

BLET Student Packet



Frequent Questions and Answers related to the BLET Program

How hard is Basic Law Enforcement Training?

Police cadets participate in a demanding but obtainable program that consist of physical activities that help in preparation for a challenging career in law enforcement. Activities include running, weight training, and group exercises. Weekly academic tests are given to measure understanding.

After graduating from BLET, does the certification last indefinitely?

No. Graduates must be hired or sworn-in by a law enforcement agency within 12 months from their graduation date or the certification will expire.

How much does it cost to attend BLET?

If you are sponsored or hired the course fee of \$125.00 is waived. You will be required to pay the \$220 workbook and student manual fee upon registering for the class. This fee also includes your CPR certification card and accident insurance through ACC.

Do I need any additional equipment?

A computer will be provided for the duration of the class for accessing your manual and note taking.

Do I need to order books?

When you register for the class you will be required to pay for the digital manual and workbook. On the first day of class you will receive login information and course codes.

Where do I get my uniforms?

Uniform clothing may be purchased at Davis Public Safety in Burlington, NC. After purchasing them, it will be necessary to have them embroidered by Biome Branding (Formerly Embroidery by Judy)

Required Uniforms: Boots, 511 shirts and pants	Embroidery on all items:
Davis Public Safety 2466 Corporation Parkway Burlington, N.C. 27215 Store 336-229-7710 336-515-3616 e-mail darron@davispublicsafety.com	Biome Branding Casey-336-613-8279 casey@biomebranding.com <hr/> Judy- 336-213-3267

Do I have to take any tests to be accepted into the BLET course?

Yes. You will be required to take a reading and spelling test and score a minimum 10th grade level to gain entry into the program. To schedule the test, visit www.alamancecc.edu/TABE.

How do I apply?

- Visit the website at: www.alamancecc.edu/BLET
- Complete and submit a BLET registration form
- Download the packet and print single sided or contact a member of the BLET staff at 336-506-4034 to obtain a packet.

What other documents are required with the admission packet?

North Carolina Training and Standards requires these documents to be in each student's file prior to the first day of class.

- Copy of Valid NC Driver's License
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of High School Diploma **OR** High School Transcript
- Criminal History Checks from **EACH COUNTY** you have residence since adulthood.
- Medical Exam Report

What do I do when my packet is completed?

The packet must be turned in to a member of the BLET staff who will verify that all documents are included and complete. Please call 336-506-4034 or email csverdeck626@alamancecc.edu for more information or to schedule a review appointment.



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

BLET Student Checklist

Please be sure to include the following with your application packet:

- ☐ Copy of Birth Certificate
- ☐ Copy of NC Driver's License
- ☐ Copy of SS Card
- ☐ Copy of High School Diploma or High School Transcript
- ☐ Certified Criminal Checks from EACH County of Residence
- ☐ Sponsorship Verification Form
- ☐ Verification of Employment
- ☐ Student Release Form
- ☐ FERPA form
- ☐ HIPPA form
- ☐ Physician's Medical Release Form
- ☐ TEAR GAS, MACE & PEPPER SPRAY Release Form
- ☐ All Medical Report Forms
 - ☐ F-1, Medical History
 - ☐ F-2 Medical Examination Report
 - ☐ F-2A Tuberculosis Questionnaire
 - ☐ F-2B Medical Exam Report Addendum
 - ☐ F-3, Personal History Statement



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

SPONSORSHIP VERIFICATION FORM *And Authorization for the Release of Information*

(Print) Full Name of Applicant _____ Date of Birth _____ SSN _____

Mailing Address: _____
Street & Number City State Zip Code

E-Mail Address: _____

Telephone: Daytime _____ Evening _____

Place of Birth: _____ Citizenship: U.S. Born _____ U.S. Naturalized _____

Other-Specify: _____

NC Driver's License Number: _____

Sex: ☐ Male ☐ Female

Ethnic Background (For confirmation of criminal history checks only)

☐ American Indian

☐ Spanish American

☐ Asian American

☐ White/Caucasian

☐ African American

☐ Other

Have you previously submitted an application for or actually attended BLET? YES NO
If so, where and reason for separation: _____

Were you ever in the U.S. Military or any other military organizations? YES NO
If so, what was the highest rank you held? _____

Was your discharge honorable? YES NO

Were you ever the subject of any disciplinary action? YES NO

Do you have a high school diploma, or have you passed the General Educational Development (GED) Test? YES NO

Do you object to wearing a uniform? YES NO

Do you object to attending BLET at night or working nights? YES NO

	YES	NO
Do you object to attending BLET on Saturdays?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been charged with or convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give details _____		

Have you ever been charged with a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, offense charged _____		
Charging law Enforcement Agency _____		
Date ____/____/____ Disposition of Case _____		

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

As an applicant for the Basic law Enforcement Training (BLET) program at Alamance Community College, I hereby expressly authorize the sponsoring agency and ACC to conduct a background investigation in connection with my application. This investigation may include information from, but is not limited to educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, military records, Department of Motor Vehicle records, NC Criminal justice/ NC Sheriffs' Education Standards and Training records, and any other appropriate sources.

I express authorize Alamance Community College, the Criminal Justice Standards Division, the sponsoring agency head or his/her designee, and any prospective employer to examine, review, make, copy, share, and release my aforementioned records, and any other records such as grades, conduct reports, etc. compiled while as an applicant and/or a participant in the program.

I hereby release these parties and any of its agents and any persons so furnishing/ receiving information from any and all liability of every nature and kind out of the furnishing, receiving or releasing of such information.

_____ Signature of Applicant	_____ Date
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NOTE: THE SPONSORING AGENCY IS RESPONSIBLE FOR CONDUCTING A THOROUGH BACKGROUND INVESTIGATION ON ALL SPONSORED BASIC LAW ENFORCEMENT TRAINING APPLICANTS. TITLE 12 N.C.A.C 09B.0203 REQUIRES THAT CERTAIN BACKGROUND CQECKS BE CONDUCTED PRIOR TO THE ADMISSION OF A TRAINEE INTO B.L.E.T CLASS

THIS PORTION IS TO BE COMPLETED BY THE SPONSORING AGENCY

Please identify which of the following computerized checks were conducted:

<input type="checkbox"/> AOC	<input type="checkbox"/> DCI/NCIC WANTED	<input type="checkbox"/> 50B
<input type="checkbox"/> Driver History	<input type="checkbox"/> Concealed Weapon Permit	<input type="checkbox"/> ZID (Only)

(PLEASE INCLUDE A COPY OF THE AOC UPON RETURN OF THIS SPONSORSHIP FORM.)

As a result of these checks, did you receive any information that would preclude the applicant from Criminal Justice Employment? ☐ Yes ☐ No

Summary of Responses: _____

Name of Person Who Processed This Information: _____

PLEASE ENROLL THE ABOVE PERSON IN THE ALAMANCE COMMUNITY COLLEGE BASIC LAW ENFORCEMENT TRAINING PROGRAM. THIS AGENCY WILL NOTIFY THE B.L.E.T SCHOOL DIRECTOR IMMEDIATELY IF THE STUDENT'S SPONSORSHIP IS REVOKED FOR ANY REASON. BY REQUESTING THE ADMISSION OF THIS INDIVIDUAL, ***I AM ATTESTING TO THE FACT THAT A BACKGROUND CHECK WAS CONDUCTED, IS ON FILE IN OUR OFFICE AND THAT THE CHECK REVEALED NOTHING THAT WOULD PROHIBIT THIS INDIVIDUAL FROM BEING EMPLOYED BY A LAW ENFORCEMENT AGENCY.*** FURTHERMORE, I ATTEST THAT I AM AWARE OF NOTHING IN THIS PERSON'S CHARACTER OR REPUTATION THAT WOULD BRING DISCREDIT UPON MY AGENCY, LAW ENFORCEMENT, OR ALAMANCE COMMUNITY COLLEGE.

In the event this individual is not currently employed by this agency, he/she understands that this sponsorship does not guarantee them employment with this or any other law enforcement agency, nor does this sponsorship express or imply in any way a guarantee of employment in law enforcement with this agency or any other agency in the future.

I further attest that the above named individual is at least-20 years of age.

THE ABOVE INDIVIDUAL IS ☐ HIRED ☐ SPONSORED BY THIS AGENCY

LAW ENFORCEMENT AGENCY: _____

AGENCY REPRESENTATIVE: _____

E-MAIL ADDRESS: _____

CONTACT NUMBER: _____

FAX NUMBER: _____

IMPORTANT: (1) FEDERAL GUIDELINES (FAMILY EDUCATION RIGHTS AND PRIVACY ACTS OF 1974) CONCERNING SCHOOL-STUDENT CONFIDENTIALITY MAY PROHIBIT THE B.L.E.T SCHOOL DIRECTOR (OR HIS DESIGNEE) FROM FURNISHING CERTAIN INFORMATION TO THE HIRING/SPONSORSHIP EXPIRES ONE YEAR FROM THE DATE THIS DOCUMENT IS EXECUTED BY THE HIRING/SPONSORING AGENCY REPRESENTATIVE, UNLESS OTHERWISE SOONER REVOKED.



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

VERIFICATION OF EMPLOYMENT FORM

Please enroll the following officer in the Basic Law Enforcement Training school scheduled to begin _____ at Alamance Community College. This document stands as verification of this individual's employment with our agency.

FULL NAME: _____

ADDRESS: _____

LAW ENFORCEMENT AGENCY: _____

AGENCY REPRESENTATIVE: _____
(Print) Title/Rank and Name Date

E-MAIL ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NOTE: **Student selection will be based on the earliest date of application. Applicants employed with law enforcement agencies will be given priority over other applicants.**

BY REQUESTING THE ADMISSION OF THIS INDIVIDUAL, ***I AM ATTESTING TO THE FACT THAT A BACKGROUND CHECK WAS CONDUCTED AND REVEALED NOTHING THAT WOULD PROHIBIT THIS INDIVIDUAL FROM BEING EMPLOYED BY A LAW ENFORCEMENT AGENCY.*** FURTHERMORE, I ATTEST THAT I AM AWARE OF NOTHING IN THIS PERSON'S CHARACTER OR REPUTATION THAT WOULD BRING DISCREDIT UPON MY AGENCY, LAW ENFORCEMENT OR ALAMANCE COMMUNITY COLLEGE. A COPY OF THE ABOVE LISTED INDIVIDUAL'S DRIVING/ARREST RECORD AND A COPY OF HIS OR HER HIGH SCHOOL DIPLOMA/GED IS ON FILE WITH THIS AGENCY.

(*Employing Agency Representative's Signature)

Date: _____



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

STUDENT RELEASE AGREEMENT

DATE: _____

For and in consideration of my being permitted to participate in the physical education courses/ activities conducted by Alamance Community College for the Basic Law Enforcement Training (BLET), in which I am a student.

I hereby affirm that I am in good physical condition and that I have no limitations that will prevent my engaging in active exercise or that will be detrimental to my health, safety, comfort, or physical condition. I acknowledge that it is my responsibility to inform Alamance Community College of any changes in my health state that may affect my ability in any fitness class or activity. I am aware that injuries may occur in any physical activity,-including exercise/aerobic classes. The utmost care will be given to provide instruction in safe exercise.

I understand that during training in this class I will be exposed to tear gas, mace, and pepper mace/ spray. I understand that individuals with respiratory difficulties including asthma must not participate in this training and/or in employment, that uses these products. I certify that I have no respiratory difficulties and am physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

I do by these presents, for myself, my heirs, assigns and representatives, forever release, give up, surrender and quitclaim any and all rights which I might have against the institution (Alamance Community College) including all of its instructors, volunteers, trainees, other training personnel and the sponsoring agency _____ to recover, from the institution, individuals, or agency, money, damages, or any other thing of value as a result of any accident, incident, or happening growing out of or in any way connected with said activities.

Witness my hand and seal listed below.

_____ (SEAL)
Student's Signature

I, _____ do hereby certify that _____
personally appeared before me, a Notary Public on this the _____ of _____, 20____.

Notary Public

My Commission expires: ____/ ____/ ____



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

Student Name: _____

SSN or College ID#: _____

FERPA RELEASE FORM

I, the undersigned, hereby authorize Alamance Community College to release the following educational records and information (identify records or types of records below):

Any and all records generated or kept as a result of my participation in Basic law Enforcement Training (BLET) including, but not limited to, academic performances, attendance, discipline, physical testing/ performance, evaluations, any deficiencies, personnel issues or any other issue associated with my participation in BLET.

These records should be released to the following person/ agency (identify name and address of person. Agency to receive information):

Agency Head (or designee): Specify names here _____

Agency Address _____

These records are being released for the following purpose:

Solely to keep agency heads (who have sponsored currently enrolled students) regularly informed of their student' status and progress as a cadet in BLET. Upon completion of the course, I authorize the release of these records to any Agency Head, Agency Representative and/or Agency in which I apply for employment.

I understand further that: (1) I have the right not to consent to the release of my educational records. (2) I have the right to receive a copy of such records upon request. (3) This consent shall remain in effect until revoked by me, in writing, and delivered to Alamance Community College's office of Student Development, but that any such revocation shall not affect disclosures previously made by ACC prior to the receipt of such written revocation.

Student Signature: _____ Date: _____

Notary Signature and Seal: _____ Date: _____

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

HEALTH/ MEDICAL INFORMATION PRIVACY ACT **AUTHORIZATION TO HAVE AND RETAIN HEALTH/MEDICAL** **INFORMATION**

I authorize Alamance Community College to possess and retain information pertaining to my health in the form of Medical History and Physical Examination forms for the Basic Law Enforcement Training and/or Detention Officer Certification Course training as required by the North Carolina Criminal Justice Standards Division and the North Carolina Sheriffs' Standards Division. I also authorize Alamance Community College to possess and/or retain any health information pertaining to any accommodation for any health reasons that might be required for approval of that accommodation. I further authorize any transfer of health record information to the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division as required by those agencies that is relative to these courses. I also authorize Alamance Community College to retain and/or possess any health information in the form of a request from medical personnel to limit or suspend any form of exercise or training.

I understand that this information will remain on file indefinitely as a part of my training record at Alamance Community College. I further understand that copies of this information cannot be transferred to anyone except the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division or to myself on request.

By my signature, I authorize the above conditions.

Student Name (print): _____

Student Signature (sign): _____

Date of Authorization: _____

Witness: _____



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

PHYSICIAN'S MEDICAL RELEASE

To the licensed health care professional:

_____ is an applicant for the Basic Law Enforcement Training (B.L.E.T) program at Alamance Community College. This curriculum is designed to train the student in competencies as they relate to an inexperienced law enforcement officer. Such training includes physical fitness training, self-defense training, firearms instruction, exposure to chemicals, and law enforcement driver training, as well as other classroom and practical exercises.

Physical Fitness Training- The student will be tested at a sub-maximal level. Following a physical assessment conducted by a certified physical fitness training instructor, this student will engage in physical exercise approximately three times a week. A qualified physical fitness trainer will supervise these exercises. Listed below are activities that may be included in the training:

Aerobic Activities: Designed to increase energy level, decrease stress, stabilize appetite, decrease body fat, and condition the heart and lungs. Activities may include, but are not limited to, jogging up to three miles, step aerobics, and sprints.

Flexibility Exercises: Designed to increase a participant's range of motion

Absolute Strength Programs: Involves the use of weight equipment. Participants are pre-tested to determine his/her maximum strength levels per one exercise at each station on the universal equipment. Exercises are designed to use 40-60% of maximum strength.

Dynamic Strength Programs: Involves floor exercise and calisthenics-type activity. Activities may include, but are not limited to, sit-ups, push-ups, knee bends, leg raises and jumping jacks.

Obstacle Course: Designed to stimulate obstacles that may be encountered in a police duty situation. Obstacles may include, but are not limited to, crawl through a darkened 40-ft culvert; pushing open a weighted metal door; dragging a 150 lb person 50 feet; negotiating a set of stairs; performing 40 push-ups and 40 sit-ups (divided into 2 sets); and running approximately 550 yards.

Subject Control/Arrest Technique- Students are required to demonstrate the correct procedure for application of handcuffs in the kneeling, prone and standing position. A student is partnered up with another student and is expected to not only apply the handcuffs, but have them applied to them as well. Students must learn and demonstrate baton techniques to include striking to non-lethal areas. They must

demonstrate application of pressure points, and stunning and distraction techniques. They must also demonstrate subject takedowns and ground defense. Students demonstrate handgun take-aways and weapon retention techniques. Students both apply these techniques and have these techniques applied to them by a partner or instructor.

Firearms- Firearms training includes range exercises, including structured courses of fire as well as simulated combat situations. Participants fire handguns and shotguns; and are often exposed to inclement weather.

Crowd Management- Crowd control training may involve exposure, both protected and unprotected, to irritant agents (CS) and Oleoresin (OC) Chemicals.:

Law Enforcement Driver Training- Participants demonstrate the ability to use acceptable vehicle control methods, including, but not limited to, vehicle control methods to be used when: conducting an emergency response and vehicular pursuit. Students experience physical and mental stresses that are a part of emergency and pursuit driving. Participants are often exposed to inclement weather, and are required to stand for extended lengths of time.

Do you have any reservations about this student fully participating in Basic Law Enforcement Training?

☐ No ☐ Yes

Comments (Please specify any limitations)

Please direct any questions or comments to:

Chris Verdeck, Director,
Basic Law Enforcement Training
Alamance Community College
P.O. Box 8000
Graham, NC 27253
PHONE: (336) 506-4147
FAX: (336) 578-1987

Name and Address of Physician

Physician Signature

Date

PHONE:

Revised 05/19



BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

EXPOSURE TO TEAR GAS, MACE AND PEPPER SPRAY MACE/ SPRAY RELEASE FORM

TO THE EXAMING PHYSICIAN:

During training and employment, _____ will be
Full Name (Print)
exposed to tear gas, mace, and pepper mace/spray. Individuals with respiratory difficulties including asthma may not be suitable candidates for this training and/or employment. Please certify that the individual listed above is physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

**I DO HEREBY CERTIFY THAT THE ABOVE STUDENT IS A SUITABLE
CANDIDATE TO PARTICIPATE IN THE ABOVE ACTIVITIES INCLUDING
EXPOSURE TO TEAR GAS, MACE AND PEPPER MACE/SPRAY.**

Physician's Name (Print)

Physician's Signature

Student's Signature

Date

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980



MEDICAL HISTORY STATEMENT

Form F-1
(Rev. 08-2025)

**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 Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [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: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Allergies *(List All Known Allegries)*

Medications & Supplements *(List All Prescription AND Over-the-Counter Medications & Supplements Currently Taking)*

Immunizations / Surveillance *(Check All That Apply)*

Tetanus (Tdap) Date: _____

Hepatitis B (HBV) Date: _____

Tuberculosis (PPD, Interferon Gold, Chest X-Ray) Date: _____

Medical History

Have you EVER, in your life, had any of the following types of medical conditions? (Check all that apply)

1. Eye Conditions: _____
2. Ear, Nose, or Throat Conditions: _____
3. Cardiovascular Conditions: _____
4. Hormone or Endocrine Conditions: _____
5. Gastrointestinal or Hernia Conditions: _____
6. Hematology Conditions: _____
7. Infectious Diseases: _____
8. Musculoskeletal Conditions: _____
9. Neurological or Neurosurgical Conditions: _____
10. Cancers or Oncology Conditions: _____
11. Pulmonary Conditions: _____
12. Renal Conditions: _____
13. Autoimmune Conditions: _____
14. ☐ Psychological Conditions: _____

Surgeries (List ALL Surgeries since Childhood)

Hospitalizations (List ALL Hospitalizations since Childhood)

Emergency Room Visits (List ALL Emergency Room Visits since Childhood)

Occupational History (Answer All Questions Below)

1. Have you ever worked in the criminal justice field? Yes No
 - 1a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or psychological problem?
Yes No
2. Have you ever served in the armed forces? Yes No
 - 2a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or psychological problem?
Yes No
3. Have you ever been exposed to any of the following, whether at home, work, military, or any other setting:
 - 3a. Repetitive Loud Noises (Including guns, jet engines, loud machinery) Yes No
 - 3b. Chemical Exposure to Skin or Lungs Yes No
 - 3c. Dusty Conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos) Yes No
4. Have you ever sustained an injury while at work that necessitated extended care by a health care provider? Yes No
5. Have you ever had a motor vehicle accident or other injury causing back or neck pain? Yes No
6. Are you limited or unable to perform any physical activity because of muscle or joint discomfort? Yes No
7. Do you have any missing limbs or non-functional joints? Yes No
8. Do you have numbness, weakness, or pain in your upper extremities (including your hands)? Yes No

(Continued on Page 3)

Occupational History (Continued)

9. Have you ever been advised by a physician to avoid sitting or standing over a certain period of time?

YesNo
10. Do you have difficulty sitting or standing for extended periods of time?

YesNo
11. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?

YesNo
12. Have you ever been advised by a physician to avoid lifting above a certain weight limit?

YesNo
13. Do you have any difficulty in properly holding, aiming, or firing a handgun, rifle, or shotgun?

YesNo
14. Do you have any difficulty driving at high speeds in a motor vehicle?

YesNo
15. Have you ever had any motor vehicle accidents as a result of losing control of your vehicle?

YesNo
16. Do you have any difficulty driving for three (3) consecutive hours without stopping?

YesNo
17. Do you have any difficulty running for five (5) consecutive minutes without stopping?

YesNo
18. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells?

YesNo

Explanations (Include any explanation or additional information about any "Yes" answers above and identify by number)

Penalty

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

Certification

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Applicant (Use Ink)

Date Signed

Qualified Medical Professional Review:

Signature of Qualified Medical Professional (Use Ink)

Date Reviewed

Name, Title and Address of qualified medical professional completing review – Please Type.

Medical License Number

Appendix

The following are examples of medical conditions that should be reported. This list is to be used as a reference, but does not include all possible medical conditions. The candidate is required to report all current and prior medical conditions.

1. **Eye Conditions**: color blindness, poor night vision (night blindness), glaucoma, retinal detachment, blindness in one or both eyes, very poor vision when not corrected
2. **Ear, Nose and Throat Conditions**: chronic ringing (tinnitus), moderate to severe hearing loss, assistive devices (i.e. hearing aids and cochlear implants), Meniere's disease, loss of sense of smell or taste, speech defect, abnormality of the face, nose, mouth or throat that would limit the ability to wear a respirator
3. **Cardiovascular Conditions**: high blood pressure (hypertension), high cholesterol, familial hypertriglyceridemia, heart disease, heart attack, abnormal heart rhythm (i.e. atrial fibrillation and supraventricular tachycardia), passing out (syncope), Wolf-Parkinson-White syndrome, automatic internal cardioverter defibrillator (AICD) or pacemaker, stents, coronary artery bypass graft (CABG), heart murmur, hypertrophic cardiomyopathy, situs inversus, peripheral vascular disease, Raynaud's disease, blood clot (DVT or pulmonary embolism/PE), Marfan syndrome
4. **Hormone, Endocrine, or Metabolic Conditions**: diabetes, hypoglycemia, hypothyroidism, hyperthyroidism, Cushing's syndrome, polycystic ovarian syndrome, adrenal insufficiency, Addison's disease, inborn errors of metabolism
5. **Gastrointestinal Conditions or Hernias**: irritable bowel syndrome, Crohn's disease, ulcerative colitis, ostomy, diverticulitis, pancreatitis, gallstones, weight loss surgery, cirrhosis, non-alcoholic steatohepatitis, Gilbert's syndrome, hernias (hiatal, ventral, inguinal, femoral), bowel obstruction
6. **Hematology Conditions**: sickle cell disease, sickle cell trait, hemophilia or other bleeding disorder, anemia, polycythemia vera, white blood cell disorders
7. **Infectious Diseases**: Hepatitis B, Hepatitis C, HIV/AIDS, tuberculosis, malaria
8. **Musculoskeletal Conditions**: amputation, congenital limb loss or deformity, ACL injury, meniscus injury, rotator cuff injury, labrum injury, chronic back or joint pain, broken bones (fractures), muscular dystrophy, carpal tunnel syndrome, fibromyalgia, osteomyelitis
9. **Neurological or Neurosurgical Conditions**: seizures, stroke, concussion, traumatic brain injury (TBI), recurrent headaches (i.e. migraines or cluster headaches), recurrent vertigo, brain tumors (benign or cancerous), MS (multiple sclerosis), cerebral palsy, Huntington's disease, ALS (amyotrophic lateral sclerosis), meningitis, encephalitis, degenerative disc disease, osteoporosis, arterio-venous malformation (AVM), Parkinson's disease, dementia, neuropathy
10. **Cancers or Oncology Conditions**: leukemia, lymphoma, skin cancer, lung cancer, sarcoma, colon cancer, pancreatic cancer, breast cancer, ovarian cancer, cervical cancer, kidney cancer
11. **Pulmonary Conditions**: cystic fibrosis, asthma, emphysema, chronic bronchitis, COPD, lung abscess, pneumonia, long COVID-19, obstructive sleep apnea, lung abscess, lung resection
12. **Renal Conditions**: solitary kidney, chronic kidney disease, kidney stones, acute tubular necrosis (ATN), kidney transplant, polycystic kidney disease
13. **Autoimmune Conditions**: lupus, psoriasis, rheumatoid arthritis, dermatomyositis, myasthenia gravis
14. **Psychological Conditions**: depression, anxiety, post-traumatic stress disorder, bipolar disorder, other mood disorder, substance use disorder

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION

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

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 08-2025)

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 Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [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: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Vitals

Height: _____ Weight: _____

Blood Pressure: _____ Heart Rate: _____ SP02: _____ RR: _____

ECG: _____

Vision

Visual Acuity (If applicant wears glasses or contacts, test and record acuity with and without glasses/contacts)

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

With contacts: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

Color Perception

Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Visual Fields

Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Hearing

Hearing Acuity (Audiogram)

Check if Assisted Device Used by Patient

Yes

No

Right Ear Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Left Ear Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Examination

HEENT:	Normal	Abnormal	_____
Cardiac Examination:	Normal	Abnormal	_____
Peripheral Circulation:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

Screening

Urinalysis Normal Abnormal _____
Tuberculosis Questionnaire (F-2A) Administered: Yes No Additional Screening Required: Yes No
Specify Additional Screening: _____

Certification

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: _____

- ☐ **Meets Standards - Cleared**
☐ **Does Not Meet Standards - Further Evaluation Required**
☐ **Does Not Meet Standards - Disqualified**

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

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Tuberculosis Questionnaire

Form F-2A
(Rev. 08-2025)

This information is for official use only and will not be released to unauthorized persons.

Attach to Form F-2 (Medical Examination Report)

DO NOT mail form to Criminal Justice Standards Division

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Tuberculosis Risk Questions

- 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, or resided in jail or prison? ☐ Yes ☐ No
- 5) Have you ever been exposed to anyone with infectious tuberculosis? ☐ Yes ☐ No
- 6) Have you ever done one of the following: worked or resided at a homeless shelter, worked in a jail or prison, worked as a healthcare worker (including in a hospital or clinic), or worked as an Emergency Medical Responder or Emergency Medical Technician? ☐ Yes ☐ No

Tuberculosis Symptom Questions

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

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

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

Medical Examination Report Addendum

**Form F-2B
(Rev. 08-2025)**

**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 Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [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: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Additional Exam Notes

Certification

- ☐ **Meets Standards - Cleared**
☐ **Does Not Meet Standards - Further Evaluation Required**
☐ **Does Not Meet Standards - Disqualified**

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

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____



**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.

NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using the online form or legibly printing in ink fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

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

Agency: _____ Month: _____ Day: _____ Year: _____

Position(s) applied for: ☐ Police Officer ☐ Corrections Officer
☐ Probation/Parole Officer ☐ Juvenile Justice Officer ☐ Juvenile Court Counselor

PERSONAL

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

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name ever legally changed? ☐ Yes ☐ No
If yes, submit documentation with date and attach to this form.

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

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

Telephone Number: _____
(Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

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

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify

6. Do you possess a valid driver's license from the state of North Carolina? ☐ Yes ☐ No

Driver's License Number: _____ Year Issued: _____

7. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina?

If yes, give state and number: _____

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?

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 SERVICE38. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ NoWere 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	<input type="checkbox"/>	<input type="checkbox"/>
Honorable	<input type="checkbox"/>	<input type="checkbox"/>
General (under honorable conditions)	<input type="checkbox"/>	<input type="checkbox"/>
Under other than honorable conditions	<input type="checkbox"/>	<input type="checkbox"/>
Bad Conduct Charge	<input type="checkbox"/>	<input type="checkbox"/>
Dishonorable Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>

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

60. 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 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.