



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

**PERSONAL HISTORY STATEMENT**

*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.*

**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: \_\_\_\_\_

8. Was your driver's license ever suspended or revoked?  Yes  No

If yes, state which and give reasons:

9. Was your driver's license ever restored?  Yes  No

When? \_\_\_\_\_

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

10. a. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

b. Race (check all that apply):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Other \_\_\_\_\_

11. Sex:  Male  Female  Other \_\_\_\_\_  Prefer not to say

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

Yes  No Approximate Date: \_\_\_\_\_

**EDUCATIONAL**

13. 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 or Equivalent					
Universities or Colleges					



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

20. Is any member(s) of your immediate family now in prison or on either probation or parole?  Yes  No

If yes, give name(s) and details:

**RESIDENCES**

21. List every city/county in which you have lived, with present address at top:

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

**FINANCIAL**

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

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

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

Yes  No  N/A

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

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

26. 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:

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

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

29. 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

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**WORK HISTORY**

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

Yes       No

If yes, list agency name and give details:

31. 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

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority?       Yes       No

31b. If such certification or license was ever surrendered, 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.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

32. 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:

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

34. Do you object to working nights?       Yes       No

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

36. 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

37. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

a. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**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 \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

e. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

	Name	Phone Number
Street	City	State
Zip Code		

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

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 (3) months or more.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**MILITARY SERVICE**

38. 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?

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

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

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

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

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

43. List all duty stations: \_\_\_\_\_

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

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

Type of Discharge	Yes	No
Uncharacterized		
Honorable		
General (under honorable conditions)		
Under other than honorable conditions		
Bad Conduct Charge		
Dishonorable Discharge		
Dismissal		

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

45. 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:

46. List all medals and decorations awarded you during your military service:

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

**USE OF DRUGS**

**NOTE:** In questions 45 and 46, 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.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, 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?

49. 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?

50. 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)

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### **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.** 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.**

51. 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

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

No - Applicant's Initials \_\_\_\_\_

Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are 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. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (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.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

**NOTE:** If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

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

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

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

53. 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 \_\_\_\_\_

**REFERENCES**

60. 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.		

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**STATE OF:**

**NORTH CAROLINA**

**Other:** \_\_\_\_\_

**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 \_\_\_\_

\_\_\_\_\_  
(Applicant Signature in Full)

\_\_\_\_\_  
(Applicant Print Name in Full)

Subscribed and sworn before me,

this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)

My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_

**EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR**

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

\*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.