

# Rockingham County Sheriff's Office Employment Application



Complete the F3 NC Sheriff's Standards Employment Application and the two (2) release forms.

**NOTE:** The two (2) release forms and the last page of the application **MUST** be signed in the presence of a Notary Public. We have Notary Publics at the Sheriff's Office Mon - Fri 8:00 - 5:00 pm at no cost.

- Bring your completed forms
  - Birth Certificate
  - Valid Driver's License
  - Social Security Card and
  - High School Diploma/Transcripts
- to the Rockingham County Sheriff's Office

**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.



**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: \_\_\_\_\_

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_

GRADUATED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_

GRADUATED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

**B. University or Colleges:**

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_

WHEN ATTENDED: \_\_\_\_\_

GRADUATED: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

MAJOR FIELD: \_\_\_\_\_

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:

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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:

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18. Are you related by blood or marriage to any person (s) now employed by this agency?  Yes  No If YES, give name(s) and details:

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19. Is any member of your immediate family now in prison/jail or on probation or parole?  Yes  No If YES, give name(s) and details:

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**FINANCIAL**

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

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

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

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

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

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

Firm / Business	Street Address	City / State	Amount Owing

**WORK HISTORY**

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

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27. Have you ever 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.

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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.)**

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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:		



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

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

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

<b>Employer:</b>	<b>Address:</b>	
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<b>Date Employed (MM/YY):</b>	<b>Starting Salary:</b>  Per:	<b>Ending or Current Salary:</b>  Per:
<b>Date Separated (MM/YY):</b>	<b>List Major Duties in Order of Importance:</b>	
<b>Full Time:        YRS    MOS</b>		
<b>Part Time:        YRS    MOS</b>		
<b>If part time, hours worked per week:</b>		
<b>Reason for Leaving:</b>		

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

**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:

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**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)  Yes  No

Honorable  Yes  No

General (under honorable conditions)  Yes  No

Under other than honorable conditions (includes undesirable)  Yes  No

Bad Conduct discharge  Yes  No

Dishonorable discharge  Yes  No

Dismissal  Yes  No

37. Were you ever court martialled, 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.)

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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).

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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.)

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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. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE OF CHARGE:</u>	_____
<u>DATE OF DISPOSITION:</u>	_____
<u>DISPOSITION:</u>	_____
B. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE OF CHARGE:</u>	_____
<u>DATE OF DISPOSITION:</u>	_____
<u>DISPOSITION:</u>	_____
C. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE OF CHARGE:</u>	_____
<u>DATE OF DISPOSITION:</u>	_____
<u>DISPOSITION:</u>	_____
D. <u>OFFENSE CHARGED:</u>	_____
<u>LAW ENFORCEMENT AGENCY:</u>	_____
<u>DATE OF CHARGE:</u>	_____
<u>DATE OF DISPOSITION:</u>	_____
<u>DISPOSITION:</u>	_____

**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.

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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)

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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:

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

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

Yes  No If YES, give details:

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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:

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

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

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**CAREER OBJECTIVES**

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

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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:

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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)**

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**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.					



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\_\_\_\_\_

**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.

# Authorization for Release of Information

Rockingham County Sheriff's Office

I am an applicant for a justice officer position with the \_\_\_\_\_.

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: @rockosheriff
Facebook: Rockingham\_Sheriff
Instagram: rockosheriff

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.

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, 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 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: \_\_\_\_\_