

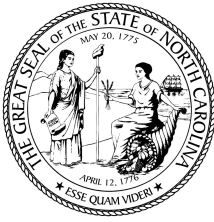
**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



**MEDICAL HISTORY STATEMENT**

**Form F-1**  
*(Rev. 11-2022)*

**This information is for official use only and will not be released to unauthorized persons.  
Payment for services rendered is the responsibility of the hiring agency or the individual.  
The Criminal Justice Standards Division is NOT responsible for payment.  
Mail form to hiring agency or individual  
DO NOT mail form to Criminal Justice Standards Division**

**Instructions:**

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

**Current Medications**

Prescription Medications: (Include pain relievers, birth control pills, etc.)

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

Over the Counter Medications: ( Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

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

**Allergies**

Drug Allergies: (Include your reaction to the medication)

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

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

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

**Past Medical History**

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

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Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

**Males Only:**

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

**Females Only:**

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

**Immunizations**

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations? Date Received: \_\_\_\_\_
- 23. When did you receive your last tetanus (lockjaw) immunization? \_\_\_\_\_

**Occupational History**

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in the criminal justice field?  
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?  
34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)



**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION  
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602  
Telephone: (919) 661-5980  
Fax (919) 779-8210

**MEDICAL EXAMINATION REPORT**

**Form F-2  
(Rev. 11-2022)**

**This information is for official use only and will not be released to unauthorized persons.  
Payment for services rendered is the responsibility of the hiring agency or the individual.  
The Criminal Justice Standards Division is NOT responsible for payment.  
Mail form to hiring agency or individual  
DO NOT mail form to Criminal Justice Standard Division**

**Instructions:**

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Employing Agency: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Vision**

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With contacts: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

How long have contacts been worn? \_\_\_\_\_

Color Perception:  Normal  Abnormal: \_\_\_\_\_

Peripheral Vision:  Normal  Abnormal: \_\_\_\_\_

**Hearing**

Hearing Acuity:  Audiogram or  15' whispered conversation (check one)

Right ear:  Normal  Abnormal: \_\_\_\_\_

Left Ear:  Normal  Abnormal: \_\_\_\_\_

**Cardiovascular**

Blood Pressure: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

Cardiac Examination:  Normal  Abnormal: \_\_\_\_\_

Peripheral Circulation:  Normal  Abnormal: \_\_\_\_\_

ECG:  Indicated by hx or exam: \_\_\_\_\_ (If resting pulse is less than 50 or greater than 100)

**Abnormal Findings**

HEENT:  Normal  Abnormal \_\_\_\_\_

Lungs:  Normal  Abnormal \_\_\_\_\_

Abdomen:  Normal  Abnormal \_\_\_\_\_

Musculoskeletal:  Normal  Abnormal \_\_\_\_\_

Genitourinary:  Normal  Abnormal \_\_\_\_\_

Neurological:  Normal  Abnormal \_\_\_\_\_

Skin:  Normal  Abnormal \_\_\_\_\_

Urinalysis  Normal  Abnormal \_\_\_\_\_

TB Risk Questionnaires Administered:  Yes  No Additional Screening Required:  Yes  No

Specify Additional Screenings: \_\_\_\_\_

**Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?**  
 No  Yes:

**Do you have any reservations about this candidate's ability to physically perform required duties?**  
 No  Yes:

**I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:**

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

\_\_\_\_\_  
Signature of Qualified Medical Professional

\_\_\_\_\_  
Medical License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address of Qualified Medical Professional (Please Type)

## **Tuberculosis Risk Questionnaire**

- |  |     |    |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe?   | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe?  | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients?  | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis?  | Yes | No |

## **Tuberculosis Symptom Questionnaire**

Do you currently have any of the following symptoms?

- |  |     |    |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks                   | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks                   | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath   | Yes | No |
| 5) Chest Pain  | Yes | No |
| 6) Unintentional weight loss                                     | Yes | No |
| 7) Unexplained fatigue (very tired for no reason)                | Yes | No |



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

**PERSONAL HISTORY STATEMENT**

*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.*

**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.



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

Agency Applied: \_\_\_\_\_

8. Was your driver's license ever suspended or revoked?  Yes  No

If yes, state which and give reasons:

9. Was your driver's license ever restored?  Yes  No

When? \_\_\_\_\_

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

10. a. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

b. Race (check all that apply):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Other \_\_\_\_\_

11. Sex:  Male  Female  Other \_\_\_\_\_  Prefer not to say

12. Have you previously submitted an application for employment with this agency?

Yes  No Approximate Date: \_\_\_\_\_

**EDUCATIONAL**

13. 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 or Equivalent					
Universities or Colleges					

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

Agency Applied: \_\_\_\_\_

14. 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?

\_\_\_\_\_

15. Have you ever attended, in part or in whole, a Basic Law Enforcement Training Program?  
 Yes       No      If yes, when and where did the program take place?

\_\_\_\_\_

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**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**

16. Marital Status (check one)     Single                       Married                       Divorced  
    Engaged                       Separated                       Widowed

17. Name of Spouse: \_\_\_\_\_

Name of Former Spouse(s):

--

18. 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**

19. 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:

--

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

Agency Applied: \_\_\_\_\_

20. 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**

21. List every city/county in which you have lived, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State

**FINANCIAL**

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

23. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**):

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

Yes  No  N/A

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

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

Agency Applied: \_\_\_\_\_

26. 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:

27. What is the total amount of all your debts at present? \$ \_\_\_\_\_

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

29. 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

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

Agency Applied: \_\_\_\_\_

**WORK HISTORY**

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

Yes       No

If yes, list agency name and give details:

31. 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

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority?       Yes       No

31b. If such certification or license was ever surrendered, 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.

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

Agency Applied: \_\_\_\_\_

32. 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:

33. Do you object to wearing a uniform?       Yes       No

34. Do you object to working nights?       Yes       No

35. Do you object to working rotating shifts?       Yes       No

36. 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

37. 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 \_\_\_\_\_

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

Agency Applied: \_\_\_\_\_

**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:**

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

Agency Applied: \_\_\_\_\_

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 \_\_\_\_\_

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

Agency Applied: \_\_\_\_\_

**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:**

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

Agency Applied: \_\_\_\_\_

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 (3) months or more.

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

Agency Applied: \_\_\_\_\_

**MILITARY SERVICE**

38. 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?

39. What was the highest rank that you held? \_\_\_\_\_

40. What was the last rank that you held? \_\_\_\_\_

41. What was the date and location of your first enlistment or commission? Date: \_\_\_\_\_

42. List each tour of active duty where a DD-214 was issued:

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

43. List all duty stations: \_\_\_\_\_

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

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

Type of Discharge	Yes	No
Uncharacterized		
Honorable		
General (under honorable conditions)		
Under other than honorable conditions		
Bad Conduct Charge		
Dishonorable Discharge		
Dismissal		

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

45. 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:

46. List all medals and decorations awarded you during your military service:

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

**USE OF DRUGS**

**NOTE:** In questions 48 and 49, 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.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, 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?

49. 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?

50. 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)

---

### **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 offenses and convictions regardless of whether or not the offenses/convictions were expunged.** 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.**

51. 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).

No-Applicant's Initials \_\_\_\_\_

Yes, please list below

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

No - Applicant's Initials \_\_\_\_\_

Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

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

Agency Applied: \_\_\_\_\_

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are 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. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (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.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

**NOTE:** If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

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 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. 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: \_\_\_\_\_

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

Agency Applied: \_\_\_\_\_

53. 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 \_\_\_\_\_

**REFERENCES**

54. Give the names of four 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.		

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

Agency Applied: \_\_\_\_\_

**STATE OF:**

**NORTH CAROLINA**

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

**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 \_\_\_\_

\_\_\_\_\_  
(Applicant Signature in Full)

\_\_\_\_\_  
(Applicant Print Name 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 51.