

# POLICE OFFICER APPLICATION



GRAHAM POLICE DEPARTMENT

CITY OF GRAHAM NORTH  
CAROLINA

# IMPORTANT INSTRUCTIONS

(Background Investigator verification list)

## **Please ensure this police application packet contains the following:**

Employment Procedures and Instructions

Police Officer Application for Employment

Graham Police Department Authorization and Release to Obtain Information

Graham Police Department Authorization for Release of Personal Information to Law Enforcement Agencies for Certification / Employment Purposes

Selective Service and Overtime Acknowledgment

Acknowledgment of Overtime Compensation Policy

Recruitment Questionnaire

Fair Credit Reporting Notification / Acknowledgment

Graham Police Department Notice for Truthfulness

City of Graham Employment Application

Form F-3, Personal History Statement - North Carolina Criminal Justice Education and Training Standards Commission

Graham Police Department Job Posting, Compensation Guidelines and Benefits

# SUBMITTING APPLICATION PACKET

**Please ensure the following documents are included when submitting completed application package:**

- ☐ Original, Form F-3, Personal History Statement
  - Applicants should retain a photocopy of the Form F-3, Personal History Statement for their records *(needed for reference during the application process)*
- ☐ Photocopy of a Valid Driver's License
- ☐ Photocopy of Birth Certificate
- ☐ Photocopy of High School Diploma, or an Official High School Transcript, or General Equivalency Diploma (GED), and if applicable, an Official College Transcript. *If not included, should be submitted at time of background investigation.*
- ☐ Photocopy of DD-214, if served in the military. *If not included, should be submitted at time of background investigation.*

**In addition to the above documents, please ensure the following is included in the completed application packet:**

Police Officer Application for Employment

Graham Police Department Authorization and Release to Obtain Information

Graham Police Department Authorization for Release of Personal Information to Law Enforcement Agencies for Certification / Employment Purposes  
Applicant Information Form

Recruitment Questionnaire

Fair Credit Reporting Notification / Acknowledgment

Graham Police Department Notice for Truthfulness

City of Graham Employment Application

Form F-3, Personal History Statement

- Applicants should retain a photocopy of the Form F-3, Personal History Statement for their records *(needed for reference during the application process)*

<b>All forms requiring a notary must be completed prior to submitting application package. Out-of-State applicants may use a notary from their state of residence.</b>
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# Employment Procedure and Instructions



The Police Officer employment process is a four-phase procedure that every applicant must successfully complete. Any phase not completed may result in the application for employment being denied.

**PHASE I: Submit Application** {All forms requiring a notary must be completed prior to submitting application package. Out-of-State applicants may use a notary from their state of residence.}

## Instructions

- Complete the **For Recruitment Purposes Only Sheet**
- Complete the **Police Officer Application For Employment Sheet**.
- Complete the **City of Graham Employment Application**.
- Complete the **Form F-3, Personal History Statement** booklet and GPD Addendum.
- Complete the **Graham Police Department Authorization and Release to Obtain Information** form.
- Complete the **Graham Police Department Authorization for Release of Personal Information to Law Enforcement Agencies for Certification / Employment Purposes** form.
- Complete the **Notice of Truthfulness** form.
- Complete the **Applicant Information** form.
- Complete the **Fair Credit Reporting Notification / Acknowledgment**.
- Complete the **Recruitment Questionnaire**.

All forms must be legible and be notarized (if applicable). An incomplete or not notarized application packet will not be accepted. Packets can be submitted in person or by mail to:

**City of Graham Police Department  
216 South Maple Street  
Graham, NC 27253**

In addition to the application material included in this folder, we need photocopies (**WE WILL NOT MAKE PHOTOCOPIES FOR YOU**) of the following:

- Birth Certificate
- High School, College, BLET and Transcript (if unable to obtain immediately, please furnish a copy of your diploma(s) or equivalency certification until transcripts arrive)
- Valid Driver's License
- DD-214 (if you have completed military service)

The copy of the birth certificate and valid driver's license must be submitted with the application packet. If it is necessary to send off for any copies of transcripts or DD-214, do not let this delay submitting your application. Bring any required transcripts, etc. on the day of testing.

# Employment Procedure and Instructions

## PHASE II: Online Brains Assessment

Once your application has been properly submitted and approved, the assessment will be scheduled to help determine your general suitability for law enforcement employment. Assessment will include:

- Biographical questionnaire
- 

## PHASE III: Background Investigation

Upon completion of the BRAINS assessment, candidates' information is then forwarded to a background investigator and potentially for background investigation process.

Candidates referred for background investigation receive an in-depth investigation of their background. The investigation will include, but not limited to, checking for criminal activity, drug use, bad credit, driving history, and immoral acts that would preclude the applicant from being hired.

During this phase of the process applicants will participate in oral appraisal boards and one on one interviews.

## PHASE IV: Conditional Offer of Employment

Once the background investigation has been completed, the Chief of Police and the selection committee will decide whether to extend a conditional offer of employment. If a conditional offer is extended, it will be contingent on three (3) conditions:

- Successfully completing a CVSA test *(to include information provided by the applicant in the application form such as: financial history, work history, use of alcohol or drugs, criminal conduct, disciplinary actions, medical history, military history, and driving history)*
- Successfully completing an interview with a psychologist
- Successfully completing a medical examination, drug screening, and a medical questionnaire and assessment

Once you have successfully completed all conditions, a final job offer will then be given.

**Any misstatement or omission of information, or failure to complete tasks, meet appointments, or follow procedures as directed may subject you to disqualification. At any time during the application process you may be notified that you are no longer being considered as a candidate. If this should occur, the employment process will stop. Your application will be kept on file for six months.**

**You must reapply after this amount of time.**

## Contact information for questions or further assistance

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Recruiters Telephone:

Sergeant Velez 336-570-6711 ext. 209

Web Site: [www.cityofgraham.com/police](http://www.cityofgraham.com/police)



**GRAHAM POLICE DEPARTMENT**  
**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

I, \_\_\_\_\_, authorize the Graham Police Department to conduct a personnel background investigation in connection with my application for employment.

This investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employer and other appropriate sources. Additionally, this information may include results of background investigations, polygraph examinations, and psychological evaluations, as well as information related to substance abuse.

I authorize the release of any information that the Graham Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications my application may be rejected or, if already employed, my employment terminated.

I hereby release the Graham Police Department, Graham, North Carolina or any of its agents or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the Graham Police Department.

\_\_\_\_\_  
(Applicant's Signature in full)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
(applicant) \_\_\_\_\_ whose name is signed to the foregoing instrument personally appeared before me, acknowledges the foregoing signature to be his, and, having been duly sworn by me, made oath that the statements made in the said instrument are true.

\_\_\_\_\_, 20\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public and Official Seal



**GRAHAM POLICE DEPARTMENT**  
**Authorization for Release of Personal Information to Law Enforcement**  
**Agencies for Certification / Employment Purposes**  
Page 1

To Whom It May Concern:

I am an applicant for a position with the Graham Police Department. In order to determine my suitability for employment, I understand that the Graham Police Department, Graham, County of Alamance, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_, Operator's 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 health care professional including mental health, alcohol treatment center, hospital or repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization {including National Personnel Records Center, Saint Louis, Missouri}, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Graham Police Department, Graham, County of Alamance, North Carolina regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Graham Police Department, Graham, County of Alamance, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Graham Police Department, Graham, County of Alamance, North Carolina. 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 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 Graham Police Department, 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 and Training Standards Commission, North Carolina Sheriffs' Education and 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 is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.



**GRAHAM POLICE DEPARTMENT**  
**Authorization for Release of Personal Information to Law Enforcement**  
**Agencies for Certification / Employment Purposes**

Page 2

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

(Applicant's Full Name – PRINT)	(Address)
(Applicant's Signature in full)	(City)
(Telephone Number)	(State and Zip Code)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
(applicant) \_\_\_\_\_ whose name is signed to the  
foregoing instrument personally appeared before me, acknowledges the foregoing  
signature to be his, and, having been duly sworn by me, made oath that the statements  
made in the said instrument are true.

_____, 20_____ My Commission Expires	_____ Notary Public and Official Seal
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# RECRUITMENT QUESTIONNAIRE

Applicant Name: \_\_\_\_\_

1. Where do you currently live?

City \_\_\_\_\_

State \_\_\_\_\_

2. Were you actively recruited? Yes \_\_\_\_\_ No \_\_\_\_\_

- \_\_\_\_\_ Spoke with a recruiter at a College Career Fair  
\_\_\_\_\_ Spoke with a Police Personnel Officer  
\_\_\_\_\_ Toured the Department  
\_\_\_\_\_ Spoke with a Graham Police Officer or city employee

If so, who recruited you ? (NAME ONLY ONE)

\_\_\_\_\_ Other (explain) \_\_\_\_\_

3. Did you see or hear advertisements for the Graham Police Department from any of the following? (check all that apply)

- \_\_\_\_\_ Radio (Which station?)  
\_\_\_\_\_ Internet (Which site?)  
\_\_\_\_\_ College Program (Which college?)  
\_\_\_\_\_ Movie Theaters (Which theater?)  
\_\_\_\_\_ Newspaper advertisement (Which newspaper?)  
\_\_\_\_\_ Billboards  
\_\_\_\_\_ WUPN (Channel 45)  
\_\_\_\_\_ The WB (Channel WBFX)  
\_\_\_\_\_ Cable TV (BET, Weather Channel, Lifetime, ESPN 2)  
\_\_\_\_\_ Calendar  
\_\_\_\_\_ Direct mail out  
\_\_\_\_\_ Other advertisement

4. What encouraged you to want to work with Graham?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Fair Credit Reporting Notification / Acknowledgment



Your credit history is an integral part of the employment process with the Graham Police Department, as it provides insight into personal attributes such as your level of responsibility, and your ability to manage and plan daily life functions. Although your credit history is only one of many tools used to assess your suitability for employment, it could impact the hiring decision regarding your application.

In conjunction with the Fair Credit Reporting Act, 15 U.S.C. 1681M(A), a copy of any credit report used for employment purposes must be provided to the applicant free of charge. Therefore, credit information, which is made part of your application portfolio, will be provided to you upon request at the time of your background investigation interview.

If your application is not forwarded to the background portion of the employment process, a credit report will not be requested and the provisions of this notification do not apply.

It is important to recognize that the agency reporting the credit information to the Graham Police Department neither approves nor denies your application for employment, but will address inquiries pertaining to the actual report. The following agency is utilized by the Graham Police Department to procure credit reports:

Equifax Information Services, LLC.  
P.O. Box 240256  
Atlanta, Georgia 30348  
866-349-5191

### Acknowledgment of Notification

I have read and understand the above stated information pertaining to the Fair Credit Reporting Act, and my dated signature below acknowledges the receipt of this information.

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Signature

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Date

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Social Security Number

Note: Return this signed document with your application.

# Graham Police Department

## Notice for Truthfulness

I, \_\_\_\_\_, am an applicant desiring employment with the City of Graham. I understand that the position for which I am applying requires truthfulness throughout the application process. I understand that all answers given during the application process, which includes the application itself and subsequent interviews with the background investigator, will be verified through the use of a polygraph or CVSA (to include information I provide in the application form such as: financial history, work history, use of alcohol or drugs, criminal conduct, disciplinary actions, medical history, and driving history). Any admissions after the background investigation is completed will be sufficient grounds to eliminate me from the application process. Information not divulged during the application process is also considered untruthfulness. Because of this fact, my failure to disclose information that is later discovered can eliminate me from the application process. I understand that any admissions or statements will be considered in determining my suitability for employment with the City of Graham.

In the event that a false statement made in the application process is not discovered until after an applicant is employed, disciplinary action, which may include a recommendation for termination of employment, will be administered.

By signing below, I acknowledge I have read and understand the above statement and certify that all information (both verbal and written), which I have supplied, is true.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

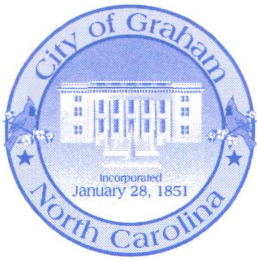
\_\_\_\_\_  
Notary Public and Official Seal

\_\_\_\_\_  
(Applicant – Print full name)

My Commission Expires:

\_\_\_\_\_  
(Applicant's Signature in full)

\_\_\_\_\_, 20 \_\_\_\_\_



# City of Graham

## Employment Application

*An Equal Opportunity / Affirmative Action Employer*

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

201 SOUTH MAIN STREET • P.O. DRAWER 357 • GRAHAM, NORTH CAROLINA 27253  
(336) 570-6700 • FAX (336) 570-6703

**IMPORTANT!** Please print or type. Fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Unsigned, or incomplete applications will not be considered. Once submitted application materials become the property of the City.

### Current Information

1. POSITION APPLIED FOR \_\_\_\_\_ Date \_\_\_\_\_
2. Social Security No. \_\_\_\_\_
3. Are you seeking: Full-time Employment ☐ Part-time Employment ☐ Temporary ☐ Summer Work ☐
4. NAME \_\_\_\_\_  
Last First Middle
5. ADDRESS \_\_\_\_\_  
Street & No., RFD, or P. O. Box City State Zip
6. TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ If neither, where can you be reached? ( ) \_\_\_\_\_  
Home Business
7. ARE YOU 18 OR OLDER? YES ☐ NO ☐ IF NO, WHAT IS YOUR BIRTHDATE? \_\_\_\_\_  
IF NO, DO YOU HAVE A WORK PERMIT? YES ☐ NO ☐

### General Information (Attach additional sheet if needed)

If you need to explain any answer, use the space under Item 28, EXPLANATIONS.

8. Have you ever been employed with the City of Graham? YES ☐ NO ☐  
If yes, what dept. & when? \_\_\_\_\_
9. Have you applied to the City of Graham before? YES ☐ NO ☐  
If yes, indicate what position and when? \_\_\_\_\_
10. Apart from absences for religious observations, will you accept employment requiring occasional night work or weekend work? YES ☐ NO ☐
11. Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts? YES ☐ NO ☐
12. Are you related now or previously by blood or marriage to any City employee? YES ☐ NO ☐  
If yes, give name, relationship and department \_\_\_\_\_
13. Do you have the ability to perform all the duties of the job you have applied for? YES ☐ NO ☐
14. Are you an American citizen or do you currently have authorization to work in the United States? YES ☐ NO ☐
15. Did you receive any of your education or employment experience under another name? YES ☐ NO ☐  
If yes, please explain under Explanations

TURN OVER



## Education

Give your complete educational history.

Circle highest school year completed.

1 2 3 4 5 6 7 8 9 10 11 12

16. High School \_\_\_\_\_  
Name City State Ending Date

17. Have you received a high school diploma or equivalent? YES ☐ No ☐ If yes, when? \_\_\_\_\_

Education Beyond High School	Name and Location	Attended				Did You Graduate?	Credit Hours	Degree, Diploma or Certificate Earned - or - Number of Years Completed	Major Subject
		From		To					Minor Subject
		Mo.	Yr.	Mo.	Yr.				
18. College(s) or University(ies)						YES			
						NO			
						YES			
						NO			
19. Graduate or Professional Schools						YES			
						NO			
						YES			
						NO			
20. Technical Inst., Internship, Other						YES			
						NO			
						YES			
						NO			

## Skills, Knowledge & Abilities

21. Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

(a) \_\_\_\_\_ (e) \_\_\_\_\_  
 (b) \_\_\_\_\_ (f) \_\_\_\_\_  
 (c) \_\_\_\_\_ (g) \_\_\_\_\_  
 (d) \_\_\_\_\_ (h) \_\_\_\_\_

## Registrations, Licenses, Certifications

22. List fields of work for which you have been registered, licensed or certified.  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Other: \_\_\_\_\_

23. Please list your driver's license number and the state where it was issued. If you do not have a driver's license, please put "NONE" in the blank.

24. Is your driver's license a Commercial Driver's License? YES ☐ No ☐  
 If YES, indicate the class \_\_\_\_\_.

#	STATE
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## Employment Continued

### E. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____		Starting Salary _____	Last Salary _____
Name and title of supervisor _____		No. employees supervised by you _____	
Employer or company _____		Telephone # (____) _____	
Date Employed _____	Address _____		
Date Separated _____	Duties in Order of Importance _____		
Full-time for:    Years    Months		Reason for leaving or desiring a change: _____	
Part-time for:    Years    Months			
If part-time, number of hrs. worked per week _____			

## U.S. Military Service

Branch Of Service \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_  
Type Of Discharge \_\_\_\_\_ Rank When Discharged \_\_\_\_\_ Are You In Reserve Status \_\_\_\_\_

## References

Name:	Address and Telephone No.:
1.	
2.	
3.	
4.	

25. Have you had disciplinary action taken against you in the past 12 months? ☐ NO ☐ YES  
If yes, explain under Explanations. (A YES will not automatically disqualify you.)
26. Have you ever been dismissed or forced to resign from any job held? ☐ NO ☐ YES  
If yes, explain under Explanations. (A YES will not automatically disqualify you.)
27. May we contact your present employer for reference? ☐ NO ☐ YES If NO, explain under Item 28, EXPLANATIONS.

28. **EXPLANATIONS** Indicate item number to which answers apply.

ITEM #	

## Certification And Release

City employees are subject to the City of Graham Personnel Policy.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby give my full permission for any and all information in this application to be investigated. I am aware that any misrepresentations may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered. As an applicant, I am aware that I am not required to disclose information regarding an arrest, criminal charge or criminal conviction that has been expunged.

I agree to submit to a drug test as permitted under the law and understand that employment with the City of Graham is conditional based on passing said test. I understand that any appointment will be at the discretion of the Department Head concerned, subject to the approval of the City Manager. I understand that any employment will be "at will," which means that the City has no obligation to continue to employ me in the future. I also understand that this application is the property of the City of Graham and will become part of my personnel file if I am hired.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_





## Applicant Information Form

### City of Graham

**APPLICANT INFORMATION:** The City of Graham is an Equal Opportunity Employer. We are requesting the following information to comply with reporting requirements of the Equal Employment Opportunity Commission. Submission of this information is voluntary and refusal to provide it will not affect the decision regarding your application for employment. This form will be separate from your employment application and will not be used in any way in our selection process nor for any personnel action.

**NAME:**

LAST

FIRST

MIDDLE

**DATE OF APPLICATION:** \_\_\_\_\_

**Position applied for:** \_\_\_\_\_

**SEX:** (please circle)      Male      Female      **DATE OF BIRTH:** \_\_\_\_\_

**ETHNIC CATEGORY:** (please check only one box)

**American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

**Asia** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American** – A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino** – A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Pacific Islander** – A person having origins in any original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Two or More Races** – All persons that identify with more than one of the above six races.

**None of the above**

**PHYSICAL OR MENTAL HANDICAP:** (please circle as appropriate)

Blind

Deaf

Communicative

Orthopedic

Other (specify): \_\_\_\_\_

**HOW DID YOU LEARN ABOUT THIS POSITION?** \_\_\_\_\_

Newspaper (specify) \_\_\_\_\_

**Other:** (please check all that apply)

Employment Security Commission \_\_\_\_\_

Personal Referral \_\_\_\_\_

Phoned or visited Municipal Building \_\_\_\_\_

Internet \_\_\_\_\_

### DRUG SCREENING

All applicants receiving a conditional offer of employment must pass a drug screening, criminal background check, and possibly a credit check. Should you be offered employment, you will be provided more information.

### SELECTIVE SERVICE REGISTRATION

If male and age 18 to 25, have you registered for Selective Service? (please circle)

**Yes**

**No**

*If not, you will have 30 days to comply if selected for a position as required by Federal law.*

**SIGNATURE:** \_\_\_\_\_



# **NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

## **CRIMINAL JUSTICE STANDARDS DIVISION**

*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  
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.

Position(s) applied for: \_\_\_\_\_

Agency: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**PERSONAL**

1. Name: \_\_\_\_\_ 2. Social Security Number: \_\_\_\_\_  
First Middle Last

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 \_\_\_\_\_

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

7. Ethnic Background

- ☐ American Indian  
☐ Asian American  
☐ Black

- ☐ Spanish American  
☐ White  
☐ 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?

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **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?    \$ \_\_\_\_\_
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS**

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

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: \_\_\_\_\_

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43. List all medals and decorations awarded you during your military service: \_\_\_\_\_

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

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### 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? 

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---

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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?

---

---

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)

If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale.

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### 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 convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. 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.)

☐ Yes ☐ No If yes, give details below:

A. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
B. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
C. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

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 \_\_\_\_\_

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)

☐ 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:

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

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## REFERENCES

63. 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
A.		
B.		
C.		
D.		
E.		

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 \_\_\_\_  
(Signature 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 <sup>rd</sup> 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.



Position: Police Officer 1  
Department: Graham Police Department  
Hiring Salary Range: \$38,955.04  
Closing Date: **Open until Filled**  
Work Schedule/Requirements: 40 hour work week – Topical areas may vary schedule

*Primary job function and duties:*

ONLY "Graham Police Department" APPLICATIONS WILL BE RECEIVED for the Police Officer 1 position. These special applications can be picked up at the City's Human Resource Office, the Graham Police Department – Administrative Services Division, or printed from the City's or the Graham Police Department's web page:

<http://www.cityofgraham-nc.org/police>

**Please submit completed applications to: Graham Police Department – 216 South Maple Street, Graham, NC 27253.**

The employment procedure for the Police Officer position is a multi-step process. An applicant must pass each step in sequential order to progress to the next step. An applicant who misses a scheduled appointment (unless a verified emergency) may be withdrawn from any further consideration. Candidates must be in excellent health and have no conditions which would restrict their ability to safely perform these duties. These conditions must be met at the time of application and must be maintained throughout the application process. No residency requirements presently exist. Qualified applicants will be scheduled periodically throughout the year for hiring consideration. ***The job is NON-EXEMPT under FLSA***

New officers then receive an additional 16 weeks of field training followed by assignment to one of the districts of the Patrol Division. Officers patrol a designated area of the City and are responsible for the prevention of crime, investigation of offenses, and apprehension of violators. The officer must also respond to automobile accidents, crimes in progress and other emergency situations and is required to exercise judgment and initiative in handling both routine and complex problems.

*Minimum Qualifications:*

- High school graduate or General Educational Development (GED) certificate
- Must meet the State mandated reading level requirement of 10<sup>th</sup> grade or higher {reference NC Criminal Justice Education and Training Standards Commission Administrative Rules - 12 NCAC 09B.0203(e)}
- Must not have committed or been convicted of a felony or serious misdemeanor
- Able to meet the physically demanding requirements of the job
- Be a United States citizen
- Have or be able to obtain a valid North Carolina driver's license
- Be at least 21 years old upon completion of the Police Academy
- Must successfully pass a rigid physical examination and drug test, psychological examination, and polygraph examination if extended a Conditional Offer of Probationary Employment

## CITY OF GRAHAM BENEFITS

As of July 01, 2017

### **RETIREMENT PLANS**

**403b Pension – The North Carolina Department of State Treasurer Division of the Local Governmental Employees’ Retirement System (LGERs) – Employer and employee funded.** All eligible employees are **required** to participate in the LGERs plan upon employment. The employee contribution is set at 6% of gross and is tax sheltered.

Employer contribution:           7.5 % **City Contribution General Employees**  
                                          8.25 % **City Contribution Law Enforcement Officers\***  
                                          *\*(City contribution Law Enforcement Officers changes annually)*

### **NC deferred Compensation Plan (457) and the NC 401(k)**

All eligible non-sworn full time regular employees are able to participate in two additional supplemental retirement plans – the NC deferred Compensation Plan (457) and the NC 401(k) Retirement Savings Plan upon successful completion of a six (6) month probationary period.

**North Carolina Supplemental Retirement Plans Prudential 401(k) Non-Sworn – Subject to funding availability employer match up to 5% of Non-Sworn Eligible Employee’s** gross salary following completion of six (6) months employment. Employee’s own contributions are tax sheltered with a maximum annual contribution of \$18,000.00. This plan allows for Roth after-tax contributions. The City does not match into the employee Roth after-tax 401K account.

**North Carolina Supplemental Retirement Plans Prudential 401(k) Sworn** – In accordance with State law the City will automatically contribute 5% of **Sworn Eligible Employee’s** gross salary into the NC 401(k) Retirement Savings following completion of six (6) months employment. This plan allows for Roth after-tax contributions. The City does not contribute to sworn employee’s Roth after-tax 401K account.

**North Carolina Supplemental Retirement Plans Prudential Deferred Compensation Plan (457)** – All employees may contribute additionally through payroll deductions in the NC 457 Deferred Compensation Plan. The plan is a defined contribution pension plan where the participant assumes the investment risk with a maximum annual contribution of \$18,000.00. The Deferred Compensation (457) plan allows for traditional pre-tax contributions and Roth after-tax contributions. **Employee pays for full contribution.**

### **INSURANCE**

**Group Health and Hospitalization Insurance:** Full Time employees. Employee is eligible the first of the month following 30 days employment.

Full Time Employee:	\$518.54*	
EE & Child/Children	\$143.58	Per Pay Period
EE & Spouse	\$382.91	Per Pay Period
EE & Family	\$526.50	Per Pay Period

\*Employer Paid in accordance with standard driven premium incentive wellness programs for continuously enrolled employees from 7/1/2017 through 6/30/2018.

**Group Vision Insurance:** Full-time employees. Employee is eligible the first of the month following 30 days of employment.

Full Time Employee:	\$ 5.56	<b>Employer Paid</b>
EE & Child/Children	\$ 2.57	Per Pay Period*
EE & Spouse	\$ 2.31	Per Pay Period*
EE & Family	\$ 4.98	Per Pay Period*

**\*Tax free deduction on eligible dependent insurance premiums through a Section 125 Plan.**

Group Delta Dental Insurance: Full-time employees. Employee is eligible the first of the month following 30 days of employment.

Full Time Employee:	\$ 14.57	Per Pay Period*
EE & Child/Children	\$ 36.67	Per Pay Period*
EE & Spouse	\$ 29.15	Per Pay Period*
EE & Family	\$ 55.71	Per Pay Period*

**\*Tax free deduction on eligible dependent insurance premiums through a Section 125 Plan.**

Cafeteria Plan (Section 125 Plan) - Medical Flexible Spending Account with Flex Card and Dependent Care Savings Plan tax free deduction for contributions. Enrollment once a year during June. Maximum annual medical flexible spending election in the amount of \$2,600.00. The medical flexible spending account allows a rollover up to \$500.00 for unused funds at the end of the plan year into the following plan year. Maximum dependent care flexible spending annual election in the amount of \$5,000.00.

#### Group Life and AD&D Insurance

USable Life \$8.20 premium per month (full time employees) **Employer pays premium.** \$20,000.00 group term Life Insurance (no cost to employee).

Supplemental Benefits - Administered by Mark III Employee Benefits, Inc. – Employee may elect to purchase additional coverage and benefits directly with Mark III Employee Benefits, Inc..

#### **LONGEVITY PAY**

<b>YEARS OF SERVICE</b>	<b>Paid in December</b>
2 – 5 Years of Service	1.0% of Base Pay
5 – 10 Years of Service	2.5% of Base Pay
10 – 20 Years of Service	5.0 % of Base Pay
Over 20 Years of Service	6.0% of Base Pay

#### **VACATION** – Accrual

Full and Part time employee, prorated by average hours in the work week.

<b>YEARS OF SERVICE</b>	<b>Days Accrued Per Year/ Hours Per Month</b>
0 – 4 Years of Service	10 days / 6.67 hours
5 – 9 Years of Service	12 days/ 8.0 hours
10 – 14 Years of Service	15 days/ 10 hours
15 – 19 Years of Service	18 days / 12 hours
20 + Years of Service	20 days / 13.33 hours

#### **HOLIDAYS**

New Year's Day  
Martin Luther King's Birthday

Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Thursday and Friday  
Christmas (three days)

**SICK LEAVE** – Accrual

Full time and part time employees shall accrue sick leave at a rate of one (1) day per month of service or twelve (12) days per year.

**SUPPLEMENTAL CARE BENEFITS**

Dental Reimbursement: \$500.00 Maximum per full time employee per year.

Employee Assistance Counseling Program (EACP): The Employee Assistance Counseling Program is available to all employees and their immediate families. The basic services provided by the members of the counseling team at Alamance Regional Medical are provided free of charge. These services are confidential. You can locate the counseling center by calling (336) 538-7481.

**LEAVE TYPES**

Family Medical Leave Act (FMLA)  
Worker's Compensation  
Military Leave  
Civil Leave  
Educational Leave with pay  
Shared sick leave

**CREDIT UNION MEMBERSHIP AVAILABLE**

Truliant Federal Credit Union – (800) 822-0382  
Local Government Federal Credit Union – (888) 732-8562  
Premiere Federal Credit Union – (800) 873-2929

**TUTION REIMBURSEMENT** - Full- time employees after completion of six (6) months employment may be reimbursed up to a total of three hundred fifty dollars (\$350.00) per fiscal year upon approval by City Manager.