

Rockingham County Sheriff's Office Employment Application Packet



Complete the F3 Sheriff's Standards Application and the three (3) Release Forms.

NOTE – These three (3) Release Forms and the last page of the F3 Application MUST be signed in the presence of a Notary Public. We have Notary Publics at the Sheriff's Office in the Records Division

Mon.-Fri. from 8 a.m. - 5 p.m. (excluding holidays)
that will notarize this packet at no cost to you.

When you return this completed application packet, you will need to include a copy of your

- Birth Certificate
- Valid Driver's License
- Social Security Card
- High School
- College Diploma & College Transcripts if applicable

Sheriffs' Education and Training Standards Commission
North Carolina Department of Justice
Sheriffs' Standards Division
Telephone: (919) 779-8213
Fax: (919) 662-4515

Personal History Statement

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

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

FORM F-3
NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT

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

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

POSITION(S) APPLIED FOR:

Agency _____ Date _____

Deputy ☐ Detention Officer ☐ Telecommunicator ☐

Have you previously submitted an application for employment with this agency? ☐ Yes ☐ No

If YES, approximate date: _____

PERSONAL

1. Name: _____
First Middle Last

Maiden Name _____

Other previous last names: _____

Nicknames or Aliases _____

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

2. Social Security _____

3. Present Mailing Address:

Street and Number _____

City _____

State _____ Zip Code _____

Telephone Numbers:

Home: _____

Pager: _____

Cell/Mobile _____

Permanent Mailing Address

Street and Number _____

City _____

State _____ Zip Code _____

Work: _____

E-Mail: _____

4a. Date of Birth: _____

4b. Place of Birth: _____
(City/State/Country)

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other, specify: _____

Note: Data solicited in questions 6 and 7 will 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: _____

B. University or Colleges:

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: (MM/YY)	To: (MM/YY)	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	Birthdate	Relationship	With whom resides	Phone Number
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

17. Are there 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/jail 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, explain:

22. Have you ever declared bankruptcy? ☐ Yes ☐ No IF YES, explain:

23. What is the total amount of all your debts at present? _____

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

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

Firm / Business	Street Address	City / State	Amount Owning

WORK HISTORY

26. Have you ever been denied employment by a criminal justice agency after a conditional offer of employment was made? ☐ Yes ☐ No (If Yes, list agency name and reason.)

27. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board or Agency, whether in or out of North Carolina.) ☐ Yes ☐ No

- 27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

- 27b. If such certification or license was ever suspended, revoked, and any sanctions taken against it by the issuing authority, please list the agency's name taking action against the certification or license, date of action, reason for the action, and period of time for the suspension, revocation, or sanction.

28. 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.)

29. List all jobs, positions or appointments you have held in the last ten years to include inactive, active, reserve, 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:	Phone Number:	
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:	
Date Separated (MM/YY):	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:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	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:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	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:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	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:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	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:	Phone Number:
Date Employed (MM/YY):	Starting Salary: Per:	Ending or Current Salary: Per:
Date Separated (MM/YY):	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, if you do not have a full ten-year job history:

MILITARY SERVICE

30. Were you **ever** in the U.S. Military service or any other military organization? (Even if you served for only one day, list this service.) ☐ Yes ☐ No **If YES, complete #31 through #38. If NO, skip to #39.**

31. What was your service number? _____

32. A. What was the highest rank you held? _____

B. What was the last rank you held? _____

33. A. What was the date and location of your first enlistment and/or commission? _____

B. List all tours of duty where a DD214 was issued. _____

Branch	Date Entered	Date Released

34. List all stations of assignment including active, reserve and/or National Guard (**Attach additional pages if needed.**)

Branch	Unit (Company or Ship)	Location	From (MM/YY)	TO (MM/YY)

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

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

Uncharacterized (includes entry level separations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honorable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General (under honorable conditions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Under other than honorable conditions (includes undesirable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bad Conduct discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dishonorable discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dismissal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

37. Were you **ever** court martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captains mast, company punishment, article 15, written reprimand, 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:

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

USE OF ALCOHOL

NOTE: In question #39 the word "drink" means one time or more, including experimentation.

39. Do you drink alcoholic beverages? ☐ Yes ☐ No

PRIOR CRIMINAL CONDUCT

Answer all of the following questions completely and accurately. Any falsification or misstatement of facts may be sufficient to disqualify you from certification.

NOTE: 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.

40. Have you ever used any illegal drugs including but not limited to marijuana, synthetic or designer drugs, steroids, opiates, pills, heroin, cocaine, crack, LSD, etc., to include even one time use or experimentation? ☐ Yes ☐ No
(If YES, specify the circumstances, drugs used, and when the usage last occurred.)

41. 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 you received the drug(s), and when the usage last occurred).

42. 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 (If YES, please identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery or sale.)

43. Have you ever had a Domestic Violence Protective Order or Civil No Contact 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: 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 the offense and disposition. Juvenile charges or arrests should also be listed.

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.

You must also include any and all charges and convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4, 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.

44. 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 OF CHARGE:

DATE OF DISPOSITION:

DISPOSITION:

B. OFFENSE CHARGED:

LAW ENFORCEMENT AGENCY:

DATE OF CHARGE:

DATE OF DISPOSITION:

DISPOSITION:

C. OFFENSE CHARGED:

LAW ENFORCEMENT AGENCY:

DATE OF CHARGE:

DATE OF DISPOSITION:

DISPOSITION:

D. OFFENSE CHARGED:

LAW ENFORCEMENT AGENCY:

DATE OF CHARGE:

DATE OF DISPOSITION:

DISPOSITION:

ATTACH EXTRA SHEETS IF YOU ARE LISTING MORE THAN FOUR (4) CHARGES.

CHECK HERE ☐ IF ADDITIONAL SHEETS ARE ATTACHED.

45. 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 15 of this document indicates you have read this section and understand each of the disqualifiers.

46. 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 YES, explain)

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 cohabiting 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 OF CHARGE:

DISPOSITION:

47. Have you ever been charged with or convicted of a felony? **You must include any and all felony charges and convictions regardless of whether or not they were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6, 15A-145.8A, 15A-146, or charges expunged or sealed pursuant to similar out of state laws.**

☐ Yes ☐ No If YES, give details:

48. Have you ever been placed on court-ordered probation? ☐ Yes ☐ No If YES, give details:

49. Have you ever paid a court-imposed fine?

☐ Yes ☐ No If YES, give details:

50. Do you or have you ever possess(ed) a driver's license from the State of North Carolina? ☐ Yes ☐ No
License Number _____ Year Issued _____

51. 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:

State _____ License Number _____

52. A. Was your license ever suspended or revoked? ☐ Yes ☐ No If YES, give details:

B. IF Yes, was your license ever restored? ☐ Yes ☐ No If YES, state when and give details:

53. Have your driving privileges ever been restricted? ☐ Yes ☐ No If YES, give details:

CAREER OBJECTIVES

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

55. 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:

56. 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

57. 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.					

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 (3rd 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 44.

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 THE _____ DAY OF _____, 20 _____

(SIGNATURE IN FULL)

Notary Public (Official Seal)

MY COMMISSION EXPIRES: _____, 20 _____

Authorization for Release of Information

I am an applicant for a justice officer position with the Rockingham County Sheriff's Office.

In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that the both the named hiring Agency 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, _____, DOB _____, 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 named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named hiring Agency 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 and employees, 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 right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the named hiring Agency 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 & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this Authorization for Release of Information shall remain valid for the duration of the application process through the North Carolina Sheriffs' Education and Training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

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

STATE OF NORTH CAROLINA

COUNTY OF _____

(Applicant Signature)

Subscribed and Sworn to before me, this

the _____ **day of** _____ **20** _____

Printed Name: _____

(Notary Signature)

Address: _____

Expires: _____

Phone: _____



OFFICE OF THE
SHERIFF OF ROCKINGHAM COUNTY
Sam S. Page, Sheriff

Physical Address:
Law Enforcement Center
130 Justice Center Drive Reidsville, NC 27320

Mailing Address:
P.O. Box 128 Wentworth, NC 27375

Non-Emergency:	(336) 634-3232
Records:	(336) 634-3235
Detectives:	(336) 634-3238
Administration:	(336) 634-3239
Animal Control:	(336) 634-3300
Jail:	(336) 634-3236
Fax:	(336) 634-3064
Public Information:	(336) 634-3065
Website:	RockinghamSheriff.com
Twitter:	@rockcosheriff
Facebook:	Rockingham Sheriff
Instagram:	rockcosheriff

RELEASE

I, the undersigned, am an applicant for a position with the Rockingham County Sheriff's Office and hereby authorize the release of all my personal records of education, credit, employment, medical, criminal, civil, and/or other information as requested by the Rockingham County Sheriff's Office or its official agents. This release is for the purpose of conducting a confidential investigation in order to determine my suitability for employment with the Sheriff's office and is a pre-requisite of that agency.

It is therefore my desire that all persons contacted by the department cooperate fully in this background investigation and supplied copies of this request are to be retained in the files of the Rockingham County Sheriff's Office. I further agree that photostatic copies of this original release shall serve as my full release of requested information or documents when said release is utilized by an agent of the Rockingham County Sheriff's Office authorized by the department to conduct background investigations.

I, the undersigned, shall fully release and hold harmless any individual, organization, corporation, or facility that provides information or documents to the Rockingham County Sheriff's Office during the course of this investigation. I understand that the investigation shall be a confidential document and the Rockingham County Sheriff's Office retains the right to deny me the ability to review any or all portions of the investigation document. I waive all rights to inspect or review any information compiled in reference to my application for employment.

I authorize the Rockingham County Sheriff's Office, 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 officer, including, but not limited to, the North Carolina Criminal Justice Education and Training Standards Commission, North Carolina Attorney Generals office, agencies or other states and the federal government and the applicant's employing agency.

This authority is valid for one (1) year from the date hereof or until the employment application or investigative process has been completed, whichever is later.

I have read and fully understand this Release.

Print Applicant's Full Name

Witness

Date of Birth

N.C. Driver's License Number

Applicant's Signature

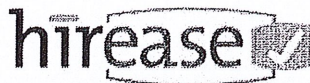
Original Date of Release

STATE OF NORTH CAROLINA
COUNTY OF ROCKINGHAM

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

Notary Public (SEAL)

My Commission Expires: _____



NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

DISCLOSURE: Rockingham County may now, or at any time while employed, verify information within the application, resume or contract for employment by obtaining a consumer report and/or investigative consumer report (in compliance with the ADA or other applicable laws), credit bureau files, employment references, personal references, any educational and licensing institution records, and any criminal record information pertaining to you which may be in the files of any Federal, State or Local criminal justice agency in any State. These reports may include information as to my general reputation, character, personal characteristics, or mode of living. You have a right to request, in writing, the nature and scope of any investigative consumer report conducted by Hirease, Inc. on behalf of Rockingham County, at Hirease, Inc. PO Box 2559, Southern Pines, NC 28388 (1-866-693-1764).

A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to the designated Rockingham County personnel.

According to the Fair Credit Act, if any adverse decision is made with regard to your application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer report agency, you are entitled to receive a copy of this report upon written request, and disclosure of the nature and scope of the investigative report.

AUTHORIZATION: I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by Rockingham County and confirm that all such information is true and correct. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize Hirease, Inc. and any of its Agents, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge our agent, Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (PLEASE PRINT OR TYPE)

Applicant Name: (First Middle Last)		Current Address: (street address)	
Other Name(s) Used: (like Maiden)		City:	State: Zip:
Social Security Number:		Former Address: (1)	
Sex:	Race:	City:	State: Zip:
Driver's License No.:		Former Address: (2)	
Month, Day and Year of Birth*:		City:	State: Zip:
Educational Institution	Location (City, State)	Professional License State Issued	
Name Attended Under	Degree Awarded Dates of Attendance/Graduation	License Number	Issue Date Expiration Date

FOR CA, MN, OK: PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND INVESTIGATION REPORT. ☐ YES ☐ NO

IF YOU RESIDE IN CT, PLEASE LIST YOUR CONTACT INFORMATION FOR REPORT NOTIFICATION:

EMAIL: _____

Notice to New York Applicants. Under Article 25 § 380-c(B)(2) of the NY General Business Law, you have the right, upon written request, to be informed whether or not an investigative consumer report was requested, and if such report was requested the name and address of the company to whom the request was made. Under § 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide you a printed or electronic copy of Article 23-A of the NY Correction Law, which governs employment of persons previously convicted of one or more criminal offense.

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)? Yes No If yes, please attach a complete explanation.

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges Yes No If yes, please attach a complete explanation.

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*

BRAINS

Click on the link below to complete **The FMRT BRAINS™**

Assessment. This is a **75-minute**, **timed assessment** and **must** be completed in one sitting.

- <http://www.thebrainsassessment.com/>

- Sign up for an account if you do not already have one.
- Once you are logged in, click on "BRAINS".
- Access Code: **@risk!4L**
- After you are finished, your results will be sent directly to us. There is no need to print anything.

