

**Sheriffs' Education and Training Standards Commission  
North Carolina Department of Justice**

**Sheriffs' Standards**

Telephone: (919) 716-6460

Fax : (919) 716-6753

# Personal History Statement

**Note:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for the position of a justice officer. It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for justice officer certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serves no other purpose.

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

FORM F-3

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION  
PERSONAL HISTORY STATEMENT

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

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

**POSITION(S) APPLIED FOR:**

Agency \_\_\_\_\_ Date \_\_\_\_\_

Deputy  Detention Officer  Telecommunicator

Have you previously submitted an application for employment with this agency? YES  NO

If YES, approximate date: \_\_\_\_\_

**PERSONAL**

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name \_\_\_\_\_

Other previous last names: \_\_\_\_\_

\_\_\_\_\_

Nicknames or Aliases \_\_\_\_\_

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

2. Social Security \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3. Present Mailing Address:

Permanent Mailing Address:

Street and Number \_\_\_\_\_

Street and Number \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers:

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Pager ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell/Mobile: ( ) \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

5. Citizenship:  U.S. Born  U.S. Naturalized  Other, specify: \_\_\_\_\_



**C. Continuing Education:**

NAME: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
 GRADUATED: \_\_\_\_\_  
 DEGREE AWARDED: \_\_\_\_\_  
 MAJOR FIELD: \_\_\_\_\_

NAME: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_  
 YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_  
 GRADUATED: \_\_\_\_\_  
 DEGREE AWARDED: \_\_\_\_\_  
 MAJOR FIELD: \_\_\_\_\_

**RESIDENCES**

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

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

**FAMILY HISTORY**

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

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

15. Name of Spouse/Former Spouse(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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17. Are there other persons, other than your spouse and listed children, who are presently dependent upon you for support?

YES  NO  If YES, give details: \_\_\_\_\_

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18. Are you related by blood or marriage to any person (s) now employed by this agency? YES  NO

If YES, give name(s) and details: \_\_\_\_\_

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19. Is any member of your immediate family now in prison or on probation or parole? YES  NO

If YES, give name(s) and details: \_\_\_\_\_

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**FINANCIAL**

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

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

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22. Have you ever declared bankruptcy? YES  NO  IF YES, give details:

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

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

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

Firm/Business	Street Address	City/State	Amount Owning

**WORK HISTORY**

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

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27. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations? YES  NO  If YES, list employer, time-frame and reason:

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

Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$                      per	Ending or Current Salary \$                      per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS            MOS		
Part Time        YRS            MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		
Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$                      per	Ending or Current Salary \$                      per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS            MOS		
Part Time        YRS            MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		

Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$                    per	Ending or Current Salary \$                    per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS        MOS		
Part Time        YRS        MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		
Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$                    per	Ending or Current Salary \$                    per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS        MOS		
Part Time        YRS        MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		
Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$                    per	Ending or Current Salary \$                    per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS        MOS		
Part Time        YRS        MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		

Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS        MOS		
Part Time        YRS        MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		
Employer:	Address:	
Job Title:	Supervisor's Name:	Telephone Number:
Date Employed (mo/yr)	Starting Salary \$            per	Ending or Current Salary \$            per
Date Separated (mo/yr)	List Major Duties in Order of Importance:	
Full Time        YRS        MOS		
Part Time        YRS        MOS		
If part time, hours worked per week:		
<b>Reason for Leaving:</b>		

**If you need more space, attach additional sheets.**

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

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**MILITARY SERVICE**

29. Were you **ever** in the U.S. Military service or any other military organizations even for one day?  
 YES  NO  **If YES, complete Questions 30 through 37. If NO, skip to #38.**

30. What was your service number? \_\_\_\_\_

31. What was the highest rank you held? \_\_\_\_\_

32. What was the date and location of your first entrance into active duty? \_\_\_\_\_

33. What were your unit assignments in the service? \_\_\_\_\_

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

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

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

- Entry Level Separation 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

**Submit a Member 4 copy of DD214 for each discharge and period of deployment.**

36. Were you ever court martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain’s mast, company punishment, article 15, and/or 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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37. 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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**NOTE: In question 38, the words “drink or used” mean one time or more, including experimentation. If any answer is YES, give FULL and COMPLETE DETAILS.**

**USE OF ALCOHOL**

38. Do you drink alcoholic beverages? YES  NO  If YES, how frequently and in what amount?

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**PRIOR CRIMINAL CONDUCT**

**NOTE: Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification. The word “used in the following question includes even one time use or experimentation. Applicants for the position of Justice Officer must disclose all prior criminal conduct.**

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

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

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

Date of Issuance: \_\_\_\_\_ County of Issuance: \_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

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

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

42. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (As used in this question, the term "charged" includes being issued a citation or criminal summons.)

YES  NO  If YES, complete the following and provide documentation of each offense listed.

A. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

B. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

C. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

D. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

E. OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

**(ADD EXTRA SHEETS, IF NECESSARY.)**

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

- (A) currently under indictment for information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (B) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (C) are a fugitive from justice.
- (D) are an unlawful user of, or addicted to marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (E) have ever been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (F) have been discharged from the armed forces under dishonorable conditions.
- (G) are illegally in the United States.
- (H) have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A “*crime punishable by imprisonment for a term exceeding one year,*” as discussed in (A) and (B) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (A through H) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 16 of this document indicates you have read this section and understand each of the disqualifiers.

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44. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon? YES  NO

If so, did you commit the act(s) against a current or former spouse, parent, or guardian, or against a person with whom you share a child in common, or against a person with whom you were or are cohabitating with, or a person similarly situated to a spouse, parent, or guardian or the victim (Domestic Violence Offense)? YES  NO

OFFENSE CHARGED: \_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

DISPOSITION: \_\_\_\_\_

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

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

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

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

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

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

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

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

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**CAREER OBJECTIVES**

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

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53. List special skills, training, field of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

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54. What are your feelings about the use of deadly force if it became necessary in the performance of official duties? **(Not applicable for telecommunicators)**

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**REFERENCES**

55. Give the names of five responsible persons, **other than relatives or past employers**, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	City	State	Telephone
1)				
2)				
3)				
4)				
5)				

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I hereby certify that **each and every statement made on this form is true and complete** and understand that any misstatements or omission of information may subject me to disqualification or dismissal. I also acknowledge that **I have a continuing duty to update all information contained in this document.** I will report to the employing agency and forward to the Sheriffs' Education and Training Standards Commission any additional information which occurs after the signing of this document.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE IN FULL)

*SUBSCRIBED AND SWORN TO BEFORE ME,*

*THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_*

\_\_\_\_\_  
(SIGNATURE IN FULL)

*NOTARY PUBLIC (OFFICIAL SEAL)*

*MY COMMISSION EXPIRES*

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

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

20-28	Driving while license permanently revoked (20-28(b))(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (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
20-279.31(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