Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or nonjudicial punishment (Captain’s mast, company punishment, Article 15, etc.) or any other disciplinary action? *(If yes, please give details on a separate sheet)*. Yes No

Criminal Conviction Record: All convictions other than minor traffic violations must be reported in the applicant’s own handwriting below. Please note that a “DWI/DUI (alcohol or drugs),” “Duty to Stop in the Event of an Accident,” and “Speeding to Elude Arrest” are NOT minor traffic violations and, therefore, MUST be reported below. Provide all information 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 you were convicted of a criminal offense at some point in your life, you should check the block labeled, “Criminal Convictions as Reported Below” and give details. You should check the “No Criminal Convictions” block ONLY if you have never been convicted of a Misdemeanor or Felony, or your record/citation was expunged by a judge’s court order. Check one of the following:

- No Criminal Convictions**
 Criminal Convictions as Reported Below
 - Offense: _____ Law Enf. Agency/County/State: _____
 Date of Conviction: _____ Disposition of Case: _____
 Misdemeanor Felony Probation Yes No (If yes, give details on Page 3).
 - Offense: _____ Law Enf. Agency/County/State: _____
 Date of Conviction: _____ Disposition of Case: _____
 Misdemeanor Felony Probation Yes No (If yes, give details on Page 3).
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 - Offense: _____ Law Enf. Agency/County/State: _____
 Date of Conviction: _____ Disposition of Case: _____
 Misdemeanor Felony Probation Yes No (If yes, give details on Page 3).

(List additional convictions on Page 3)

- Do you have any pending charges or a Domestic Violence Order? Yes No *(If yes, give details on a separate sheet)*.

Form F-5A (DOC) report of appointment/application for certification

Side Two (2) Continued

Report of Appointment (To be completed by the Regional Employment Office ONLY):

Beacon # _____

Position Title: _____ **Effective Date (EOD):** _____

This section must be completed indicating requirements of the Administrative Code (12 NCAC 9G) have been met with necessary forms and documentation having been placed in applicant's personnel file prior to appointment. Failure to complete any item will result in the return of this form.

Education Information:

High School Verified: Diploma GED Report Transcript Other: _____

College Verified: Diploma Degree Verification Transcript Other: _____

College Degree: Type of Degree Awarded (AAS,BA,BS,etc.) _____

Criminal History:

Date Fingerprints Scanned/Rolled: _____

Date DCI Checks Completed: _____

Medical Information:

Date Psychological Screening Conducted: _____ Authorized Psychologist: Ken Wilson, Psy.D.

Date Negative Drug Test Reported: _____ Name of HHS Certified Lab: LabCorp

Medical History Statement (F-1): Yes No

Medical Examination Report (F-2): Yes No

Date Physical Exam Conducted: _____

Name of Physician/Physician Assistant/Nurse Practitioner: _____

STATE OF NORTH CAROLINA

COUNTY OF: _____

I hereby certify that each and every statement made on this form, and the N. C. State Application for Employment (PD-107) is true and complete. As the applicant for certification, I attest that I am aware of the minimum standards for employment, that I meet each of those requirements, that the information provided and all other information submitted by me, both oral and written throughout the employment certification process is accurate to the best of my knowledge. **I further understand and agree that any omission, falsification, or misrepresentation of any factor or portion of such information can be the sole basis for termination of my employment and/or denial, suspension or revocation of my certification at any time. I further understand that I have a continuing duty to notify the Commission of all criminal offenses which I am arrested for or charged with, plead no contest to, plead guilty to or am found guilty of.** I acknowledge by my signature that my continued employment and certification are contingent on the results of the fingerprint record check and other criminal history records being consistent with the information provided in my State Application.

Subscribed and sworn to before me,
this the _____ day of _____, 20__

This the _____ day of _____, 20__

Notary Public (Official Seal)

(Applicant's Signature in Full)

My Commission Expires: _____, 20__

I, as an official representative of the appointing agency, do submit to the Commission the above-named appointee as a candidate for certification. The candidate meets or exceeds each of the minimum standards for employment and this agency has properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 9G. All documents necessary to insure compliance with the rules of the Code are being retained in the personnel files of this agency and may be inspected at any reasonable time by representatives of the Commission. **I acknowledge that any omission, falsification, or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended or revoked by the Commission at any time, now or later, and may result in sanctions against this Agency.**

Signature of Executive Officer or Registered Authorized Representative

Date

(Note: Continuation of Question #6 from Page One. Complete if necessary.)

Criminal Conviction Record: All convictions other than minor traffic violations must be reported in the applicant's own handwriting below. Please note that a "DWI/DUI (alcohol or drugs)," "Duty to Stop in the Event of an Accident," and "Speeding to Elude Arrest" are NOT minor traffic violations and, therefore, MUST be reported below. Provide all information 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 you were convicted of a criminal offense at some point in your life, you should check the block labeled, "Criminal Convictions as Reported Below" and give details. You should check the "No Criminal Convictions" block ONLY if you have never been convicted of a Misdemeanor or Felony, or your record/citation was expunged by a judge's court order. Check one of the following:

6. No Criminal Convictions

Criminal Convictions as Reported Below

(f) Offense: _____ Law Enf. Agency/County/State: _____
Date of Conviction: _____ Disposition of Case: _____
Misdemeanor Felony Probation Yes No (If yes, give details below).

(g) Offense: _____ Law Enf. Agency/County/State: _____
Date of Conviction: _____ Disposition of Case: _____
Misdemeanor Felony Probation Yes No (If yes, give details below).

(h) Offense: _____ Law Enf. Agency/County/State: _____
Date of Conviction: _____ Disposition of Case: _____
Misdemeanor Felony Probation Yes No (If yes, give details below).

(i) Offense: _____ Law Enf. Agency/County/State: _____
Date of Conviction: _____ Disposition of Case: _____
Misdemeanor Felony Probation Yes No (If yes, give details below).

(j) Offense: _____ Law Enf. Agency/County/State: _____
Date of Conviction: _____ Disposition of Case: _____
Misdemeanor Felony Probation Yes No (If yes, give details below).

(List additional convictions or pending charges on a separate sheet)

Question # and Explanation:

Applicant Signature: _____

Date: _____

Signature of Executive Officer or Registered Authorized Representative

Date