



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.

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

7. Ethnic Background

- American Indian Spanish American
 Asian American White
 Black 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: _____

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

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

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? _____

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.

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:

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

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 rd 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.



REQUIREMENTS FOR POLICE OFFICER APPLICANTS

Thank you for making Henderson Police Department your choice in career in law enforcement. Before we can process your application the following items must be submitted. Documents requiring notarizing must be done so prior to submission. Incomplete applications will not be considered for further processing.

1. Personal History Statement (NC Form F-3) with notarized signature
2. Notarized Authorization and Release form, signed Waiver of Record Investigation form and Pre-Employment Polygraph Testing Notification Form
3. Photocopy of birth certification or naturalization papers to verify age and citizenship
4. Certified copy of high school transcripts or proof of successful completion of High School education of the General Education Development (GED) test or a photocopy of such documentation which includes name, address, and phone number of the school
5. Certified copy of any academic record above high school, or technical school, or photocopy which includes name, address, and phone number of the school
6. Photocopy of military service discharge papers and form DD-214, if applicable
7. Photocopy of a current, valid Driver's License and Social Security Card
8. A personal photograph of the applicant in business attire on a passport sized photograph
9. Certified copies of local criminal records checks issued by the county clerk's office from each county you have lived since the age of 18. Records checks cannot be more than 90 days old from the time application is submitted.
10. Applicants must submit to a reading and writing comprehension exam with passing results of a minimum of 70% at a tenth grade level as well as physical abilities assessment. Applicants must pass the Police Officer Agility Test (POPAT) in less than ten minutes.

Post-Conditional Offer Testing Only: Applicants receiving Conditional Offers must complete NC Forms F-1 and F-2 (Medical History and Evaluation) and complete a Psychological Screening as required by the State of North Carolina Criminal Justice Education and Training Standards Commission.





Application Process Steps

- ❖ **Human Resources Department Pre-Screening:**
 - This step was completed after you filled out your City of Henderson Employment Application and submitted it to the Human Resources Department.

- ❖ **Minimum Legal Requirements for Employment:**
 - Must be at least 20 ½ years of age, and
 - A United States citizens, and
 - Have no felony convictions and a criminal and driving record that meets the standards of the North Carolina Criminal Justice Education and Training Standards Commission. (After completing the necessary waivers, criminal and driving records check will be conducted to ensure all requirements are met.

- ❖ **Reading/Writing Comprehension Exam:**
 - All applicants must submit to a reading and writing comprehension exam. Applicants must pass with a minimum of 70% at a tenth grade reading and writing level.

- ❖ **Physical Abilities Test:**
 - BLET candidates must undergo a physical abilities assessment. The assessment consists of the Police Officer Physical Agility Test (POPAT) and must be completed in less than ten minutes.

- ❖ **Background Investigation:**
 - The Henderson Police Department will conduct an in-depth background investigation following your completion of the necessary waivers and the NC Form F-3 (Personal History Statement). All applicants should be aware that, due to the sensitive nature of police work, sensitive or confidential aspects of your personal life might be explored. All applicants are required to be forthcoming and truthful in all aspects of this process. If it determined that if any applicant is unforthcoming, deceiving, or untruthful with any portion of any process as it relates to this application the applicant will no longer be eligible to participate with the hiring process.

- ❖ **Oral Interview Panel:**
 - Upon successful completion of the background phase, all applicants will be scheduled for an oral interview with members of the Henderson Police Department

- ❖ **Polygraph Testing:**
 - All applicants must submit to a polygraph examination. The examination is used to verify various items provided on the application materials by the applicant.





❖ **Conditional Offer:**

- Once these steps have been completed, the Chief of Police may determine that an applicant be given a “Conditional Offer of Employment.” This offer, which is given in writing, indicates that the department intends to hire an applicant after successful completion of other tests.

❖ **Physical Examination:**

- This is done regionally by a physician of the Department’s choosing at the expense of the Henderson Police Department

❖ **Drug Screening:**

- This is done regionally by center at the expense of the Henderson Police Department

❖ **Psychological Testing:**

- This done at a State Certified Psychiatrist (specified by the Department) at the expense of the Henderson Police Department

The entire Hiring Process can take approximately 90 days. However, obtaining vital records, documentation, contacting references and the scheduling of post-conditional offer testing may lengthen the duration of this process. This is why it is important to provide all requested information and documents in a timely manner to expedite the process.

Candidates not selected for employment may re-apply. Such candidates may be re-tested or reevaluated in elements of the process for which they received less than satisfactory scores. Candidates not selected, but receiving satisfactory scores in all elements, will be placed on an eligibility list to fill vacancies as they occur. The records of candidates not appointed will be maintained on file for a minimum of one year beyond the determination. All federal, state and documentation guidelines will be met.

If, during the hiring process, an applicant is deemed ineligible for appointment, we will contact that applicant within 30 days of such decision.

Applicants are required to notify the Henderson Police Department’s Recruiting Unit when changes in their status occur such as address changes, contacts with law enforcement, etc.





Alcohol and Drug Screening Advisory

Mandatory testing of Criminal Justice Officers for illegal drugs and abuse is necessary because of the unique responsibilities that these officers have. In particular, Police and other Criminal Justice Agencies hold a special public trust to ensure that their employees are drug free and free of impairment.

The urinalysis testing method is capable of identifying marijuana, cocaine, and the major drugs of abuse including but not limited to heroin, amphetamines, and barbiturates.

The urine sample is first analyzed using a screening method. A specimen that tests positive shall undergo an additional confirmation test. An initial positive test should be classified as "Confirmation Pending."

I have reviewed the basic rules for drug testing and screening for Police Applicants for the City of Henderson, North Carolina. I hereby agree to submit to all testing procedures for drug use and agree for all test results to be released to the City of Henderson Human Resources Director and the Chief of Police or their designee(s) in charge of these procedures.

Name: (Please print) _____

Signature: _____

Address: _____

Witness: _____





Pre-Employment Polygraph Examination Notification

As part of our Pre-Employment Background Investigation, the Henderson Police Department conducts a Pre-Employment Polygraph Screening. However, it is the policy of the Henderson Police Department that the use of the Polygraph Screening as a detection of deception is not a single determination of employment status.

The Pre-Employment Polygraph Screening will include questions that are drawn from areas provided by the applicant in the application forms, such as **financial history, work history, use of alcohol or drugs, criminal conduct, disciplinary actions, military history and motor vehicle driving history.**

As part of this Pre-Employment Polygraph Screening, information that the applicant has submitted to the Henderson as part of the Application Process (City of Henderson application, NC Personal History Form F-3), will be turned over to the Polygraph Examiner prior to the date of the polygraph examination. The Polygraph Examiner will forward the results of this examination to the Department's Recruiting/Selection Officer, who will then process the application based on the Department's Recruitment and Selection Process Policies.

Applicants who fail to keep scheduled polygraph appointments and who did not properly notify the Department's Recruiting/Selection Officer will be considered withdrawn from the application process unless an emergency situation beyond the applicant's control can be verified.

I, _____, have read and understand this Pre-Employment Polygraph Examination Notification.

Applicant Signature: _____ Date: _____

Recruiting/Selection Officer Signature: _____

Date Information sent to Polygraph Examiner: _____

Date of Polygraph Examination: _____

Date results received and filed: _____





Waiver of Record Investigation

I, _____, hereby consent and waive all rights under the Federal Privacy Act, for the Henderson Police Department to investigate my background and have released to the Henderson Police Department all records of arrest and convictions, for employment purposes only.

Applicant's Signature: _____

Date: _____

Witnesses Name (Please print): _____

Witnesses Signature: _____

Applicant's Full Name: _____

Applicant's Social Security Number: _____

Applicant's Date of Birth: _____

Applicant's Driver's License Number: _____





Credit History Request

Applicant's Name: _____

Social Security Number: _____

Nicknames or Aliases: _____

Present Mailing Address: _____

Permanent Mailing Address: _____

Date of Birth: _____ Place of Birth: _____

Applicant's Signature: _____

Authorized Official: _____

Date: _____





Notification of Change Requirement

You are required to inform the Henderson Police Department of any arrest record you may have. This includes any criminal or traffic offenses pending or adjudicated.

All applicants are required to notify the Recruiting/Selection officer of any change(s) in the circumstances reported on any document submitted during the application process. This includes, but not limited to, changes in name, address, telephone number, marital status, and any other responses to the questions contained in the City of Henderson Application and the North Carolina Personal History Statement (Form F-3).

Specifically required to be reported are changes in current employment status, any disciplinary action while a member of the armed forces, any usage of alcohol and/or drugs not reported in response to questions 43, 44, 45, and 46 on the Personal History Statement (Form F-3), any criminal offense(s) including minor traffic offenses with which the applicant is charged or convicted between the date of application and the date of employment and any change in the driver's license status.

All changes must be reported to the Recruiting/Selection Division in writing within ten (10) days of the occurrence. Failures to notify the Recruiting/Selection Division of any change in status will be treated as a willful omission of information and grounds for rejection. Changes in those areas specifically required to be reported could affect an applicant's suitability for employment. Should the applicant be rejected because of failure to notify the Recruiting/Selection Division of a change in status, the applicant will be notified in writing.

I, _____, understand my duty and obligation to respond truthfully to any and all questions on any document submitted during the hiring process. I have been advised that I am obligated to report any changes in my current status to the Recruiting/Selection Unit in writing within ten (10) days of such change. I understand that my failure to make this notification in writing may result in my disqualification for employment with the Henderson Police Department.

Applicant's Signature: _____ Date: _____

Social Security Number: _____





**Authorization for Release of Personal Information and Records for Law
Enforcement Employment/Certification**

I understand that in order to determine my suitability for employment as a Police Officer, the Henderson North Carolina Police Department must make a thorough investigation of my personal history and background. It is in the public interest that all relevant information concerning my personal and employment history be disclosed to the Henderson Police Department.

Therefore, I, _____, do hereby authorize the release of all records pertaining to my personal history, background and employment to any duly authorized agent of the Henderson Police Department, whether the said records are of a public, private, confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions (including records of loans), the records of commercial and retail credit agencies (including credit reports and/or ratings), and other financial statements and reports wherever filed; medical and psychiatric treatment and/or consultation facilities, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; current and previous actual or prospective employers, including employment and pre-employment records, background reports, efficiency ratings, complaints or grievances filed by or against me, and the records or recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment as a Police Officer by the Henderson Police Department and certification through the North Carolina Training and Standards Commission. I hereby waive all right to inspection or review of any information compiled in reference to my application for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving factual information, and I do hereby release said person(s) from any and all liability whatsoever which may be incurred as a result of furnishing such information. I further release the City of Henderson, the Henderson Police Department and its agents and employees from any and all liability whatsoever which may be incurred, or as a result arise, from the collection and evaluation of such information as it relates to my application for employment as a Police Officer with the City of Henderson Police Department.

#47A



**HENDERSON POLICE DEPARTMENT
RECRUITMENT AND SELECTION UNIT**



Moreover, I do hereby further authorize the Henderson Police Department and its agents and employees to release copies of any and all information to any agency or entity that regulates the certification, authority or conduct of law enforcement employees, understanding that release of such information may affect my qualification for any present or prospective employment as a law enforcement employee. This authorization for release is to include, but not necessary limited to, the Attorney General of NC, the NC Criminal Justice Education Training and Standards Commission, the NC Sheriff's Education and Training Standards Commission, agencies of other states, the federal government, and any government agency by which I am currently employed or to which I have applied for employment.

A photocopy of this release form shall be considered valid, just as an original.

I have read and fully understand the contents of this authorization.

Applicant Name: _____ (Print)

Applicant Signature: _____

Date: _____

STATE OF NORTH CAROLINA
COUNTY OF _____

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

Notary Public (Print): _____

Signature: _____

My Commission Expires: _____

47A





APPLICATION FOR EMPLOYMENT CITY OF HENDERSON

INSTRUCTIONS

Please Read and Follow Carefully

1. Please complete **all** sections of this application in full. Incomplete applications will not be considered for employment. Use additional "continuation sheets" as necessary to show all previous employment and breaks in employment.
2. A separate application must be completed for each position for which you apply. Resumes are welcomed as a supplement, but may not be substituted for the employment application.
3. Applications are accepted Monday-Friday, 8:30 am-5:00 pm, except holidays, and must be **received in the Human Resources Department by 5:00 pm on the closing date** indicated for each position. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of the City and cannot be returned.
4. Applications that are received unsigned or after the closing date will not be processed. Applicants who **DO NOT** meet the minimum requirements for the position will not be considered for employment.
5. Applicants will be required to furnish documentation certifying their identity and eligibility to work in the United States as a condition of employment.
6. **THE CITY DOES NOT ACCEPT APPLICATIONS RANDOMLY. APPLICATIONS WILL ONLY BE ACCEPTED FOR CURRENT JOB OPENINGS.**

PLEASE TYPE OR PRINT CLEARLY IN INK

Date: _____

Position applying for: _____

Date available for work: _____ Part-time ___ Full-Time ___

Full Name: _____

Present Address: _____

Street & No. City State Zip Code

County of Residence: _____

Home Phone No.: _____ Alternate Contact No.: _____

Willing to Work Rotating Shifts: _____

City of Henderson
Attention: Human Resources Department
Post Office Box 1434, 134 Rose Avenue, Henderson, NC 27536
(252) 430-5729 • Fax (252) 492-7935
cohjobs@ci.henderson.nc.us

GENERAL INFORMATION

Are you, or have you ever been, employed by the City? Yes ___ No ___
 If yes, where? Please indicate department, dates and name used (if different): _____

Are you related by blood or marriage to any person now employed by the City? Yes ___ No ___
 If yes, who? Please indicate name, relationship and department: _____

Have you ever been employed by another City or Town? Yes ___ No ___
 Check types of work you will accept:
 Permanent Full-time ___ Permanent Part-time ___ Work involving travel ___
 Temporary Full-time ___ Temporary Part-time ___ Shift Work ___

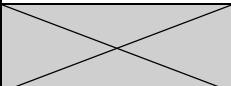
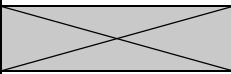
Have you ever been dismissed from work or forced to resign from any positions? Yes ___ No ___
 If yes, please explain: _____

Have you ever been convicted of an unlawful offense, other than a minor traffic violation? Yes ___ No ___
 If yes, please explain: _____

Note: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

Do you have a valid North Carolina Driver's License? Yes ___ No ___ If yes, please provide license number, State of issuance and expiration date: _____

EDUCATION

	<i>High School</i>	<i>Vocational/Technical</i>	<i>College/University</i>	<i>Graduate/Professional</i>
School Name & Location				
Check Years Completed	9 ___ 10 ___ 11 ___ 12 ___ GED ___	1 ___ 2 ___	1 ___ 2 ___ 3 ___ 4 ___	1 ___ 2 ___ 3 ___ 4 ___
Dates Attended (mo/yr)		From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Graduate?	Yes ___ No ___	Yes ___ No ___ If yes, when? (mo/yr)	Yes ___ No ___ If yes, when? (mo/yr)	Yes ___ No ___ If yes, when? (mo/yr)
Diploma/Degree				
Credit Hours for Semester/Quarter				
Course of Study				

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job and continuing in reverse order. Include periods of unemployment, self-employment, military service, internships and volunteer/summer work. Do not leave gaps in the history. Be sure to indicate whether employment was full-time or part-time; if part-time, state the average number of hours worked per week. Incomplete information will result in disqualification of your application.

If presently employed, may we contact your present employer? Yes_____ No_____

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week:				

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week:				

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			

Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					
Employer:		Type of Organization:	Address:		Phone No.:
Job Title:		Name and Title of Supervisor:			No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per		Ending Salary: \$ _____ per		Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)				
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					

Employer:		Type of Organization:	Address:		Phone No.:
Job Title:		Name and Title of Supervisor:			No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per		Ending Salary: \$ _____ per		Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)				
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					

Employer:		Type of Organization:	Address:		Phone No.:
Job Title:		Name and Title of Supervisor:			No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per		Ending Salary: \$ _____ per		Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)				
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					

TRAINING

List fields of work for which you have been registered, licensed or certified.

Certification: _____ State: _____ #: _____ Exp. Date: _____

Certification: _____ State: _____ #: _____ Exp. Date: _____

List internships, specific courses, workshops, training and/or memberships you may have had that relate to the position for which you are applying. Include credit hours or CEUs, if applicable:

SPECIAL SKILLS & QUALIFICATIONS

Indicate skills and abilities in the following areas which relate to the position for which you are applying. Please check all that apply and that you would be able to use immediately upon employment.

<input type="checkbox"/> Driver License	<input type="checkbox"/> Commercial Driver License (CDL)
<input type="checkbox"/> Typing ___ w.p.m.	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Foreign Language (specify) _____
<input type="checkbox"/> Spreadsheets (specify) _____	<input type="checkbox"/> Computer Hardware (specify) _____
<input type="checkbox"/> Computer Programming (specify language) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Adding Machine/Calculator	

Summarize special job related skills and qualifications acquired from employment or other experience.

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Name	Years Known	Organization	Home/Business Address & Phone No.
1. _____			
2. _____			
3. _____			

CERTIFICATION

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with the City of Henderson. Prior to employment, I understand the City will require verification of education, licenses and/or certifications required for the position for which I have applied. In addition, I hereby authorize my current and former employers (including the U.S. Government and/or the U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide the City of Henderson with any job-related information requested. I also permit the City of Henderson to conduct a police and court records investigation of my background if relevant to the job for which I am applying. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122-1)

Finally, I attest under penalty of perjury, that I am authorized to work in the United States.

Applicant's Signature: _____ Date: _____

(Unsigned applications will not be processed)

CONFIDENTIAL APPLICANT LOG

The City of Henderson is an equal opportunity employer. As part of the City's Equal Opportunity Program, the federal government requires us to compile summary data about applicants. This Confidential Applicant Data Sheet is intended to help collect this information. All responses are completely voluntary and will be used for statistical analysis only. This sheet will be removed by Human Resources and will not remain with your application. Refusal to respond will not result in adverse treatment of any applicant.

Name:	Date of Birth:	SSN#:
Position Applied for:	Sex:	Female Male

Referral Source: (Please mark box and name particular source, if applicable)

Newspaper _____	Employment Security Commission _____	Walk-In _____
Internet _____	Personal Referral _____	Printed Media _____

<p align="center">ETHNIC BACKGROUND</p> <p>___ White (Non-Hispanic origin)</p> <p>___ Black/African American (non Hispanic origin)</p> <p>___ American Indian or Alaskan Native</p> <p>___ Hispanic (Mexican, Puerto Rican, Cuban, Central/South American, Latino, regardless of race)</p> <p>___ Asian or Pacific Islander Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands</p> <p>___ Other or Multi-Ethnic/Racial</p>	<p align="center">VETERAN</p> <p>___ Vietnam Era Veteran - "a person (1a) who served on active duty between 8/5/64 and 5/7/75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the</p>	<p align="center">DISABILITY</p> <p>Note: Reporting any disability is voluntary</p> <p>Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.</p> <p>___ None/Prefer not to report</p> <p>___ Blind or severely visually impaired</p> <p>___ Deaf or severely hearing impaired</p> <p>___ Loss or limited use of arms and/or hands</p> <p>___ Non-ambulatory (must use</p>
---	---	---

<p style="text-align: center;">CITIZENSHIP</p> <p><input type="checkbox"/> Resident Foreign National (an alien who has been admitted for permanent residence - must have Alien Registration Receipt Card, form I-551)</p> <p><input type="checkbox"/> Non-Resident Foreign National (an alien admitted temporarily for specific purposes and periods of time)</p> <p><input type="checkbox"/> United States Citizen</p>	<p>Act.”</p> <p><input type="checkbox"/> Disabled Veteran - “a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability.”</p> <p><input type="checkbox"/> Disabled Vietnam Era Veteran – both of the above.</p>	<p>wheelchair)</p> <p><input type="checkbox"/> Semi-ambulatory (limited mobility, but wheelchair not needed)</p> <p><input type="checkbox"/> Respiratory impairment</p> <p><input type="checkbox"/> Nervous System/neurological disorder</p> <p><input type="checkbox"/> Mental illness/emotional disturbance</p> <p><input type="checkbox"/> Learning disability</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---	--

MILITARY HISTORY/INFORMATION

(initial) I certify that I am registered with Selective Service.

(initial) I certify that I am not required to be registered with Selective Service because I am female.

I am in the armed service on active duty. Dates Entered: _____ Discharge Date: _____ Type of Discharge: _____

Any current reserves or military obligation? _____

I have not reached my 18th birthday. Can you provide required proof of your eligibility to work? Yes No

I am a citizen of the Federated States of Micronesia, or the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT AND/OR RELEASE OF INFORMATION

Pursuant to the federal Credit Reporting Act, I hereby authorize the City of Henderson and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I authorize the City of Henderson to disclose the information and data, including my social security number, (filled in at the bottom of this Authorization) to others for the purpose herein so forth.

I, _____ (*print your name*), authorize the complete release of records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish City of Henderson or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release the City of Henderson and each responding entity and its respective agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be used (in lieu of the original) to request information and shall have the same validity as the original.

I understand that, pursuant to the federal fair credit reporting act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

PLEASE PRINT CLEARLY

FULL NAME: _____

MAIDEN LAST NAME (if applicable): _____

AUTHORIZATION RELEASE

PAGE 2 OF 2

PLEASE PRINT CLEARLY

NAME (Full): _____

MAIDEN NAME (if applicable): _____

PRINT ALL FORMER NAMES USED: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER LICENSE NUMBER: _____

STATE ISSUED: _____

CURRENT STREET ADDRESS:

PRIOR RESIDENCE, PAST 7 YEARS:

DATES AT THIS ADDRESS: FROM _____ TO _____

Street *City* *State* *Zip*

DATES AT THIS ADDRESS: FROM _____ TO _____

Street *City* *State* *Zip*

By signing below, you are certifying that the above information is true and correct.

Signature: _____ Date: _____