Form F-3
Revised March 2011

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.

*The Social Security Number is used to make a positive identification of the applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

FORM F-3
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. All questions must be answered.

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

POSITION(S) APPLIED FOR:

Agency _____ Date _____

Deputy ☐ Detention Officer ☐ Telecommunicator ☐

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

PERSONAL

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

Other previous last names: _____
_____
_____

Nicknames or Aliases _____

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

2. Social Security _____/_____/_____

3. Present Mailing Address:

Street and Number _____
_____
City _____
State _____ Zip Code _____

Permanent Mailing Address:

Street and Number _____
_____
City _____
State _____ Zip Code _____

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

4a. Date of Birth: _____ 4b. Place of Birth: _____

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other, specify: _____

NOTE: **Data solicited in questions 6 and 7 will be utilized for equal employment statistical information purposes only.**

6. Ethnicity: African America ☐ Asian American ☐ Hispanic ☐ Caucasian ☐ Other ☐: _____

7. Gender: Male ☐ Female ☐

8. Do you object to wearing a uniform? YES ☐ NO ☐

9. Do you object to working nights? YES ☐ NO ☐

10. Do you object to working rotating shifts? YES ☐ NO ☐

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

EDUCATIONAL

12. Indicate the type of High School you attended:

Traditional ☐
Home School ☐
GED ☐
Distance Learning ☐
Did not attend high school ☐
Other _____

A. High Schools:

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

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

B. University or Colleges:

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

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

C. Continuing Education:

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

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

RESIDENCES

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

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

FAMILY HISTORY

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

14. Marital Status:
Never Married ☐ Married ☐ Divorced ☐ Engaged ☐ Separated ☐ Widowed ☐

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

16. A. Do you have any children born to you, adopted by you, or stepchildren? YES ☐ NO ☐

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

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

C. Are you now supporting all these children? YES ☐ NO ☐ If NO, give details:

_____

_____

17. 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:_____

_____

_____

18. Are you related by blood or marriage to any person (s) now employed by this agency? YES ☐ NO ☐
If YES, give name(s) and details:_____

_____

_____

19. Is any member of your immediate family now in prison or on probation or parole? YES ☐ NO ☐
If YES, give name(s) and details: _____

_____

_____

_____

FINANCIAL

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

_____

_____

_____

21. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, etc. YES ☐ NO ☐ If YES, give details:

_____

_____

_____

22. Have you ever declared bankruptcy? YES ☐ NO ☐ 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 your bills, payments, and current living expenses? $ _____

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

Firm/Business	Street Address	City/State	Amount Owing

WORK HISTORY

26. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made? YES ☐ NO ☐ If YES, list agency name and reason:

_____

_____

_____

27. Have you ever 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:

_____

_____

_____

28. List all jobs you have held in the last ten years to include 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.

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:		

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:		

If you need more space, attach additional sheets.

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

_____

_____

_____

_____

_____

_____

_____

_____

MILITARY SERVICE

29. Were you **ever** in the U.S. Military service or any other military organizations? (Even if you served for only one day, list this service.) YES ☐ NO ☐ **If YES, complete 30 through 37. If NO, skip to #38.**

30. What was your service number? _____

31. What was the highest rank you held? _____

32. A. What was the date and location of your first entrance into active duty? _____
B. List each tour of active duty in excess of 180 days. You will be required to provide a DD214 showing the characterization of discharge for each tour listed.

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

33. What were your unit assignments in the service?

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

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

35. 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 ☐

36. 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 <u>any other disciplinary action</u> 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:
_____
_____
_____

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

_____

_____

NOTE: In question 38, 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

38. 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. 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.

39. Have you ever used any illegal drugs including but not limited to marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, etc., to include even one time use or experimentation? YES ☐ NO ☐ If YES, what were the circumstances, drugs used, frequency of use, and when did usage last occur?

_____

_____

_____

40. 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 did you receive the drug(s), and when did usage last occurred?

_____

_____

_____

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

Date of Issuance: _____ County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

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

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

42. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (**As used in this question, the term "charged" includes being issued a citation or criminal summons.**)
YES ☐ NO ☐ If YES, complete the following and provide documentation of each offense listed.

A. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

B. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

C. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

D. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

E. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

(ADD EXTRA SHEETS, IF NECESSARY.)

43. 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.

_____

_____

_____

44. 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: _____

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

_____

_____

_____

46. Have you ever been placed on court-ordered probation? YES ☐ NO ☐ If YES, give details:

_____

_____

_____

47. Have you ever paid a court-imposed fine? YES ☐ NO ☐ If YES, give details:

_____

_____

_____

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

49. Do you or have you ever possess(ed) a driver's license issued in any state other than North Carolina?
YES ☐ NO ☐ If YES, give the state and number:

_____

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

_____

_____

B. IF Yes, Was your license ever restored? YES ☐ NO ☐ If YES, state when and give details:

_____

_____

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

_____

_____

_____

CAREER OBJECTIVES

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

_____

_____

_____

53. 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:

_____

_____

_____

54. 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

55. 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	City	State	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*_____

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	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