DAVIDSON COUNTY SHERIFF'S OFFICE

2511 E US Hwy 64 Lexington, NC 27292

"Making Davidson County a Better and Safer Place"

Sheriff
Richie Simmons

Emergencies: Dial 911
Phone: 336-242-2105
Fax: 336-242-3091

To All Applicants: Thank you for your interest in applying with our agency. To assist our background investigators in processing your application, please follow the instructions, listed below, for completing your entire application packet.

(Instructions are listed on front and back)

1- Davidson County Application

a- Fill out form completely ONLINE. (https://www.co.davidson.nc.us)

b- Use each section designated for previous employment (list of all jobs held, not just your current one).

c- Last page of application has to be electronically signed and dated.

2- NC Sheriff's Standards Personal History Statement (F-3)

a- Fill out form completely, ***hand-written (NOT TYPED) with BLACK ink*** (read each question before answering, leave no blanks)

b- Sections that **DO NOT** apply to you need to be marked **N/A.**

c- Question #12 is to include the past 10 years of addresses. Question #21 is to include the past 10 years of employment. Each box for these questions must have information. Home addresses and employer addresses are to be a full numerical address including zip code.

d- Question #36 is to include any arrest and all charges other than minor traffic offenses (speeding, seatbelt, etc.) It does not matter about the outcome in court, it's what charge(s) you have ever received, even as a juvenile. Read instructions on page 9 very carefully before answering this question.

e- Question #45 must contain 5 references: name, address or town they live in, and a valid phone number.

f- The last page is to be notarized. **DO NOT** complete last page until entire form is complete (no blanks). You must sign and date in front of a notary so date of notarization matches.

3- Important Information for Application

a- You must furnish a copy of all documents from checklist (including colored picture).

b- Review the essential job functions for the position you are applying for, be familiar with all.

c- Next page is information about you and your family (wife, father, mother, brothers, etc.) Also, again list any charges including traffic citations you have received.

d- Your autobiography is to be handwritten **(Not Typed)**. Tell us why you want to work for our agency.

e- The last page is a release of information. This form is required or we cannot conduct a background on you as an applicant. Fill out the blanks on the front, you fill in the right section and notary fills out the left section. (This needs to be filled out in front of the notary.)

Most Important: Be complete, neat, leave no blanks. Read each question before you answer. Missing information and not following directions will slow the background process and possibly cause your application to be denied. Prior to returning your application, review each form to be sure they are complete.

Sincerely,

Captain B. Willis and Lt. R. Beck
Davidson County Sheriff's Office
Personnel/Training Unit

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ONLINE APPLICATION INSTRUCTIONS

Go to the Davidson County Government Website https://www.co.davidson.nc.us

- Click on "Employment Opportunities"
- Scroll down to view vacant positions. You can click on "Career Portal" to log in to your existing account or begin setting up a new account, or you can,
- Click on "View" to open the job description for the position you are applying for. Scroll to bottom of job description to click on "APPLY" to begin the application process. PLEASE NOTE: *IF APPLYING FOR A DEPUTY SHERIFF POSITION YOU MUST ALSO APPLY FOR DETENTION OFFICER*
- If this is your first time applying for a position, you will be prompted to create an account and select a username and password. You cannot complete an application until an account has been set up. The information in your account will be saved and you can use that account to apply for additional open positions in the future.
- Once your account has been created, follow the online directions to complete your application.
- If you have already applied online, there is no need to complete another online application.

IMPORTANT INFORMATION FOR APPLICANT

Thank you for your interest in the Davidson County Sheriff's Office. Attached are the following forms for your completion and review:

1. Davidson County application for employment (To be completed ONLINE)
2. Document checklist
3. Essential job functions for law enforcement
4. Personal history statement
5. Autobiography of applicant
6. Authority to release information
7. Reference Letters (5) *you are to give these to your references to complete*
8. Form F-3 (Sheriff's Training and Standards Commission)

Please return the completed packet of information to Lt. R. Beck or Captain B. Willis c/o Davidson County Sheriff's Office/Personnel Unit, 2511 East US Highway 64, Lexington, NC 27292 or in person between the hours of 9:00 am and 4:00 pm Monday through Friday.

PAY CLOSE ATTENTION TO THE FOLLOWING: False or misleading statements on the application forms will result in immediate disqualification of the application.

1. Answer all questions, if questions do not apply indicate by N/A.
2. List current addresses, home and work phone numbers of former employers and personal references. Give names of references that have known you at least one year. **Provide a Reference Letter to each reference for them to fill out.**
3. College transcripts, address and phone numbers are required
4. Give dates of any name changes.

FAILURE TO COMPLY WITH ABOVE REQUESTS WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION!

SUPPORTING DOCUMENT CHECKLIST

Please furnish copies of the following materials with your completed application packet:

- Small Photograph (Polaroid or smaller)
- High School Diploma
- Birth Certificate
- College Diploma or Transcripts
- Copy of Driver's License
- Social Security Card
- One Credit Report (Equifax OR Transunion OR Experian)
- Any OUT OF STATE criminal background checks for any county in any state lived in other than North Carolina
- Any OUT OF STATE Driver's History backgrounds for any state lived in other than North Carolina.
- Any certificate pertinent to position applied for (college seminars, mini courses, etc.)
- Form DD-214 (Military Service)

Attachment V

INEXPERIENCED LAW ENFORCEMENT OFFICER ESSENTIAL JOB FUNCTIONS

INSTRUCTIONS: The following are the "essential job functions" that are common to all inexperienced law enforcement officers in North Carolina, as determined by the N.C. Sheriffs' Education and Training Standards Commission and the Criminal Justice Education and Training Standards Commission. The successful applicant must be able to perform **ALL** of the essential job functions of an inexperienced law enforcement officer, generally unassisted and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.

2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.

3. Exercise independent judgement in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.

4. Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.

5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.

6. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.

7. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling up oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.

Inexperienced Law Enforcement Officer Essential Job Functions (cont'd.)

9. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.

9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons.

10. Conduct visual and audio surveillance for extended periods of time.

11. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.

12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.

13. Demonstrate communication skills in court and other formal settings.

14. Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.

15. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.

16. Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.

17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.

18. Put on and operate a gas mask in situations where chemical munitions are being deployed.

19. Extinguish small fires by using a fire extinguisher and other appropriate means.

20. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.

21. Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprint impressions.

INEXPERIENCED DETENTION OFFICER
ESSENTIAL JOB FUNCTIONS

1. Effectively restrain an inmate, forcibly if necessary, using handcuffs and other restraints; subdue resisting inmates using maneuvers and resort to the use of hands and feet and other approved devices in self-defense.

2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations, to include filing, alphabetizing and labeling.

3. Exercise independent judgement in determining the appropriate classification of inmates and assessing and responding to the needs of special populations.

4. Operate a law enforcement vehicle for long periods of time during both the day and night; in congested traffic and in unsafe road conditions cause by factors such as fog, smoke, rain, ice and snow.

5. Communicate effectively and coherently with other officers and inmates using existing communication systems.

6. Gather information in criminal and administrative investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers and exercise independent judgment by determining when probable cause exists to recommend disciplinary action.

7. Pursue fleeing inmates and perform rescue operations and other duties which may involve quickly entering and exiting secured areas; lifting, carrying and dragging heavy objects; climbing up to and down from elevated surfaces; climbing through openings; jumping over obstacles; crawling in confined areas; and, using body force to gain entrance.

8. Perform searches of people, vehicles, mail items, objects capable of concealing contraband, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time and detaining people.

9. Conduct visual and audio surveillance for extended periods of time.

10. Engage in functions in confined areas that include such things as preparing and serving food, working rotating shifts, extended walking on foot patrol and physically checking the doors, windows and other areas to ensure they are secure.

11. Effectively communicate with inmates and the public, including minors, by giving information and directions, mediating disputes and advising of rights and processes.

Inexperienced Detention Officer Essential Job Functions (cont'd.)

12. Demonstrate communication skills in court and other formal settings.

13. Detect and collect evidence and substances that provide the basis of criminal offenses or administrative violations; and detect the presence of conditions such as smoke, unusual or excessive noise, odors, etc.

14. Endure verbal and mental abuse when confronted with the hostile views and opinions of inmates and other people encountered in an antagonistic environment.

15. Perform rescue functions at accidents, emergencies and disasters to include standing for long periods of time, administering basic emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from confined areas.

16. Transport and escort prisoners, detainees, and committed mental patients using handcuffs and other appropriate restraints.

17. Put on and operate a self-contained breathing apparatus and extinguish small fires by using a fire extinguisher and other appropriate means.

18. Read and comprehend legal and non-legal documents, including the processing of such documents as medical instructions, commitment orders, summons and other legal writs.

19. Process and release inmates to include taking their photographs and obtaining a legible set of inked fingerprint impressions.

20. Perform crisis intervention functions to include counseling, suicide prevention, recognizing abnormal behavior and taking appropriate action.

21. Break up fights and affrays.

22. Possess sufficient dexterity to manipulate keys and keyboards, operate levers and buttons, manually operate heavy doors and to count, collect and inventory small items.

23. Read computer and camera screens, court and other legal and non-legal documents, distinguish colors, and exercise full field of vision while supervising inmates.

24. Inspect unclothed inmates including body cavities, with exposure to body fluids, wastes and possible encounter with deceased persons.

PERSONAL HISTORY STATEMENT

NAME_____
(LAST) (FIRST) (MIDDLE/MAIDEN)

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED

NAME OF SPOUSE/FIANCE:_____

ADDRESS OF SPOUSE/FIANCE:_____

EMPLOYMENT OF SPOUSE/FIANCE:_____

INFORMATION ON FAMILY MEMBERS:

FATHER:_____ Home Phone:_____
ADDRESS:_____

MOTHER:_____ Home Phone:_____
ADDRESS:_____

BRO/SIS:_____ Home Phone:_____
ADDRESS:_____

BRO/SIS:_____ Home Phone:_____
ADDRESS:_____

LIST ANY CRIMINAL CHARGES OR WRITTEN CITATIONS YOU HAVE RECEIVED (EVEN AS A JUVENILE)

DATE	CHARGE	DISPOSITION
1.		
2.		
3.		
4.		
5.		
6.		
7.		

LIST ***ALL*** SOCIAL MEDIA ACCOUNTS AND USERNAMES

1._____
2._____
3._____
4._____
5._____
6._____
7._____

DAVIDSON COUNTY SHERIFF'S OFFICE
AUTOBIOGRAPHY OF APPLICANT

INSTRUCTIONS: IN YOUR OWN HANDWRITING, PLEASE DESCRIBE ANY LIFE EXPERIENCES THAT MAY RELATE TO YOU BEING INTERESTED IN THE DAVIDSON COUNTY SHERIFF'S OFFICE. MAKE YOUR RESPONSE AT LEAST A HALF OF PAGE TO ONE PAGE LONG

Authorization for Release of Information

I am an applicant for a justice officer position with the _____.

In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that the both the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Agency.

Therefore, I, _____, DOB _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing Agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the North Carolina Sheriffs' Education and Training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA

COUNTY OF_____

_____
(Applicant Signature)

Subscribed and Sworn to before me, this

the _____ day of _____20_____

Printed Name: _____

_____
(Notary Signature)

Address: _____

_____

Expires: _____

Phone: _____

JEFF JACKSON
ATTORNEY GENERAL

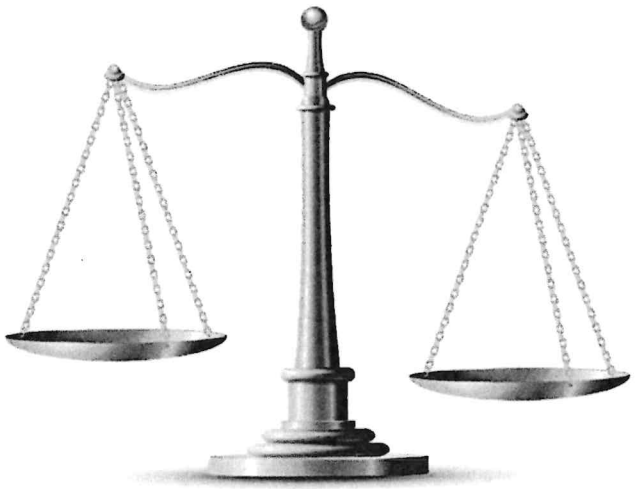
Sheriffs' Standards Division

N.C. Department of Justice

WILLIAM MITCHELL
DIRECTOR

(919) 779-8213

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 those applying for certification as a justice officer.

The contents of this form have been approved for use by the North Carolina Sheriffs' Education and Training Standards Commission. Its use is intended to aid in ascertaining if the applicant meets the minimum standards for certification as defined in 12 NCAC 10B .0301.

The applicant's Social Security Number is required for identification purpose. **DISCLOSURE IS VOLUNTARY**. However,failure to provide this information may result in delays of the processing of application materials and may result in inaccurate records being assigned to you.

INSTRUCTIONS: Complete this form in it's entirety. Ensure that all responses are accurate and truthful. If you require additional space, please include all attachments and indicate by "Question Number" which response is being addressed. **NOTE:** All statements or responses are subject to verification. Any inaccurate, false or misleading responses or omissions may disqualify you, the applicant, from certification by the division. Truthful statements to any question will not necessarily exclude you from consideration.

POSITION(S) APPLIED FOR

Agency _____ Date _____

Deputy ☐ Detention Officer ☐ Telecommunicator ☐

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

If YES, approximate date _____

APPLICANT DEMOGRAPHICS

1. Name _____
(First, Middle and Last)

Maiden Name _____

Previous Names _____
(First, Middle and Last)

Nicknames or Aliases _____

NOTE: If your name was legally changed after the age of 12, please provide documentation to the division indicating when this change occurred.

2. Social Security Number _____

3. Present/Permanent Mailing Address

Street and Number _____

City _____

State _____ Zip Code _____

Contact Information

Home Phone _____

Cellular _____

Email _____

4. Date of Birth _____ Place of Birth _____
xx/xx/xxxx (City/State and Country)

5. Citizenship ☐U.S. Born ☐U.S. Naturalized

EDUCATION

Indicate the type of High School you attended:

☐ Traditional ☐ Distance Learning

☐ Home School ☐ Did not Attend

☐ GED ☐ Other _____

Please Specify

High School(s) Attended

Name _____ When Attended _____

City _____ Diploma Received ☐

State _____

Years Completed _____

Name _____ When Attended _____

City _____ Diploma Received ☐

State _____

Years Completed _____

University/College

Name _____ When Attended _____

City _____ Degree Earned _____

State _____ Major Field _____

Years Completed _____

Name _____ When Attended _____

City _____ Degree Earned _____

State _____ Major Field _____

Years Completed _____

Name _____ When Attended _____

City _____ Degree Earned _____

State _____ Major Field _____

Years Completed _____

RESIDENCES

12. List addresses for the **past 10 years** with present/most current address listed first:

From: (MM/YY)	To: (MM/YY)	Address, City, State	County	Landlord

FAMILY HISTORY

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

13. Marital Status

Never Married ☐ Married ☐ Divorced ☐ Engaged ☐ Separated ☐ Widowed ☐

14. Name of Spouse / Former Spouse(s) _____

_____

_____

_____

15. Do you have any children, either born to you, adopted or stepchildren? Yes ☐ No ☐

16. Are you currently supporting all of these children? Yes ☐ No ☐ N/A ☐

17. Are you related by blood or marriage to any person(s) now employed by this agency? Yes ☐ No ☐

WORK HISTORY

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

_____

_____

_____

19. 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

_____

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

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

_____

_____

_____

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

_____

_____

_____

21. List <u>all</u> jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, temporary, part-time, paid or not paid employment and internships. **Put your present or most recent job first. List a Reason for Leaving for each job.** Include military service in proper time sequence and temporary part-time jobs. If you do not have a full ten year job history, be sure to provide an explanation.

<table>
<tr><td>Employer:</td><td colspan="2">Address:</td></tr>
<tr><td>Job Title:</td><td>Supervisor's Name:</td><td>Phone Number:</td></tr>
<tr><td>Date Employed (MM/YY):</td><td>Starting Salary:
Per:</td><td>Ending or Current Salary:
Per:</td></tr>
<tr><td>Date Separated (MM/YY):</td><td colspan="2" rowspan="3">List Major Duties in Order of Importance:</td></tr>
<tr><td>Full Time: YRS MOS</td></tr>
<tr><td>Part Time: YRS MOS
If part time, hours worked per week:</td></tr>
<tr><td colspan="3">Reason for Leaving:</td></tr>
</table>

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

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

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

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

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

If you need more space, attach additional sheets.

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

MILITARY SERVICE

22. Were you **ever** in the U.S. Military service or any other military organization? (Even if you served for only one day, list this service.) ☐Yes ☐No **If YES, complete #24 through #31. If NO, skip to #32.**

23. What was your service number? _____

24. What was the highest rank you held? _____

    What was the last rank you held? _____

25. What was the date and location of your first enlistment and/or commission? _____

    List all tours of duty where a DD214 was issued.

Branch	Date Entered	Date Released

26. List all stations of assignment including active, reserve and/or National Guard **(Attach additional pages if needed.)**

Branch	Unit (Company or Ship)	Location	From (MM/YY)	TO (MM/YY)

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

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

Uncharacterized (includes entry level separations)	☐Yes	☐No
Honorable	☐Yes	☐No
General (under honorable conditions)	☐Yes	☐No
Under other than honorable conditions (includes undesirable)	☐Yes	☐No
Bad Conduct discharge	☐Yes	☐No
Dishonorable discharge	☐Yes	☐No
Dismissal	☐Yes	☐No

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

_____

_____

_____

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

_____

_____

USE OF ALCOHOL

NOTE: In question #31 the word "drink" means one time or more, including experimentation.

31. Do you drink alcoholic beverages? ☐ Yes ☐ No

PRIOR CRIMINAL CONDUCT

Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification.

NOTE: The word "USED" in the following questions includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.

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

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

34. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription. ☐Yes ☐No (If YES, please identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery or sale.)

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

Date of Issuance _____ County of Issuance _____

Name of Plaintiff: _____

Date of Expiration: _____

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

You must also include any and all charges and convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4, 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.

36. 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 OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

B. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

C. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

D. OFFENSE CHARGED: _____
LAW ENFORCEMENT AGENCY: _____
DATE OF CHARGE: _____
DATE OF DISPOSITION: _____
DISPOSITION: _____
Documentation of this charge must be included. Additionally a statement by the applicant must be included explaining the circumstances

ATTACH EXTRA SHEETS IF YOU ARE LISTING MORE THAN FOUR (4) CHARGES.
CHECK HERE ☐ IF ADDITIONAL SHEETS ARE ATTACHED.

PLEASE READ CAREFULLY

Please Note: In response to question #36, any and all criminal charges MUST be listed, to include both FELONY and MISDEMEANOR Offenses. Per 12 NCAC 10B .0204 (c)1 certification may be denied, suspended or revoked if the Commission finds that the applicant has "knowingly made a material misrepresentation" during the application process. Any criminal charges omitted by the applicant, regardless of previous expunction, represent a MATERIAL MISREPRESENTATION.

37. Have you ever been placed on court-ordered probation? ☐ Yes ☐ No If yes, provide details below

Legal Firearm Possession

38. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

(A) are 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.

Do any of these circumstances apply to you? ☐ Yes ☐ No If yes, provided details below

39. Do you, or have you ever, possess(ed) a driver's license from the State of North Carolina? ☐ Yes ☐ No

License Number _____ Year Issued _____

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

☐ Yes ☐ No If YES, provide the State and number: State _____ License Number _____

State _____ License Number _____ State _____ License Number _____

41. Was your license ever suspended or revoked? ☐ Yes ☐ No If YES, give details:

If Yes, was your licence ever restored? ☐ Yes ☐ No Please provide details below explaining either the restoration or the reason why your license was not restored

Career Objectives

42. Briefly explain your reason for applying for this position

43. List any special skills, training, field of work for which you are licensed, registered or certified, hobbies which may be useful in the performance of the duties of the position which you are applying for.

44. What are your feelings about the use of deadly force if it became necessary in the performance of your official duties? (Not applicable to Telecommunicator Positions)

REFERENCES

45. 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 _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

Name _____
Address _____
Contact Number & Email _____

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)

I do further certify that I have listed any and **ALL Criminal Offenses** which I have been charged with, including those charges which may have been **expunged or dismissed**. I have included criminal charges from **ALL jurisdictions** and States that I have lived in and/or traveled through.

THIS THE _____ DAY OF_____, 20____

_____

(SIGNATURE IN FULL)

******Applicant MUST sign both attestations above******

SUBSCRIBED AND SWORN TO BEFORE ME,

THIS THE _____ DAY OF _____, 20_____

_____

(SIGNATURE IN FULL)

Notary Public (Official Seal)

MY COMMISSION EXPIRES: _____ *,20* _____

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

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 (3rd 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 44.

DAVIDSON COUNTY SHERIFF'S OFFICE
REFERENCES

APPLICANT'S NAME_____

REFERENCE NAME_____

REFERENCE ADDRESS:_____

_____

REFERENCE PHONE NUMBER:_____

QUESTIONS:

1. HOW LONG HAVE YOU KNOWN THE APPLICANT?

2. WHAT IS YOUR RELATIONSHIP TO THE APPLICANT?

3. WHAT TYPE OF PERSONALITY DOES THE APPLICANT HAVE?

4. IS THE APPLICANT RELIABLE, HONEST, AND DEPENDABLE?

5. IS THE APPLICANT COURTEOUS IN CONTACTS WITH OTHERS, INCLUDING ATTITUDES TOWARD DIFFERENT RACES, RELIGIONS, AND NATIONALITIES?

6. IS THIS PERSON MATURE AND RESPONSIBLE?

7. CAN THE APPLICANT HANDLE PROBLEMS WHEN CONFRONTED WITH THEM?

8. DO YOU FEEL THE APPLICANT HAS THE ABILITY TO MAKE A SOUND DECISION? EXPLAIN?

9. DOES THE APPLICANT PARTICIPATE IN ATHLETICS OR TEAM ACTIVITIES?

10. DOES THE APPLICANT LIVE WITHIN HIS/HER MEANS?

11. IS THE APPLICANT DEDICATED TO HIS/HER FAMILY?

12. WHAT KIND OF RELATIONSHIP DOES THE APPLICANT HAVE WITHIN HIS/HER NEIGHBORHOOD AND WITH HIS/HER FRIENDS?

13. DESCRIBE THE APLICANTS SOCIAL LIFE?

14. HOW DOES THE APPLICANT FEEL TOWARD AUTHORITY?

15. TO YOUR KNOWLEDGE, HAS THE APPLICANT EVER BEEN ARRESTED OR CHARGED WITH A CRIMINAL OFFENSE OR EVEN RECEIVED A TRAFFIC TICKET?

SIGNATURE_____

DAVIDSON COUNTY SHERIFF'S OFFICE
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