



**EARL R. BUTLER, SHERIFF
CUMBERLAND COUNTY SHERIFF'S OFFICE**



An Internationally Accredited Law Enforcement Agency

An Equal Opportunity Employer

EMPLOYMENT APPLICATION PACKET

DETENTION OFFICER POSITION

The attached forms must be completed and returned to the Sheriff's Human Resources Office for processing. Every question must be answered. If you have any questions concerning the information required, do not hesitate to contact the Sheriff's Human Resources Office at the Detention Center for assistance. The phone numbers for this office are listed below.

Complete these attached forms:

- Personal History Statement (Form F-3) (notarized)
- Cumberland County Application for Employment
- Authorization for Release of Personal Information (notarized)
- Drug Screen Consent Form

Attach a copy of the following to the above forms when returning to the Human Resources Office at the Cumberland County Sheriff's Office Detention Center:

- * North Carolina Driver's License
- * Birth Certificate
- * Detention Officer Certification Certificate (if applicable)
- * Social Security Card **
- * Military DD-214 Member 4 copy (if applicable)
- * High School Diploma/GED

Detention Officers must reside within 40 miles of the Sheriff's Office's Detention Center

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

For additional information on completion of the Employment Application Packet, contact the Cumberland County Sheriff's Detention Center Human Resources Office at (910) 672-5671 or (910) 321-6760.

www.ccsonc.org



APPLICATIONS THAT ARE NOT COMPLETED AS PER INSTRUCTIONS WILL NOT BE PROCESSED. FURTHER INFORMATION MAY BE REQUESTED.

CUMBERLAND COUNTY SHERIFF'S OFFICE

AN INTERNATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY

AN EQUAL OPPORTUNITY EMPLOYER

Summary of the Selection Process

It is the policy of the Cumberland County Sheriff's Office to recruit, hire, train and promote employees without discrimination because of age, color, national origin, physical disability, political affiliation, race, religion, or sex.

1. **Applicants may go to the Sheriff's Human Resources Office to obtain an Application for Employment.**
 - Some positions may require a Preliminary Phase. If so, a Preliminary Application may be issued to serve as the initial part of the Selection Process, which may also require a Job Related Physical Abilities Test and/or Written Tests.
 - Successful completion of a Preliminary Application and/or successful completion a Job Related Physical Abilities Test and/or Written Tests concludes the Preliminary Phase. Applicants will be issued a full Employment Application Packet.
2. **Applicants must return the completed Employment Application Packet to the Sheriff's Human Resources Office.** Human Resources may acknowledge receipt of the completed Employment Application Packet in writing via US postal mail.
3. **The Human Resources Office will initiate Phase 1, a Background Investigation.** This investigation may take several days/weeks to be completed depending upon the applicant's history and/or the number of applications received. **Applicants may be requested** (at a later date, but prior to employment) **to obtain additional record checks at their own expense.**
4. **The Human Resources Office may schedule the applicant to appear for an Oral Interview, Phase 2,** facing an Interview Committee once the background investigation is conducted.
 - **The Selection Process for some Civilian (Non-Justice Officer) positions may be concluded after this point.**
5. **The Human Resources Office may schedule the applicant for the following phases after the Oral Interview;** Polygraph, Psychological, and Medical Examination with a Drug Screen, all at the expenses of the Cumberland County Sheriff's Office.
 - The **results of each Phase** of the Selection Process; Preliminary Phase with or without Officer Selection Test(s), #1-Background Investigation, #2-Oral Interview, #3-Polygraph Examination, #4-Psychological Examination, #5-Medical Examination with Drug Screen, are **confidential** and may only be revealed to the Sheriff and/or Chief Deputy.
6. **The entire Selection Process may take up to 90 days or more to complete.** If at ANY POINT a decision is made to decline the applicant's request for hire, the individual will be notified in writing within 30 days of the decision.
7. **Time to Allow:** (The amount of time shown in the following Phases of the Selection Process is only an approximation.)
 - A. Preliminary PT Assessment/Officer Selection Tests - Applicant should allow about three (3) hours for the Job Related Physical Abilities Test to be conducted and allow about two (2) hours for written tests to be administered.
 - B. Phase 1 Background Investigation - This phase may take several days or weeks to be completed.
 - C. Phase 2 Oral Interview - If selected, applicants should allow at least one (1) hour for the oral interview.
 - D. Phase 3 Polygraph Examination - If selected, an applicant should allow at least three (3) hours or more for the pre-polygraph interview and polygraph examination.
 - E. Phase 4 Psychological Examination - If selected applicant should allow approximately three (3) hours to complete the written questions and one (1) hour for the interview by the psychologist.
 - F. Phase 5 Medical Examination with Drug Screen - Applicants given a medical examination should allow at least two (2) hours for the medical examination and drug screen.
8. **Areas of Inquiry and/or Examination:**
 - Applicants may be administered an Officer Selection Test that assesses basic skills essential to the functions of the job.
 - Applicants selected for background investigation will be investigated by member(s) of the Cumberland County Sheriff's Office who will inquire into the applicant's education record, personal conduct, credit history, criminal history, military history, prior employment performance and relationships with other people before a final offer of employment is made.
 - Applicants selected for an oral interview will be questioned by members of the Cumberland County Sheriff's Office. General areas of questioning include, but are not limited to, the applicant's employment application responses, job specific scenario based questions and law enforcement interests.
 - Applicants should advise references and past employers that they will be contacted by the Cumberland County Sheriff's Office and to respond to the inquiries in a timely fashion.
 - Applicants that are selected will be examined by a Cumberland County Sheriff's Office Polygraph Examiner. General areas of questioning during pre-polygraph screening include, but are not limited to, any criminal history, including use of illegal drugs, credit history, education, employment history, and military service.
 - Selected applicants will be tested/evaluated by psychologist and undergo a Medical Examination by a physician selected by the Cumberland County Sheriff's Office, at the expense of the Cumberland County Sheriff's Office.
 - Applicants selected will be fingerprinted and a thorough search of fingerprint records will be conducted.

The Cumberland County Sheriff's Office Reserves The Right To Modify This Selection Process At Anytime Without Prior Notice.
Applications That Are Not Completed As Per Instructions Will Not Be Processed. Further Information May Be Requested.

Sheriffs' Education and Training Standards Commission
North Carolina Department of Justice
Sheriffs' Standards
Telephone: (919) 716-6460
Fax : (919) 716-6753

Personal History Statement

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

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

NOTE: Data solicited in will questions 6 and 7 be utilized for equal employment statistical information purposes only.

6. Ethnicity: African American Asian American Hispanic Caucasian Other :

7. Gender: Male Female

8. Do you object to wearing a uniform? YES NO

9. Do you object to working nights? YES NO

10. Do you object to working rotating shifts? YES NO

11. Do you object to occasionally being away from home overnight and/or for other periods of time to attend meetings, acquire training or otherwise perform official duties? YES NO

EDUCATIONAL

12. Indicate the type of High School you attended:

Traditional

Home School

GED

Distance Learning

Did not attend high school

Other _____

A. High Schools:

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

NAME: _____
CITY: _____
STATE: _____
YEARS COMPLETED: _____

WHEN ATTENDED: _____
GRADUATED: _____
DEGREE AWARDED: _____
MAJOR FIELD: _____

C. Continuing Education:

NAME: _____
 CITY: _____
 STATE: _____
 YEARS COMPLETED: _____

WHEN ATTENDED: _____
 GRADUATED: _____
 DEGREE AWARDED: _____
 MAJOR FIELD: _____

NAME: _____
 CITY: _____
 STATE: _____
 YEARS COMPLETED: _____

WHEN ATTENDED: _____
 GRADUATED: _____
 DEGREE AWARDED: _____
 MAJOR FIELD: _____

RESIDENCES

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

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

FAMILY HISTORY

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

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

15. Name of Spouse/Former Spouse(s) _____

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

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

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

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

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

YES NO If YES, give details: _____

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

If YES, give name(s) and details: _____

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

If YES, give name(s) and details: _____

FINANCIAL

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

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

22. Have you ever declared bankruptcy? YES NO 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 your bills, payments, and current living expenses? \$ _____

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

Firm/Business	Street Address	City/State	Amount Owning

WORK HISTORY

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

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

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

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

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

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

If you need more space, attach additional sheets.

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

MILITARY SERVICE

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

30. What was your service number? _____

31. What was the highest rank you held? _____

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

33. What were your unit assignments in the service? _____

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

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

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

- Entry Level Separation YES NO
- Honorable YES NO
- General (under honorable conditions) YES NO
- Under other than honorable conditions YES NO
- Bad Conduct discharge YES NO
- Dishonorable discharge YES NO
- Dismissal YES NO

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

36. Were you ever court martialled, 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:

37. If you are presently a member of the national guard or any military reserve, give the unit, location, and describe your obligation:

NOTE: In question 38, the words “drink or used” mean one time or more, including experimentation. If any answer is YES, give FULL and COMPLETE DETAILS.

USE OF ALCOHOL

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

PRIOR CRIMINAL CONDUCT

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

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

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

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

Date of Issuance: _____ County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

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

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

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

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

A. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

B. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

C. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

D. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

E. OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

(ADD EXTRA SHEETS, IF NECESSARY.)

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

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

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

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

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

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

OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

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

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

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

48. Do you possess a driver's license from the State of North Carolina? YES NO
License Number _____ Year Issued _____
49. Do you or have you ever possess(ed) a driver's license issued in any state other than North Carolina?
YES NO If YES, give the state and number:

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

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

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

CAREER OBJECTIVES

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

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

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

REFERENCES

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

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

STATE OF NORTH CAROLINA
COUNTY OF _____

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

THIS THE _____ DAY OF _____, 20____.

(SIGNATURE IN FULL)

SUBSCRIBED AND SWORN TO BEFORE ME,

THIS _____ DAY OF _____, 20 ____

(SIGNATURE IN FULL)

NOTARY PUBLIC (OFFICIAL SEAL)

MY COMMISSION EXPIRES

_____, 20____

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

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

Authorization for Release of Information

I am an applicant for a justice officer position with the Cumberland County Sheriff's Office. In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that both the Cumberland County Sheriff's Office and the North Carolina Sheriffs' Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, D.O.B., _____, Operators License # _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the Cumberland County Sheriff's Office and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Cumberland County Sheriff's Office and the North Carolina Sheriffs' Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing agency and its agents, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all rights to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the Cumberland County Sheriff's Office and the North Carolina Sheriffs' Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education and Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, which ever is later.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

Applicant Signature

Printed Name

Address

Phone Number

STATE OF NORTH CAROLINA
COUNTY OF _____

Sworn to and subscribed before me
this the _____ day of _____, 20____.

By: Personal knowledge Satisfactory evidence _____ Credible witness _____

My Commission Expires: _____

Notary Public's Official Signature

Notary Public's Name (printed or typed)

DRUG SCREENING THROUGH URINALYSIS APPLICANT CONSENT FORM

I, _____, understand that as a
(print applicant's full name)
part of the pre-employment process as required by the North Carolina Sheriff's Education and Training Standards Commission, I must submit to a urinalysis drug screening.

I also understand that refusal to supply the necessary samples in a reasonable and timely manner or produce positively confirmed test results for the presence of illegal drugs may result in my being denied certification as a justice officer. I also understand that in the case of a refusal to submit to a drug screen or a positive result, my name will be forwarded to the North Carolina Sheriff's Education and Training Standards Commission, which serves as the central agency for documentation of such results. I understand that a refusal to submit to a drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a justice officer.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer, employing agency and the North Carolina Sheriff's Education and Training Standards Commission. I further authorize disclosure of this and any related information, to include results of prior drug screens or refusals, by the North Carolina Sheriff's Education and Training Standards Commission to the extent that such disclosure is made to a law enforcement agency or another law enforcement or criminal justice licensing or regulatory agency as needed or requested for certification employment and other valid non-criminal purposes.

APPLICANT'S SIGNATURE: _____

DATE: _____

N.C. Sheriffs' Education and Training Standards Commission

Administrative Code Subchapter 10B

12 NCAC 10B .0301 MINIMUM STANDARDS FOR JUSTICE OFFICERS

(a) Every Justice Officer employed or certified in North Carolina shall:

- (7) **within five working days notify the Standards Division and the appointing department head in writing of all criminal offenses with which the officer is charged and all Domestic Violence Orders (50B) which are issued by a judicial official** and which provide an opportunity for both parties to be present; and shall also give notification, in writing, to the Standards Division and the appointing department head following the adjudication of these criminal charges and Domestic Violence Orders (50B). This shall include all criminal offenses except minor traffic offenses and shall specifically include any offense of Driving Under The Influence (DUI) or Driving While Impaired (DWI). A minor traffic offense is defined, for purposes of this Subparagraph, as an offense where the maximum punishment allowable is 60 days or less. Other offenses under G.S. 20 (Motor Vehicles) or similar laws of other jurisdictions which shall be reported to the Division expressly include G.S. 20-139 (persons under the influence of drugs), G.S. 20-28(b) (driving while license revoked or permanently suspended) and G.S. 20-166 (duty to stop in event of accident). **The initial notification required must specify the nature of the offense, the date of offense, and the arresting agency.** The notifications of adjudication required must specify the nature of the offense, the court in which the case was handled and the date of disposition, and must include a certified copy of the final disposition from the Clerk of Court in the county of adjudication. The notifications of adjudication must be received by the Standards Division within 30 days of the date the case was disposed of in court. **Officers required to notify the Standards Division under this Subparagraph shall also make the same notification to their employing or appointing department head within 20 days of the date the case was disposed of in court.** The department head, provided he has knowledge of the officer's charge(s) and Domestic Violence Orders (50B) shall also notify the Division within 30 days of the date the case or order was disposed of in court. Receipt by the Standards Division of timely notification of the initial offenses charged and of adjudication of those offenses, from either the officer or the department head, is sufficient notice for compliance with this Subparagraph;

(b) **The requirements of this Rule shall apply to all applications for certification and shall also be applicable at all times during which the justice officer is certified by the Commission.**

History Note: Authority G.S. 17E-7; 95-230; 95-231; 95-232; 95-233; 95-234; 95-235;
Eff. January 1, 1989;

Amended Eff. August 1, 2002; January 1, 1996; January 1, 1994; January 1, 1994; January 1, 1993.

I have read and fully understand the above statements.

Applicant's Full Name (printed)

Applicant's Signature

Date

COUNTY of CUMBERLAND

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date Received	Applicant ID#
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PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETION

All applicants are considered for positions without regard to race, color, sex, age, national origin, religion, disability or political affiliation.

Please Print or Type. Please answer all questions and insure that your application is complete so that we may fully and accurately evaluate your qualifications. You may attach a resume to supplement the requested information but it will not be accepted in lieu of a completed work history. **"SEE RESUME" is NOT acceptable.** List separately each job held and your duties for each for position where you worked for one employer and held more than one position. Provide only the last 4 digits of your SSN. Review your application for accuracy. Read carefully the disclosure statement, sign and date before submitting your application to the Human Resources Office, Cumberland County Courthouse, 117 Dick Street, Room 14 or mail to: Cumberland County Human Resources, P.O. Box 1829, Fayetteville, NC 28302-1829. Our phone number & website are: 910-678-7653; www.co.cumberland.nc.us

Position You Are Applying For: (A separate application is required for each position applied for - legible photo copies are acceptable.)

Application Date	Position Title	Position Number	Position Closing Date
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Personal Data

Last 4 digits of SSN	Last Name	First Name	Middle Name
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Address (Street number and name)	City	State	Zip Code
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E-Mail Address	Contact Number (where you can be reached)	Alternate Contact Number
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Related by blood or marriage to any person now working for Cumberland County? Yes (If yes, complete below)

<u>Name</u>	<u>Department</u>
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Are you a current or previous employee of Cumberland County? Yes (If yes, complete below)

<u>Department</u>	<u>Service Began</u>	<u>Service Ended</u>
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Eligibility for Veteran's Preference: Yes No

Referral Source: Employment Security Commission Job Line Internet Job Fair Walk-In
 Other _____

Education:
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

Detail below your education as indicated above. Under "S/Q Hours", list hours completed and if they were Semester (S) or Quarter (Q).

Schools	Name & Location	Dates Attended (mo/yr) From: To:	Grad?	S/Q Hrs.	Major/Minor	Type Degree Received
High School			Yes No			
Community/ Tech College			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate/ Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired; the offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) No Yes (If yes, explain fully on an additional sheet.)

Last 4 digits of SSN	Last Name
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Work History (include volunteer experience). Begin with most current position. Use additional sheets as necessary.

Job Title	Supervisors Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
				Full-Time			
				Part-Time			
Employer		Employer's Complete Address				Telephone Number	
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Duties:

Job Title	Supervisors Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
				Full-Time			
				Part-Time			
Employer		Employer's Complete Address				Telephone Number	
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Job Title	Supervisors Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
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Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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				Full-Time			
				Part-Time			
Employer		Employer's Complete Address				Telephone Number	
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Duties:

Last 4 digits of SSN	Last Name
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Job Title	Supervisors Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
				Full-Time			
				Part-Time			
Employer		Employer's Complete Address				Telephone Number	
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Duties: