

BLET Student Packet

Day Spring 2024



Dear Prospective BLET Cadet:

Thank you for choosing Robeson Community College for your Basic Law Enforcement Training program.

Our **SPRING 2024 BLET Day Academy** will **begin on Monday, January 8th, 2024**. Academy **orientation will be held on Monday, December 18th, 2023**, starting at 8:00 AM and lasting until approximately 4:00 PM. Orientation is **mandatory** for all students. Payment of tuition and fees is required before the first day of class. **All completed packets must be submitted on or before 3:00 PM, on December 15th, 2023.**

All students are required to have a sponsoring Law Enforcement agency to attend the academy. Sponsorship will waive academy tuition ONLY (\$1,216.00). Cadets are responsible for paying the following fees (*Fees are subject to change with notice*):

- \$30.00 BLET Supply fee
- \$30.00 activity fee
- \$32.00 technology fee
- \$7.50 parking fee
- \$527.00 Uniform and Accessory Fee

Textbooks are approximately \$809.00 to purchase and \$480.00 to rent. (BLET Students are eligible for Financial Aid and Scholarships).

All course required textbooks **may** be purchased from the campus bookstore. Cadets are required to utilize **ONLY** the most current edition of ALL required texts. **ALL** Documents on the BLET Student Checklist must be submitted to be considered for academy admission. Make sure **ALL** copies are legible. This packet includes all required documents necessary for academy admission to include:

Cadets may have documents notarized by Mr. Bruce Meares, Qualified Assistant for BLET, at the time of delivery. Cadets must contact Mr. Meares prior to delivery of the packets to schedule an appointment at (910) 272 – 3650.

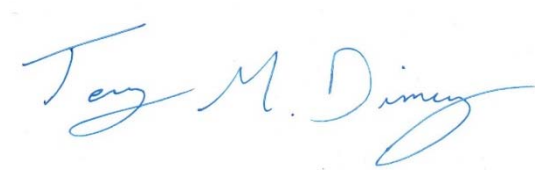
ALL cadets must complete the Medical History Statement and a physical before the first day of class. Physicians must follow the guidelines established by the NC Department of Justice; copies of the procedures are included in your packet.

A response to ALL questions is required on the Personal History Statement (Form F3), ensuring completeness and honesty.

Should you require any clarification, have any questions, comments, or concerns, please feel free to contact me personally via email at tdimery@robeson.edu or my direct phone line at (910) 272 - 3480.

Completed packets are to be returned personally **(do not mail)** to the faculty offices in building 11.

Respectfully,



Terry M. Dimery
Director, Basic Law Enforcement Training Academy
Law Enforcement Programs
Department of Criminal Justice Technology

Frequently Asked Questions for the BLET Program

1. What sets the program at RCC apart from other basic law enforcement programs?

Robeson Community College's BLET student has access to a diverse group of instructors that teach each block. Our instructors range from patrol officers through command staff of local sheriff's offices and police departments. We also utilize NCSHP, ALE agents, and NC Magistrates to teach in their area of expertise. RCC's BLET student also go through a rigorous PT program to ensure they are able to pass the require POPAT.

2. How intense of a program is this?

BLET is a state mandated 640 hour course that takes approximately 16 weeks. RCC's program is approximately 700 hours. RCC's BLET program consist of about 60 plus hours of PT throughout the program. Students start PT at 6am, and are in class by 8am for their daily instruction. Students are held to a higher standard than traditional students, and this is because all law enforcement officers are held to that higher standards.

3. Do I have to wear a uniform?

BLET students are required to wear a uniform daily. Uniforms are ordered by the BLET department, and students cover the cost of uniforms through their required fees paid to the school. Students are provided three (3) sets of uniforms, and two (2) sets of PT uniforms, along with uniform accessories.

4. Is this program available for free?

BLET students can either be sponsored through an agency to waive their tuition, or be hired through an agency while they attend BLET. Students can apply for financial aid to cover the cost of books, supplies, and uniforms which average about \$1200.

5. Is there a required test prior to being accepted into BLET?

YES. All students must take a reading test, and score at least on the 10th grade reading level.

5. How do I apply for BLET?

- Visit the website at: <https://www.robeson.edu/public-service/law/blet/>
- Download and submit a BLET registration fpacket
or
- Contact a member of the BLET staff at (910) 272-3690 to obtain a packet.



BLET Student Checklist

Please be sure to include the following with your application packet:

- ☐ **Copy of Birth Certificate** *(Original must be copied by BLET Staff)*
- ☐ **Copy of Valid NC Driver's License**
- ☐ **Copy of Social Security Card** *(Original must be copied by BLET Staff)*
- ☐ **Copy of Official High School Transcript**
- ☐ **Copy of DD-214, if applicable**
- ☐ **Certified Criminal History from EACH County/Sate of Residence***
- ☐ **Sponsorship Verification Form**
- ☐ **Employment Verification Form**
- ☐ **F-25, if employed through an agency**
- ☐ **Student Release Form**
- ☐ **FERPA form**
- ☐ **Military Background Info (if needed)**
- ☐ **F-1 Medical History (CJC Standards)**
- ☐ **F-2 Medical Exam Report (CJC Standards)**
- ☐ **F-3 Personal History Statement (CJC Standards)**

***In some instances, an FBI Right to Review may be requested by the Director**

Admissions

Admissions: (910) 272-3342

Fax: (910) 618-5686

Applications for admission should be submitted online at <https://www.robeson.edu/admissions/>

Please read all instructions carefully before beginning your application.

Official transcripts should be sent directly to **5160 Fayetteville Road, PO Box 1420 Lumberton, NC 28360, Attention BLET Program.**

RCC cannot accept unofficial or unsealed copies from the applicant.

Required:

- High School Diploma
- High School Equivalency/Adult High School
- College Transcripts (if applicable)

GED transcripts must be requested through the <https://diplomasender.com/#> . If you are a military service member or a veteran and need a military transcript, it can be requested <https://jst.doded.mil/jst/>

Upon submission of your application, **please print the confirmation page** to be included in your BLET packet. If you do not have an option to print, right-click in a blank area of the confirmation page and click print. If you are still unable to print the confirmation page, print the submission confirmation from your email.

If you have questions or need assistance in completing your application, please contact Admissions at (910) 272-3336.

To assist you in remembering your username and password for future reference, please enter your information below:

Username: _____

Password: _____

Reading Test Required

Effective June 1, 2010, the NC Criminal Justice Education and Training Standards Commission's (the Commission) rule 12 NCAC 02B .0203(e) was revised as follows: (e) The school shall not admit an individual, including partial or limited enrollees, as a trainee in a presentation of the Basic Law Enforcement Training Course unless the individual has taken the reading component of a nationally standardized within one year prior to admission to Basic Law Enforcement Training and has scored at or above the tenth-grade level or the equivalent.

The Reading Test is administered as follows:

- RCC Campus, Building 14 – room 1427A
- Call for appointment at (910) 272-3641
- No Cost
- Arrive 10 minutes early
- Bring Valid Photo Identification
- The test is approximately 45 minutes to complete
- For Questions, dial (910) 272 – 3641

Financial Aid

Financial Aid (Pell Grant) is now available for students enrolled in the BLET Academy. Please go to the following website: <https://www.robeson.edu/fa/> to complete an application if you believe you may qualify for this grant. You must follow through with any requests you receive for additional information from FASFA and/or Robeson Community College.

Please Note: Applications may be selected for verification. This will require proof of additional document submission to the RCC Financial Aid Office. Timely response to these requests is imperative to the approval/denial processing of applications.

The Financial Aid Application and Admission Application WILL NOT be processed without approval of a COMPLETE academy application packet submitted and approved by the Academy Director.

Delay in the submission of a completed packet could result in delayed or denied financial aid processing.

Students awarded financial aid are required to reimburse the college for a dollar amount determined by the Robeson Community College Financial Aid Office in the event the cadet is Administratively withdrawn from the program due to one of the following reasons:

- Academics
- Attendance
- Student-initiated withdrawal

BLET Recruit

Sponsorship Letter

Chapter 115D of the North Carolina General Statutes authorizes the State Board of Community Colleges to waive tuition and registration fees in certain programs, including programs for local law enforcement officers. Because the mandated required entry training program for law enforcement officers is contained within a certificate curriculum program entitled Basic Law Enforcement Training (BLET) the State Board of Community Colleges adopted a revised policy on April 16, 1986, that this BLET curriculum program, and other such programs which may be mandated by the law enforcement commission are eligible for tuition and fee waiver beginning Spring quarter 1986 for all sworn law enforcement officers and unsworn recruits in local or state law enforcement agencies. Tuition and registration fees may not be waived for members of the general public enrolled in the BLET curriculum program.

This is to certify that _____, DOB: _____ is
being sponsored by _____ as a sworn law
enforcement officer/unsworn recruit.

Printed Name of Official

Authorized Official's Signature

Sponsoring Agency

Date Signed

Tuition Waiver for Full-Time Employees

_____ having been employed full time with
(Officer's Name)

(Agency Name)

In accordance with 12 NCAC 09B.0203 (C): The school shall give priority admission in certified criminal justice training courses to individuals holding full-time employment with criminal justice agencies. The above officer has met all requirements as set forth by the North Carolina Criminal Justice Training and Standards Commission in accordance with 12 NCAC 09B.0101 Minimum Standards for Criminal Justice Officers and 12NCAC 09B.0111 Minimum Standards for Law Enforcement Officers; or if hired by a Sheriff's Department all requirements as set forth by the North Carolina Sheriff's Education Standards Commission in accordance with 12 NCAC 10B.0301 Minimum Standards for Justice Officers and 12NCAC 10B.0307 Criminal History Record. Our agency has conducted a criminal record check for local and state records and no criminal convictions were found that prohibit this individual trainee's enrollment in this presentation of the Basic Law Enforcement Training Course, in accordance with 12NCAC 09B.0203.

In accordance with North Carolina General Statute §115D 5 (b)(2) Administration of Institutions by State Board of Community Colleges; Personnel Exempt From North Carolina Human Resources Act; Extension Courses; Tuition Waiver; In-Plant Training; Contracting, etc., for Establishment and Operations of Extension Units of the Community College System; Use of Existing Public School Facilities and North Carolina State Board of Community Colleges 1E SBCCC 800.2 General Provisions authorize the waiver of tuitions and registration fees in programs for law enforcement officers. Because the mandated required entry training programs for law enforcement officers is contained within a certified curriculum program entitled Basic Law Enforcement Training (BLET), the State Board of Community Colleges adopted a revised policy on April 16, 1986, that this Basic Law Enforcement Training curriculum program and other such programs which may be mandated by the North Carolina Criminal Justice Training and Standards Commission and the North Carolina Sheriff's Education Standards Commission are eligible for tuition and fee waiver beginning Spring quarter 1986 for all sworn law enforcement officers and unsworn recruits in local or state law enforcement agencies. Tuition and fees may not be waived for members of the general public enrolled in the Basic Law Enforcement Training curriculum program.

Department Head

(Date)



EMPLOYMENT VERIFICATION FORM

Please enroll the following officer in the Basic Law Enforcement Training school scheduled to begin _____ at Robeson Community College. This document stands as verification of this individual's employment with our agency.

FULL NAME: _____

ADDRESS: _____

LAW ENFORCEMENT AGENCY: _____

AGENCY REPRESENTATIVE: _____
(Print) Title/Rank and Name Date

E-MAIL ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NOTE: **Student selection will be based on the earliest date of application. Applicants employed with law enforcement agencies will be given priority over other applicants.**

BY REQUESTING THE ADMISSION OF THIS INDIVIDUAL, ***I AM ATTESTING TO THE FACT THAT A BACKGROUND CHECK WAS CONDUCTED AND REVEALED NOTHING THAT WOULD PROHIBIT THIS INDIVIDUAL FROM BEING EMPLOYED BY A LAW ENFORCEMENT AGENCY.*** FURTHERMORE, I ATTEST THAT I AM AWARE OF NOTHING IN THIS PERSON'S CHARACTER OR REPUTATION THAT WOULD BRING DISCREDIT UPON MY AGENCY, LAW ENFORCEMENT OR ROBESON COMMUNITY COLLEGE.

(*Employing Agency Representative's Signature)

Date: _____

Authorization to Obtain and Release Information

I, _____ authorize Robeson Community College to conduct a background investigation in connection with my current employment or application for employment.

I understand that I will not receive and am not entitled to a copy of the report or to know its contents, and I further understand that the contents of this report are privileged. I agree to give any further information which may be required in reference to my past record. I fully understand all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, physicians and/or medical records, insurance companies, the military, military organizations, law enforcement and/or county records, Department of Motor Vehicle records, records of the North Carolina Criminal Justice Training and Standards Commission/Division, records of the North Carolina Sheriff's Training and Standards Commission/Division, personal references, developed references, previous employment records and other appropriate sources. I authorize the release of any information that Robeson Community College may request from the above sources. I also authorize my former employers to give any information regarding my employment, together with any information they may have regarding me, whether or not it is on their records. This authorization for release covers all personnel records to include but not limited to internal affairs/professional standards disciplinary records, and employment forms of separation.

I also understand that, if I am currently employed as a law enforcement or corrections officer or by a law enforcement, criminal justice educational institution or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer and the North Carolina Criminal Justice Training and Standards Commission/Division, and North Carolina Sheriff's Training and Standards Commission/Division, whether or not I am offered employment by Robeson Community College.

I, hereby release Robeson Community College, Lumberton North Carolina or any of its agents or representatives and any person so furnishing, information from any and all liability of every nature and kind arising out of the furnishing or inspection of any such documents, records and other information for the investigation made by Robeson Community College.

_____ Signature	_____ Date
State of North Carolina, County of Robeson, on this the _____ day of _____, 20____,	
_____ whose name is signed on the foregoing instrument, appeared before me, acknowledge the foregoing signature to be his/her true signature and were duly sworn by me, made oath that the statement in this said instrument are true.	
_____ Notary Public	
My Commission Expires _____, 20_____.	



Student Name: _____

SSN or College ID #: _____

FERPA RELEASE FORM

I, the undersigned, hereby authorize Robeson Community College to release the following educational records and information (identify records or types of records below):

Any and all records generated or kept as a result of my participation in Basic law Enforcement Training (BLET) including, but not limited to, academic performances, attendance, discipline, physical testing/ performance, evaluations, any deficiencies, personnel issues or any other issue associated with my participation in BLET.

These records should be released to the following person/ agency (identify name and address of person. Agency to receive information):

Agency Head (or designee): Specify names here _____

Agency Address: _____

These records are being released for the following purpose:

Solely to keep agency heads (who have full-time employees currently enrolled as BLET students) regularly informed of their student' status and progress as a cadet in BLET. Upon completion of the course, I authorize the release of these records to any Agency Head, Agency Representative and/or Agency in which I am employment.

I understand further that: (1) I have the right not to consent to the release of my educational records. (2) I have the right to receive a copy of such records upon request. (3) This consent shall remain in effect until revoked by me, in writing, and delivered to Robeson Community College's office of Student Development, but that any such revocation shall not affect disclosures previously made by RCC prior to the receipt of such written revocation.

Student Signature: _____ Date: _____

Notary Signature and Seal: _____ Date: _____

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

Military Criminal History

We need a criminal record check from every county you have lived since the age of **18**. If you were in the military, we would need one from the military as well.

MILITARY

All military record checks need to come from Quantico, VA, N.C. The commission will not accept a criminal record check from the Provost Marshal's Office. If you were in the military (active duty) and stationed or deployed overseas, you will be covered by the military criminal records check from Quantico, VA.

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Addresses are located below:

Army Records

U.S. Army Criminal Record Center
27130 Telegraph Road
Quantico, VA 22134

1. 305-4224 (General Information about the C.R.C.)
2. 305-4154 Fax
3. 306-0003 (F.O.I.A. related questions)

Email: sarmy.belvoir.usacids.mbx.crcfoiapa@mail.mil

Website: <https://www.cid.army.mil/crc.html>

Air Force Records

Information Release Division
27130 Telegraph Rd.
Quantico, VA 22134-2253

1. 305-8044

Email: afosi_hq-foia-request@us.af.mil

Website: <http://www.privacy.af.mil/>

Navy/U.S.M.C. Records

Naval Criminal Investigative Service
Attn: Records Management Branch

(Code 11C1)

27130 Telegraph Rd.
Quantico, VA 22134-2253

1. 305-9092

Email: ncis_foia@ncis.navy.mil

Website: <http://www.ncis.navy.mil/Resources/FOIA/>

NOTE: If you served more than one branch, you would need to obtain a military criminal record check from each of the branches you served (from the above-listed addresses).

In addition to military criminal records checks, we need local jurisdiction criminal records checks from every place you have lived since the age of **18 years old**.

Example: You were 18 years old and lived and graduated high school in Fayetteville, NC (Cumberland County). After high school, you went to College at U.N.C. Pembroke (and lived in the dorms). After graduating from college, you decided to join the Air Force. You went to basic training at Lackland A.F.B. (Bexar County), and then you went to technical school at Sheppard A.F.B. (Wichita County). After technical school, you were stationed at Pope A.F.B., but lived in Hoke County. So, you would need criminal records checks from:

- Cumberland County (for when you lived there at 18 years old)
- Robeson County (for when you lived in the college dorms)
- Bexar County (for when you lived at Lackland A.F.B. for basic training)
- Wichita County (for when you lived at Sheppard A.F.B. for A.I.T. training)
- Hoke County (for when you lived in Hoke County but worked at Pope A.F.B.)
- Air Force Records Department (the address for your specific branch that was provided for you above)

NOTE: *We need official or certified criminal record checks from every county (CONUS) you have lived in (and received mail). If you were traveling somewhere and were arrested in an area where you did NOT live, we will need an official or certified criminal record check from that county as well. Example: You lived in Florida and went to visit a friend in New York. While on the way to New York, you were charged with D.U.I. in South Carolina. You will need to obtain an official criminal record check from whatever county you were in when you received the D.U.I.*

I've found the best way to obtain all criminal record checks is to type in your old address or military base into Google (i.e. "Ft. Huachuca county" or "4521 Main St., Fayetteville NC county"). After the county pops up, then Google that particular county's "Clerk of Court." Once

you are on their website, type in "**official (or certified) criminal record check**" or attempt to find a phone number. Questions to ask are:

What is the process for obtaining an official or certified criminal record check (form or written request)?

*Does the record check show both misdemeanor and felonies? **NOTE:** When you contact some states, they may show only felonies, which means you will also have to contact the misdemeanor department and obtain an official or certified record check from misdemeanors as well.*

How much is it going to cost? (Sometimes, if you mention it's for a police academy, you may get it for free.)

How long will it take for the record check to get to your residence (**the N.C. Commission will NOT ACCEPT emailed or faxed criminal record checks; everything must be done through regular mail**).

CIVILIAN

For those who have never served in the military, you will need to obtain **official or certified criminal record checks** from each county that you have lived in since the age of 18 years old.

NOTE: If you went away to college and lived in the dorms while attending, we will also need you to contact that county clerk of court and obtain an official criminal record check as well.

So, for example, You were 18 years old, and you lived and graduated high school in Fayetteville, NC (Cumberland County), and decided to go to College at the University of Maryland (and lived in the dorms). After college, you got a great job and moved to Wilmington, NC. So you would need criminal records checks from:

- Cumberland County (when you lived in Fayetteville, NC)
- Baltimore County (when you lived in the college dorms)
- New Hanover County (when you lived in Wilmington, NC)

NOTE: If you were traveling somewhere and were arrested in an area where you did NOT live, we will need an official or certified criminal record check from that county as well.

If you contact the clerk of courts and they advise, they don't do criminal records checks, document the date, time, who told you what, and where they referred you to. *Sometimes you will be directed to a state agency that conducts the checks, which is fine, but always start with the county clerk of court first and make sure to attach your documentation of not obtaining it from the local level. **THE OFFICIAL CRIMINAL RECORDS CHECK SHOULD BE MAILED TO YOUR RESIDENCE.*** When you get the criminal records check, please make a copy for yourself, and **we at R.C.C. will need the originals.**

OVERSEAS CIVILIAN CONTRACTOR

NOTE: For those that have **worked overseas as a civilian contractor** and are working on your criminal records checks. I contacted the legal department for N.C. Criminal Justice Standards Division, as some of you have had difficulties in getting the required documentation. The response is below:

These individuals need to contact the consulates for the country they worked in. This contact information can be found by using any internet search engine. They typically will provide the information for obtaining the criminal record check. This criminal record check can be used for meeting the enrollment requirement.

Suppose they received a response that seems over burdensome. In that case, the next option is for them to request documentation from the company that they were employed with, stating they did not get arrested while employed with them overseas. Before allowing the individual to enroll, you will need to provide whatever response you receive for staff review/approval.

If neither of these options work, please provide documentation showing that attempts were made (date, method of contact, and response) for staff review. These individuals cannot enroll in BLET without these criminal checks be done or by receiving waiver authority from staff.

If you have any questions, contact Ms. Chavis at 910-272-3650.

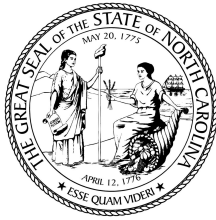
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



MEDICAL HISTORY STATEMENT

Form F-1

(Rev. 11-2022)

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.**

Mail form to hiring agency or individual

DO NOT mail form to Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Last 4 Digits of SSN: _____

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- ☐ 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- ☐ 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- ☐ 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- ☐ 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- ☐ 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- ☐ 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- ☐ 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- ☐ 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- ☐ 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- ☐ 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- ☐ 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- ☐ 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- ☐ 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- ☐ 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- ☐ 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- ☐ 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

Males Only:

- ☐ 17. Prostate problems such as enlargement or prostatitis?
- ☐ 18. Genital problems such as epididymitis or testicular injury?

Females Only:

- ☐ 19. Currently pregnant?
- ☐ 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

- ☐ 21. Have you ever had a positive TB test?
- ☐ 22. Have you received Hepatitis B vaccinations? Date Received: _____
- ☐ 23. When did you receive your last tetanus (lockjaw) immunization? _____

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- ☐ 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- ☐ 25. Chemical exposure to skin or lungs?
- ☐ 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- ☐ 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- ☐ 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- ☐ 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- ☐ 30. Do you have any missing limbs or non-functional joints?
- ☐ 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- ☐ 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- ☐ 33. Have you ever worked in the criminal justice field?
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- ☐ 34. Have you ever served in any of the armed forces?
34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- ☐ 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- ☐ 36. Do you have difficulty sitting for any extended period of time?
- ☐ 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- ☐ 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- ☐ 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- ☐ 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- ☐ 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- ☐ 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- ☐ 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- ☐ 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Date Signed _____

Date Reviewed

Medical License Number



**NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149,
Raleigh, NC 27602
Telephone: (919) 661-5980

Form F-2A(LE)
(Rev. 11-2022)

**INSTRUCTIONS TO AGENCY AND EXAMINER
FOR COMPLETION OF MEDICAL EXAMINATION REPORT (FORM F-2)**

TO AGENCY OR TRAINING DELIVERY SITE:

The attached form must be completed following a physical examination by a surgeon, physician, physician assistant, or nurse practitioner who is licensed to practice in North Carolina or authorized to practice medicine in the United States Armed Forces, as outlined in 10 U.S. Code 1094. The physical examination must be conducted prior to beginning Basic Law Enforcement Training and the agency submission of application for certification to the Commission. The form is valid for one (1) year from the date it is signed. The original shall be submitted to the Criminal Justice Standards Division as a part of the certification application. The employing agency and training delivery sites shall maintain a copy for their files.

THE APPLICANT SHOULD PROVIDE THE EXAMINER WITH THE MEDICAL HISTORY STATEMENT FORM (F-1), WHICH MUST BE READ, COMPLETED, AND SIGNED; AND THE INSTRUCTIONS TO AGENCY AND EXAMINER FOR COMPLETION OF MEDICAL EXAMINATION REPORT (F-2A) FORM ATTACHED TO THE MEDICAL EXAMINATION REPORT FORM (F-2)

TO EXAMINER:

The person for whom this examination is being performed is a candidate for employment and training as a law enforcement officer. This employment and training will involve the performance of tasks that will require a moderate degree of strength and manual dexterity.

The examining physician, surgeon, physician's assistant, nurse practitioner, shall record the results of the examination on the Medical Examination Report Form (F-2) and shall sign and date the form.

*****PRIOR TO CONDUCTING THE PHYSICAL EXAMINATION, YOU MUST HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL AS PUBLISHED BY THE CRIMINAL JUSTICE STANDARDS COMMISSION.*****

TO EMPLOYING AGENCY, TRAINING DELIVERY SITE, AND EXAMINER:

IF YOU DO NOT HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL, OR IF YOU NEED ADDITIONAL COPIES, PLEASE CONTACT THE CRIMINAL JUSTICE STANDARDS DIVISION.

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
Fax (919) 779-8210

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 11-2022)

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standard Division**

Instructions:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: _____ Last 4 Digits SSN: _____

Name: _____ Date of Birth: _____
Last First Middle

Employing Agency: _____

Height: _____ Weight: _____

Vision

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With contacts: R - 20 / _____ L- 20 / _____ Both - 20 / _____

How long have contacts been worn? _____

Color Perception: ☐ Normal ☐ Abnormal: _____

Peripheral Vision: ☐ Normal ☐ Abnormal: _____

Hearing

Hearing Acuity: ☐ Audiogram or ☐ 15' whispered conversation (check one)

Right ear: ☐ Normal ☐ Abnormal: _____

Left Ear: ☐ Normal ☐ Abnormal: _____

Cardiovascular

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: ☐ Normal ☐ Abnormal: _____

Peripheral Circulation: ☐ Normal ☐ Abnormal: _____

ECG: ☐ Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Abnormal Findings

HEENT: ☐ Normal ☐ Abnormal _____

Lungs: ☐ Normal ☐ Abnormal _____

Abdomen: ☐ Normal ☐ Abnormal _____

Musculoskeletal: ☐ Normal ☐ Abnormal _____

Genitourinary: ☐ Normal ☐ Abnormal _____

Neurological: ☐ Normal ☐ Abnormal _____

Skin: ☐ Normal ☐ Abnormal _____

Urinalysis ☐ Normal ☐ Abnormal _____

TB Risk Questionnaires Administered: ☐ Yes ☐ No Additional Screening Required: ☐ Yes ☐ No

Specify Additional Screening: _____

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?

☐ No ☐ Yes:

Do you have any reservations about this candidate's ability to physically perform required duties?

☐ No ☐ Yes:

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Signature of Qualified Medical Professional

Medical License #

Date

Name and Address of Qualified Medical Professional (Please Type)

Tuberculosis Risk Questionnaire

- | | | |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |



ROBESON COMMUNITY COLLEGE

5160 Fayetteville Rd.
Lumberton, NC 28360
Office: 910-272-3480

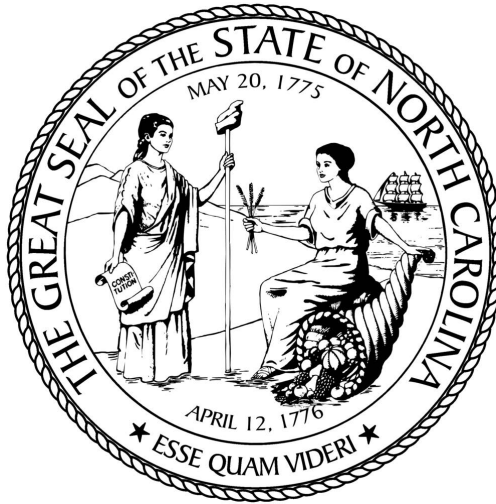
BASIC LAW ENFORCEMENT TRAINING

PERSONAL HISTORY STATEMENT (F3)

It is the determination of Robeson Community College that these guidelines are necessary in order to fully and adequately evaluate applicants for Basic Law Enforcement Training. These questions are designed to ascertain whether the applicant meets the minimum standards for entrance and certification and serve no other purpose.

Print Full Name: _____

THIS IS NOT AN APPLICATION FOR EMPLOYMENT



**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.

NORTH CAROLINA

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using the online form 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.

Agency: _____ Month: _____ Day: _____ Year: _____

Position(s) applied for:	Police Officer	Corrections Officer	
	Probation/Parole Officer	Juvenile Justice Officer	Juvenile Court Counselor

PERSONAL

1. Name: _____
First Middle Last

2. Social Security Number: _____

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name been legally changed after age 12? Yes No
If yes, submit documentation with date and attach to this form.

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

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

Telephone Number: _____
(Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify _____

Applicant Name: _____

Agency Applied: _____

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

7. a. Ethnicity (Check One) Hispanic or Lantino t HiNot Hispanic or Latino

b. Race (check all that apply)

- ☐ American Indian or Alaska NativeAsian ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ White
☐ Black or African American ☐ 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?

Applicant Name: _____ Agency Applied: _____

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)

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 ____

(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 rd 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.

Personal History Statement, Form F-3 (Continuation) - Charges

(Rev. 11-2022)

Applicant Name: _____ **Agency:** _____

5. 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

6. 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

7. 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

8. 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

9. 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

10. 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

11. 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

Personal History Statement, Form F-3 (Continuation) - Expunctions

(Rev. 11-2022)

Applicant Name: _____ **Agency:** _____

5. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

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

County/State: _____ Date Expunged: _____

6. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

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

County/State: _____ Date Expunged: _____

7. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

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

County/State: _____ Date Expunged: _____

8. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

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

County/State: _____ Date Expunged: _____

9. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

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

County/State: _____ Date Expunged: _____

10. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

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

County/State: _____ Date Expunged: _____

11. Offense Expunged/Sealed: _____

Misdemeanor Felony

Disposition Offense if different than original offense: _____

Misdemeanor Felony

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

County/State: _____ Date Expunged: _____