

*Authorization for Release of Personal Information to Law Enforcement Agencies for
Certification/Employment Purposes*

To Whom It May Concern:

I am an applicant for a position with the **Wilson Police Department**. In order to determine my suitability for employment, I understand that the **Wilson Police Department** in the city of Wilson, North Carolina 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 _____ with DOB _____, and Operators License # _____, do hereby request and authorize any bank, credit union, leading 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 authorized agent of the **Wilson Police Department** and the City of Wilson, North Carolina regarding me whether of privileged or confidential nature.

Moreover, I hereby release the **Wilson Police Department** and the City of Wilson, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Wilson. 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 rights to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the **Wilson Police Department** 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, 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/officers employing agency.

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

Printed Name

Notary Signature

Printed Name

This is the ____ day of _____, _____.

Address

Notary Public & Seal

Phone

My commission Expires: _____.



Wilson Police Department



PERSONAL HISTORY STATEMENT FOR NON-SWORN POSITIONS

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

NOTE: Any statements are subject to validation and any incorrect statements or omissions may disqualify you from further consideration. 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 _____

PERSONAL

1. Name: _____
(First) (Middle) (Last)

All previous (including maiden) names: _____

Nicknames or Aliases: _____

2. Social Security _____ / _____ / _____

3. <u>Present Mailing Address:</u>	<u>Permanent Mailing Address:</u>
Street and Number _____	Street and Number _____
_____	_____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

Telephone Numbers:

Home () _____	Work () _____
Pager () _____	E-Mail: _____

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

6. Citizenship: U.S. Born U.S. Naturalized Other, specify: _____

7. Have you previously submitted an application for employment with this agency? YES NO
If YES, approximate date and position applied for: _____

EDUCATIONAL

10. Indicate below schools attended. (Include incomplete courses)

A. High Schools:

NAME: _____ WHEN ATTENDED: _____
CITY: _____ GRADUATED: _____
STATE: _____ DEGREE AWARDED: _____
YEARS COMPLETED: _____ MAJOR FIELD: _____

NAME: _____ WHEN ATTENDED: _____
CITY: _____ GRADUATED: _____
STATE: _____ DEGREE AWARDED: _____
YEARS COMPLETED: _____ MAJOR FIELD: _____

B. University or Colleges:

NAME: _____ WHEN ATTENDED: _____
CITY: _____ GRADUATED: _____
STATE: _____ DEGREE AWARDED: _____
YEARS COMPLETED: _____ MAJOR FIELD: _____

NAME: _____ WHEN ATTENDED: _____
CITY: _____ GRADUATED: _____
STATE: _____ DEGREE AWARDED: _____
YEARS COMPLETED: _____ MAJOR FIELD: _____

C. Extension or Correspondence Courses:

NAME: _____ WHEN ATTENDED: _____
CITY: _____ GRADUATED: _____
STATE: _____ DEGREE AWARDED: _____
YEARS COMPLETED: _____ MAJOR FIELD: _____

NAME: _____ WHEN ATTENDED: _____
CITY: _____ GRADUATED: _____
STATE: _____ DEGREE AWARDED: _____
YEARS COMPLETED: _____ MAJOR FIELD: _____

11. If you did not graduate from High School, have you passed the General Education Development (GED) test? YES [] NO []

If YES, when and where did you complete the GED? _____

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

12. Marital Status: Single Married Divorced Engaged Separated Widowed

13. Name of Spouse _____

14. List all of your children, including any adopted or stepchildren:

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

FAMILY HISTORY

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

16. Is any member of your immediate family now in prison or on probation or parole? YES NO
If YES, give name(s) and details:

RESIDENCES

17. List addresses for past 10 years starting with present address at top:

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

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

19. Are you now supporting all children born to you, or adopted by you, or stepchildren? YES [] NO []
If NO, give details:

20. 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:

21. Have you ever been sued with a civil judgment being rendered against you? YES [] NO []
If YES, give details:

22. What is the total amount of all your debts at present? \$ _____

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

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

Firm/Business	Street Address	City/State	Amount Owning

WORK HISTORY

25. Have you ever been discharged or requested to resign from any position because of criminal misconduct or rules violations? YES [] NO [] If yes, give details:

26. 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 your duties? YES [] NO []

27. Were you ever in the U.S. Military service or any other military organizations? YES [] NO []

28. List ALL jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a Reason for Leaving for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

Title of present or last position _____
Employer Name Address and Phone Number _____

Date Employed _____ Starting Salary _____ Last Salary _____
Date Separated _____ Name/Title of Supervisor _____
Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos If part time, number of hours worked per week _____ No. employees supervised by you _____
Duties:

Reason for leaving: _____

Title of present or last position _____
Employer Name Address and Phone Number _____

Date Employed _____ Starting Salary _____ Last Salary _____
Date Separated _____ Name/Title of Supervisor _____
Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos If part time, number of hours worked per week _____ No. employees supervised by you _____
Duties:

Reason for leaving: _____

Title of present or last position _____
Employer Name Address and Phone Number _____

Date Employed _____ Starting Salary _____ Last Salary _____
Date Separated _____ Name/Title of Supervisor _____
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Reason for leaving: _____

Title of present or last position _____

Employer Name Address and Phone Number _____

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving: _____

Title of present or last position _____

Employer Name Address and Phone Number _____

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ___ Yrs ___ Mos Part Time ___ Yrs ___ Mos If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving: _____

Questions 30 through 38 applicable only to veterans

29. What was your service number? _____

30. What was the highest rank you held? _____

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

32. What were your unit assignments in the service?

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

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

34. Was your last discharge honorable? YES [] NO []
If NO, was it characterized as bad conduct or dishonorable? YES [] NO []

35. Were you ever court martialed, tried on charges, or the subject of a summary court, deck court, nonjudicial punishment, captain's mast, company punishment, article 15, and/or any other disciplinary action while a member of the military? YES [] NO []

If YES, explain:

36. List any disciplinary action taken against you in the National Guard or reserve unit:

37. List all medals and decorations awarded you during the military service:

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

NOTE: In questions 39, 40, 41, and 42, 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

39. 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 consideration.

40. Have you ever used marijuana? YES [] NO [] If YES, what were the circumstances?

41. Have you ever used any other illegal drugs, including but not limited to opiates, pills, heroin, cocaine, crack, LSD, etc.? YES [] NO [] If YES, what were the circumstances?

42. Have you ever used prescription drugs other than under the supervision or as prescribed by a physician? YES [] NO [] If YES, what were the circumstances?

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).

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 expunged by a Judge's court order.

43. 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 []

OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

OFFENSE CHARGED: _____

LAW ENFORCEMENT AGENCY: _____

DATE: _____

DISPOSITION: _____

(ADD EXTRA SHEETS IF NECESSARY.)

44. Have you ever had a Domestic Violence Protective Order issued against you? YES [] NO []

(Include both ex-parte domestic violence protective orders and those entered subsequent a hearing.)

Date of Issuance: _____ County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

45. 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: _____

46. Have you ever been charged with or convicted of a felony? YES [] NO [] If YES, give details

47. Have you ever been placed on probation? YES [] NO [] If YES, give details:

48. Have you ever paid a fine in excess of \$50.00, excluding court costs? YES [] NO []

If YES, give details:

49. Can you operate a motor vehicle? YES [] NO [] If NO, give details:

50. Do you possess a driver's license from the State of North Carolina? YES [] NO []

License Number _____ Year Issued _____

51. Do you possess a driver's license issued in any state other than North Carolina? YES [] NO []

If YES, give the state and number: _____

52. Was your license ever suspended or revoked? YES [] NO [] If YES, state which and give details:

53. Was your license ever restored? YES [] NO [] If YES, state when and give details:

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

CAREER OBJECTIVES

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

56. 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:

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. PLEASE FILL OUT COMPLETELY.

Name	Address, City, State	Phone