

Sheriffs' Education and Training Standards Commission
North Carolina Department of Justice
Sheriffs' Standards Division
Telephone: (919) 716-6460
Fax : (919) 716-6753

Personal History Statement

Note: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for the position of a justice officer. It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for justice officer certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serves no other purpose.

FORM F-3

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering "N/A" in the blank.

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

POSITION(S) APPLIED FOR:

Agency _____ Date _____

Deputy

Detention Officer

Telecommunicator

PERSONAL

1. Name: _____ (First) (Middle) (Last)

All previous (including maiden) names: _____

Nicknames or Aliases _____

2. Social Security _____ / _____ / _____

3. Present Mailing Address: Permanent Mailing Address:

Street and Number _____

Street and Number _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

Telephone Numbers:

Home () _____

Work () _____

Pager () _____

E-Mail: _____

4. Date of Birth: _____

5. Place of Birth: _____

6. Citizenship: U.S. Born U.S. Naturalized Other, specify: _____

7. Have you previously submitted an application for employment with this agency? YES NO If YES, approximate date: _____

NOTE: Data solicited in will questions 8 and 9 be utilized for equal employment statistical information purposes only.

8. Ethnicity: African America Asian American Hispanic Caucasian Other

9. Gender: Male Female

EDUCATIONAL

10. Indicate below schools attended. (Include incomplete courses)

A. High Schools:

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

B. University or Colleges:

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

C. Extension or Correspondence Courses:

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

11. If you did not graduate from High School, have you passed the General Education Development (GED) test? YES NO
If YES, when and where did you complete the GED? _____

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.

12. Marital Status:
 Single Married Divorced Engaged Separated Widowed

13. Name of Spouse _____

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

Name	Birth Date	Relationship	With Whom Resides	Phone Number
(1)				
(2)				
(3)				
(4)				
(5)				

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 of your immediate family now in prison or on probation or parole? YES NO
 If YES, give name(s) and details:

RESIDENCES

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

From: (Mo/Yr)	To: (Mo/Yr)	Address, City, State	County	Landlord

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

19. Are you now supporting all children born to you, or adopted by you, or stepchildren? YES NO
If NO, give details:

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

21. Have you ever been sued with a civil judgment being rendered against you? YES NO
If YES, give details:

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

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

24. List credit references, including business to which you make monthly payments:

Firm/Business	Street Address	City/State	Amount Owing

WORK HISTORY

25. Have you ever been denied employment by a criminal justice agency? YES NO
If YES, give details:

26. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations? YES NO If yes, give details:

27. Do you object to wearing a uniform? YES NO

28. Do you object to working nights? YES NO

29. Do you object to working rotating shifts? YES NO

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

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

Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	
Date Separated (mo/yr)	List Major Duties in Order of Importance:		
Full Time YRS MOS			
Part Time YRS MOS			
If part time, hours worked per week:			
Reason for Leaving:			
Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	
Date Separated (mo/yr)	List Major Duties in Order of Importance:		
Full Time YRS MOS			
Part Time YRS MOS			
If part time, hours worked per week:			
Reason for Leaving:			
Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	
Date Separated (mo/yr)	List Major Duties in Order of Importance:		
Full Time YRS MOS			
Part Time YRS MOS			
If part time, hours worked per week:			
Reason for Leaving:			

Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	
Date Separated (mo/yr)	List Major Duties in Order of Importance:		
Full Time YRS MOS			
Part Time YRS MOS			
If part time, hours worked per week:			
Reason for Leaving:			
Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	
Date Separated (mo/yr)	List Major Duties in Order of Importance:		
Full Time YRS MOS			
Part Time YRS MOS			
If part time, hours worked per week:			
Reason for Leaving:			

Explain periods of unemployment of three months or more:

32. Were you ever in the U.S. Military service or any other military organizations?
 YES NO

Questions 33 through 42 applicable only to veterans

33. What was your service number? _____

34. What was the highest rank you held? _____

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

36. What were your unit assignments in the service? _____

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

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

38. Was your last discharge honorable? YES NO
 If NO, was it characterized as bad conduct or dishonorable? YES NO

39. 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? YES NO
 If YES, explain:

40. List any disciplinary action taken against you in the national guard or reserve unit:

41. List all medals and decorations awarded you during the military service:

42. If you are presently a member of the national guard or any military reserve, give the unit, location, and describe your obligation:

NOTE: In questions 43, 44, 45, and 46, the words “drink or used” mean one time or more, including experimentation. If any answer is YES, give FULL and COMPLETE DETAILS.

USE OF ALCOHOL

43. Do you drink alcoholic beverages? YES NO If YES, how frequently and in what amount?

PRIOR CRIMINAL CONDUCT

NOTE: Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification. Applicants for the position of Justice Officer must disclose all prior criminal conduct.

44. Have you ever used marijuana? YES NO If YES, what were the circumstances?

45. Have you ever used any other illegal drugs, including but not limited to opiates, pills, heroin, cocaine, crack, LSD, etc.? YES NO If YES, what were the circumstances

46. Have you ever used prescription drugs other than under the supervision or as prescribed by a physician? YES NO If YES, what were the circumstances?

NOTE: In response to the following question, include all offenses other than minor traffic offenses. The following are NOT minor traffic offenses and must be listed below: DWI, DUI (alcohol and drugs), Failure to Stop in the Event of an Accident (hit and run) and Driving While License Permanently revoked or permanently suspended (DWLR).

If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "YES." You should answer "NO", only if you have never been arrested or charged, or your record has been expunged by a Judge's court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
(As used in this question, the term "charged" includes being issued a citation or criminal summons.)
YES NO

A. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE: _____
DISPOSITION: _____

B. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE: _____
DISPOSITION: _____

C. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE: _____
DISPOSITION: _____

D. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE: _____
DISPOSITION: _____

(ADD EXTRA SHEETS, IF NECESSARY.)

48. Have you ever had a Domestic Violence Protective Order issued against you?
(Include both ex-parte domestic violence protective orders and those entered subsequent a hearing.)
YES NO

Date of Issuance: _____ County of Issuance: _____
Name of Plaintiff: _____
Date of Expiration: _____

49. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:
- (A) currently under indictment for information in any court for a crime punishable by imprisonment for a term exceeding one year.
 - (B) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
 - (C) are a fugitive from justice.
 - (D) are an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
 - (E) have ever been adjudicated mentally defective or have been involuntarily committed to a mental institution.
 - (F) have been discharged from the armed forces under dishonorable conditions.
 - (G) are illegally in the United States.
 - (H) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A “*crime punishable by imprisonment for a term exceeding one year,*” as discussed in (A) and (B) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (A 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 14 of this document indicates you have read this section and understand each of the disqualifiers.

50. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon? YES NO

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

OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

51. Have you ever been charged with or convicted of a felony? YES NO If YES, give details:

52. Have you ever been placed on probation? YES NO If YES, give details:

53. Have you ever paid a fine in excess of \$50.00, excluding court costs? YES NO
If YES, give details:

54. Can you operate a motor vehicle? YES NO If NO, give details:

56. Do you possess a driver's license from the State of North Carolina? YES NO
License Number _____ Year Issued _____

57. Have you ever possessed a driver's license issued in any state other than North Carolina? YES NO
If YES, give the state(s) and number(s):

58. Was your license ever suspended or revoked? YES NO If YES, state which and give details:

59. Was your license ever restored? YES NO If YES, state when and give details:

60. Have your driving privileges ever been restricted? YES NO If YES, give details:

CAREER OBJECTIVES

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

62. List special skills, training, field of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

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

REFERENCES

64. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA
COUNTY OF

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatements or omission of information may subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the Sheriffs' Education and Training Standards Commission any additional information which occurs after the signing of this document.

THIS THE _____ DAY OF _____, 20____.

(SIGNATURE IN FULL)

SUBSCRIBED AND SWORN TO BEFORE ME,

THIS _____ DAY OF _____, 20 ____

(SIGNATURE IN FULL)

NOTARY PUBLIC (OFFICIAL SEAL)

MY COMMISSION EXPIRES

_____, 20____