Sheriffs’ Education and Training Standards Commission
North Carolina Department of Justice
Sheriffs’ Standards Division
Telephone: (919) 779-8213
Fax: (919) 662-4515

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 should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for the position of a justice officer. It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for justice officer certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serves no other purpose.

*The Social Security Number is used to make a positive identification of the 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.
INSTRUCTIONS: Fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. All questions must be answered.

NOTE: Any statements are subject to validation and any incorrect statements or omissions may disqualify you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration. This form must be notarized upon completion.

POSITION(S) APPLIED FOR:

Agency _______________________________ Date _______________

Deputy □ Detention Officer □ Telecommunicator □

Have you previously submitted an application for employment with this agency? □Yes □No

If YES, approximate date: ____________

PERSONAL

1. Name: _______________________________ _______________________________ _______________________________
   First Middle Last

   Maiden Name _______________________________

   Other previous last names: _______________________________
   _______________________________
   _______________________________

   Nicknames or Aliases _______________________________

   Note: If your name was legally changed after the age of 12, please submit documentation showing when that occurred.

2. Social Security _______________________

3. Present Mailing Address: _______________________________ Permanent Mailing Address _______________________________

   Street and Number _______________________________ Street and Number _______________________________

   City _______________________________ City _______________________________

   State _____ Zip Code ____________ State _____ Zip Code ____________

   Telephone Numbers:
   Home: _______________________________ Work: _______________________________
   Pager: _______________________________ E-Mail: _______________________________
   Cell/Mobile _______________________________

4a. Date of Birth: ____________ 4b. Place of Birth: _______________________________ (City/State/Country)

5. Citizenship: □ U.S. Born □ U.S. Naturalized □ Other, specify: _______________________________
Note: Data solicited in questions 6 and 7 will be utilized for equal employment statistical information purposes only

6. Ethnicity: □ African American □ Asian American □ Hispanic □ Caucasian □ Other:

7. Gender: □ Male □ Female

8. Do you object to wearing a uniform? □ Yes □ No

9. Do you object to working nights? □ Yes □ No

10. Do you object to working rotating shifts? □ Yes □ No

11. Do you object to occasionally being away from home overnight and/or for other periods of time to attend meetings, acquire training or otherwise perform official duties? □ Yes □ No

EDUCATIONAL

12. Indicate the type of High School you attended:
   - Traditional □
   - Home School □
   - GED □
   - Distance Learning □
   - Did not attend high school □
   - Other: __________________________

   A. High Schools:

      NAME: ____________________________ WHEN ATTENDED: ____________________________
      CITY: ____________________________ GRADUATED: ____________________________
      STATE: ____________________________ DEGREE AWARDED: ____________________________
      YEARS COMPLETED: ____________________________ MAJOR FIELD: ____________________________

      NAME: ____________________________ WHEN ATTENDED: ____________________________
      CITY: ____________________________ GRADUATED: ____________________________
      STATE: ____________________________ DEGREE AWARDED: ____________________________
      YEARS COMPLETED: ____________________________ MAJOR FIELD: ____________________________

   B. University or Colleges:

      NAME: ____________________________ WHEN ATTENDED: ____________________________
      CITY: ____________________________ GRADUATED: ____________________________
      STATE: ____________________________ DEGREE AWARDED: ____________________________
      YEARS COMPLETED: ____________________________ MAJOR FIELD: ____________________________

      NAME: ____________________________ WHEN ATTENDED: ____________________________
      CITY: ____________________________ GRADUATED: ____________________________
      STATE: ____________________________ DEGREE AWARDED: ____________________________
      YEARS COMPLETED: ____________________________ MAJOR FIELD: ____________________________
C. Continuing Education:

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<th>WHEN ATTENDED:</th>
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<td>YEARS COMPLETED:</td>
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</table>

RESIDENCES

13. List addresses for the past 10 years starting with present address listed first:

<table>
<thead>
<tr>
<th>From: (MM/YY)</th>
<th>To: (MM/YY)</th>
<th>Address, City, State</th>
<th>County</th>
<th>Landlord</th>
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FAMILY HISTORY

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

14. Marital Status:

Never Married [□] Married [□] Divorced [□] Engaged [□] Separated [□] Widowed [□]

15. Name of Spouse / Former Spouse(s)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
16. A. Do you have any children born to you, adopted by you, or stepchildren?  □Yes  □No

B. If Yes, list all of your children below:

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Birthdate</th>
<th>Relationship</th>
<th>With whom resides</th>
<th>Phone Number</th>
</tr>
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</table>

C. Are you now supporting all these children?  □Yes  □No  If NO, give details:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

17. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?  □Yes  □No  If YES, give details:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

18. 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:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

19. Is any member of your immediate family now in prison/jail or on probation or parole?  □Yes  □No  If YES, give name(s) and details:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
FINANCIAL

20. What sources of income other than salary do you have at present?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

21. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossession, evictions, executions, etc. ☐ Yes ☐ No If YES, explain:

________________________________________________________________________

________________________________________________________________________

22. Have you ever declared bankruptcy? ☐ Yes ☐ No IF YES, explain:

________________________________________________________________________

________________________________________________________________________

23. What is the total amount of all your debts at present? ________________

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

25. List credit references, including businesses to which you make monthly payments:

<table>
<thead>
<tr>
<th>Firm / Business</th>
<th>Street Address</th>
<th>City / State</th>
<th>Amount Owing</th>
</tr>
</thead>
<tbody>
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</table>
WORK HISTORY

26. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made?  ☐ Yes  ☐ No  (If Yes, list agency name and reason.)

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, and any sanctions taken against it by the issuing authority, please list the agency's name taking action against the certification or license, date of action, reason for the action, and period of time for the suspension, revocation, or sanction.

28. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations?  ☐ Yes  ☐ No  (If Yes, list employer, time-frame and reason.)

29. List all jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, temporary, part-time, paid or not paid employment 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 you do not have a full ten year job history, be sure to provide an explanation.

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Address:</th>
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<tbody>
<tr>
<td>Job Title:</td>
<td>Supervisor's Name:</td>
</tr>
<tr>
<td>Date Employed (MM/YY):</td>
<td>Starting Salary:</td>
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<td></td>
<td>Per:</td>
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<tr>
<td>Date Separated (MM/YY):</td>
<td>List Major Duties in Order of Importance:</td>
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<tr>
<td>Full Time:</td>
<td>YRS</td>
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<tr>
<td>Part Time:</td>
<td>YRS</td>
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<tr>
<td>If Part-time, hours worked per week:</td>
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<tr>
<td>Reason for Leaving:</td>
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<td>Employer:</td>
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<td><strong>Supervisor's Name:</strong></td>
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<td><strong>Starting Salary:</strong></td>
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<tr>
<td><strong>Date Separated (MM/YY):</strong></td>
<td><strong>List Major Duties in Order of Importance:</strong></td>
</tr>
<tr>
<td><strong>Full Time:</strong> YRS MOS</td>
<td><strong>Part Time:</strong> YRS MOS</td>
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<tr>
<td><strong>If Part-time, hours worked per week:</strong></td>
<td><strong>Reason for Leaving:</strong></td>
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<td><strong>Reason for Leaving:</strong></td>
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<td><strong>List Major Duties in Order of Importance:</strong></td>
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<td><strong>Full Time:</strong> YRS MOS</td>
<td><strong>Part Time:</strong> YRS MOS</td>
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<tr>
<td><strong>If Part-time, hours worked per week:</strong></td>
<td><strong>Reason for Leaving:</strong></td>
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</table>
If you need more space, attach additional sheets.

Explain periods of unemployment of three months or more, if you do not have a full ten-year job history:

---

**Employer:**

**Address:**

**Job Title:**

**Supervisor's Name:**

**Phone Number:**

**Date Employed (MM/YY):**

**Starting Salary:**

**Ending or Current Salary:**

**Date Separated (MM/YY):**

**List Major Duties in Order of Importance:**

**Full Time:**

YRS MOS

**Part Time:**

YRS MOS

**If Part-time, hours worked per week:**

**Reason for Leaving:**

**Employer:**

**Address:**

**Job Title:**

**Supervisor's Name:**

**Phone Number:**

**Date Employed (MM/YY):**

**Starting Salary:**

**Ending or Current Salary:**

**Date Separated (MM/YY):**

**List Major Duties in Order of Importance:**

**Full Time:**

YRS MOS

**Part Time:**

YRS MOS

**If Part-time, hours worked per week:**

**Reason for Leaving:**
MILITARY SERVICE

30. Were you ever in the U.S. Military service or any other military organization? (Even if you served for only one day, list this service.) □ Yes □ No  If YES, complete #31 through #38. If NO, skip to #39.

31. What was your service number? ____________________________

32. A. What was the highest rank you held? ____________________________
   B. What was the last rank you held? ____________________________

33. A. What was the date and location of your first enlistment and/or commission? ____________________________
   B. List all tours of duty where a DD214 was issued.

<table>
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<tr>
<th>Branch</th>
<th>Date Entered</th>
<th>Date Released</th>
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34. List all stations of assignment including active, reserve and/or National Guard (Attach additional pages if needed.)

<table>
<thead>
<tr>
<th>Branch</th>
<th>Unit (Company or Ship)</th>
<th>Location</th>
<th>From (MM/YY)</th>
<th>To (MM/YY)</th>
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35. What was the date and location of your last discharge from active duty? ____________________________

36. Have you ever received any of the following types of discharge:
   Uncharacterized (includes entry level separations) □ Yes □ No
   Honorable □ Yes □ No
   General (under honorable conditions) □ Yes □ No
   Under other than honorable conditions (includes undesirable) □ Yes □ No
   Bad Conduct discharge □ Yes □ No
   Dishonorable discharge □ Yes □ No
   Dismissal □ Yes □ No

37. Were you ever court martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captains mast, company punishment, article 15, written reprimand, and/or any other disciplinary action while a member of the military, Nation Guard or reserve unit? □ Yes □ No
   If YES, explain what occurred and what type of punishment you received:

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
USE OF ALCOHOL
NOTE: In question #39 the word "drink" means one time or more, including experimentation.

39. Do you drink alcoholic beverages? □Yes □No

PRIOR CRIMINAL CONDUCT
NOTE: Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification. The word "used" in the following questions includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.

40. Have you ever used any illegal drugs including but not limited to marijuana, synthetic or designer drugs, steroids, opiates, pills, heroin, cocaine, crack, LSD, etc., to include even one time use or experimentation? □Yes □No (If YES, specify the circumstances, drugs used, and when the usage last occurred.)

41. Have you ever used prescription drugs other than under the supervision or as prescribed by a physician to include even one time use or experimentation? □Yes □No (If YES, specify what drug(s), how and from whom you received the drug(s), and when the usage last occurred)

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

43. Have you ever had a Domestic Violence Protective Order or Civil No Contact Order issued against you? (Include both ex-parte domestic violence protective orders and those entered subsequent a hearing.) □Yes □No (If YES, complete the following and provide documentation of the initial allegations and the judge's findings at the hearing where both parties were present.)

Date of Issuance: ________________ County of Issuance: ________________

Name of Plaintiff: ____________________________

Date of Expiration: ________________
NOTE: In response to the following question, include all offenses other than minor traffic offenses. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol and drugs), Failure to Stop in the Event of an Accident (hit and run) and Driving While License Permanently Revoked or Permanently Suspended (DWLR). Attached to this form is an additional list of North Carolina traffic offenses which should also be listed. Juvenile charges or arrests should also be listed.

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

44. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (As used in this question, the term "charged" includes being issued a citation or criminal summons.)

☐ Yes  ☐ No  (If YES, complete the following and provide documentation of each offense listed.)

A. OFFENSE CHARGED: __________________________________________
   LAW ENFORCEMENT AGENCY: ________________________________
   DATE: ______________________
   DISPOSITION: ______________________

B. OFFENSE CHARGED: __________________________________________
   LAW ENFORCEMENT AGENCY: ________________________________
   DATE: ______________________
   DISPOSITION: ______________________

C. OFFENSE CHARGED: __________________________________________
   LAW ENFORCEMENT AGENCY: ________________________________
   DATE: ______________________
   DISPOSITION: ______________________

D. OFFENSE CHARGED: __________________________________________
   LAW ENFORCEMENT AGENCY: ________________________________
   DATE: ______________________
   DISPOSITION: ______________________

E. OFFENSE CHARGED: __________________________________________
   LAW ENFORCEMENT AGENCY: ________________________________
   DATE: ______________________
   DISPOSITION: ______________________

F. OFFENSE CHARGED: __________________________________________
   LAW ENFORCEMENT AGENCY: ________________________________
   DATE: ______________________
   DISPOSITION: ______________________

(ADD EXTRA SHEETS, IF NECESSARY.)
45. 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 for 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 their 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 ever 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 though 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.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

46. 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 the threatened use of a deadly weapon? ☐ Yes ☐ No (If YES, explain)

__________________________________________________________________________

__________________________________________________________________________

If so, did you commit the act(s) against a current or former spouse, parent, or guardian, or against a person with whom you share a child in common, or against a person with whom you were or are cohabiting with, or a person similarly situated to a spouse, parent, or guardian or the victim (Domestic Violence Offense)? ☐ Yes ☐ No

OFFENSE CHARGED: __________________________________________________________

LAW ENFORCEMENT AGENCY: ________________________________________________

DATE: _________________________________________________________________

DISPOSITION: _____________________________________________________________
47. Have you ever been charged with or convicted of a felony? **You must include any and all felony convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5**

[ ] Yes  [ ] No  If YES, give details:

________________________________________________________________________________________________________________________

48. Have you ever been placed on court-ordered probation?  [ ] Yes  [ ] No  If YES, give details:

________________________________________________________________________________________________________________________

49. Have you ever paid a court-imposed fine?  

[ ] Yes  [ ] No  If YES, give details:

________________________________________________________________________________________________________________________

50. Do you or have you ever possess(ed) a driver’s license from the State of North Carolina?  [ ] Yes  [ ] No

License Number ______________________  Year Issued __________

51. Do you or have you ever possess(ed) a driver’s license issued in any state other than North Carolina?  

[ ] Yes  [ ] No  If YES, give the State and number:

State _______  License Number ______________________

52. A. Was your license ever suspended or revoked?  [ ] Yes  [ ] No  If YES, give details:

________________________________________________________________________________________________________________________

B. IF Yes, was your license ever restored?  [ ] Yes  [ ] No  If YES, state when and give details:

________________________________________________________________________________________________________________________

53. Have your driving privileges ever been restricted?  [ ] Yes  [ ] No  If YES, give details:

________________________________________________________________________________________________________________________
**CAREER OBJECTIVES**

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

55. List special skills, training, field 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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

56. What are your feelings about the use of deadly force if it became necessary in the performance of official duties? *(Not applicable for telecommunicators)*

________________________________________________________________________

________________________________________________________________________

**REFERENCES**

57. 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.

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<tr>
<th></th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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 misstatements or omission of information may 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 Sheriffs' 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 TO BEFORE ME,
THIS THE _____ DAY OF __________________, 20___

__________________________________________
(SIGNATURE IN FULL)

Notary Public (Official Seal)

MY COMMISSION EXPIRES: ________________________, 20___
### EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

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

*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 44.*