



CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

**NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE STANDARDS DIVISION
TELEPHONE: (919) 716-6470**

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.

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 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**

FORM F-3
(Revised 4/98)

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a computer, 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: 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.**

Position(s) applied for _____

_____ Agency _____ Month _____ Day _____ Year

PERSONAL

1. Name _____ 2. _____ / _____ / _____ /
 First Middle Last Social Security Number

Nicknames or Aliases _____

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

Permanent Mailing Address _____
 Street & Number City County State Zip Code

Telephone Number: Home _____ Work _____

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

6. Citizenship: A. U.S. Born B. U.S. Naturalized C. Other-Specify _____

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical purposes only.

7. Ethnic Background
- | | |
|---------------------|---------------------|
| A. American Indian | D. Spanish American |
| B. Asian American | E. White |
| C. African American | F. Other |
8. Sex: A. Male B. Female

9. Have you previously submitted an application for employment with this agency?
 A. Yes B. No Approximate date: _____

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency?

A. Yes B. 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?

A. Yes B. 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 OF RESIDENCE (Include COUNTY OF RESIDENCE)	CITY & STATE (Include Zip Code)	LANDLORD

FINANCIAL

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

19. Are you now supporting all children born to you, adopted by you and stepchildren?

A. Yes B. No If not, give details: _____

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

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

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
 Employer _____ Address _____
 Duties _____

 Reason for leaving _____

B. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
 Employer _____ Address _____
 Duties _____

 Reason for leaving _____

C. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
 Employer _____ Address _____
 Duties _____

 Reason for leaving _____

D. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
 Employer _____ Address _____
 Duties _____

 Reason for leaving _____

E. Title of present or last position _____ Starting Salary _____ Last Salary _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name/title of supervisor _____ No. employees supervised by you _____
 Employer _____ Address _____
 Duties _____

 Reason for leaving _____

MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization? Yes No

QUESTIONS 33 THRU 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

34. What was the highest rank that you held? _____

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

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?
 Date: _____ Location: _____

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

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non-judicial punishment (Captain’s mast, company punishment, Article 15, etc.), **or any other disciplinary action** while a member of the armed forces? Yes No
 If yes, explain below: _____

40. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

41. List all medals and decorations awarded you during your 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: _____

48. Have you been charged with or convicted of a felony? A. Yes B. No
If yes, give details: _____

49. Have you ever been placed on probation? A. Yes B. No
If yes, give details: _____

50. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?
A. Yes B. No
If yes, give details: _____

51. Can you operate a motor vehicle? A. Yes B. No

52. Do you possess a valid driver's license from the State of North Carolina?
A. Yes B. No
Driver's License Number _____ Year Issued _____

53. Do you possess a driver's license issued by and state other than North Carolina?
A. Yes B. No
If yes, give state and number _____

54. Was your license ever suspended or revoked? A. Yes B. No
If yes, state which and give reasons: _____

55. Was your license ever restored? A. Yes B. No
When? _____

56. Have your driving privileges ever been restricted? A. Yes B. No
If yes, give details: _____

CAREER OBJECTIVES

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

58. 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:

59. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

60. 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

STATE OF NORTH CAROLINA
COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

This the _____ day of _____, 20____

Subscribed and sworn to before me,
This the _____ day of _____, 20____

(Signature in Full)

Notary Public (Official Seal)

My Commission Expires _____, 20____