



— SINCE 1964 —
RICHMOND
COMMUNITY COLLEGE

BLET

INFORMATION

PACKET

BLET CONTACT INFORMATION

W. Keith Thomas, Director of Law Enforcement Training
910-410-1707 wkthomas@richmondcc.edu

BLET application checklist

1. _____ US Citizen (Birth Certificate or other approved documentation)
2. _____ Minimum age of 20 years old or approval from CJ standards (Birth Certificate)
3. _____ Medical History Statement: Form F-1(LE)
4. _____ Medical Examination Report: Form F-2(LE)
5. _____ Personal History Statement: Form F-3(LE) **MUST be notarized**
6. _____ High School Diploma or GED
7. _____ Richmond Community College Student Registration Form
8. _____ Certified Criminal History check for state and local records from every location the applicant has resided since their 16th Birthday
9. _____ Driving history from every state the applicant has had a driver's license issued in
10. _____ Copy of valid driver's license
11. _____ Approximate 4"x 6" photo (head & shoulders) of applicant
12. _____ Accuplacer reading test results (must be taken prior to admission with score of 237 or higher)
13. _____ Sponsorship letter
14. _____ Criminal Record Conviction History: Form F-25(LE)
15. _____ Applicant Certificate of Understanding

DUE DATE January 3, 2024

Course Description

Basic Law Enforcement Training (BLET) is designed to give students essential skills required for entry-level employment as law enforcement officers with state, county, or municipal governments, or with private enterprise. This program utilizes State Commission-mandated topics and methods of instruction. The BLET program is divided into the following six units that include 35 different blocks of instruction:

UNIT 1 – LEGAL

Motor Vehicle Law
Controlled Substances
Elements of Criminal Law
Juvenile Laws and Procedures
Arrest, Search & Seizure/Constitutional Law
ABC Laws and Procedures

UNIT 2 – PATROL DUTIES

Techniques of Traffic Law Enforcement
Explosives and Hazardous Materials Emergencies
Traffic Crash Investigation
In-Custody Transportation
Crowd Management
Patrol Techniques
Law Enforcement Communication and Info. Systems
Rapid Deployment
Anti-Terrorism

UNIT 3 – COMMUNICATION

Responding to Victims and the Public
Domestic Violence Response
Ethics for Professional Law Enforcement
Individuals with Mental Illness or Dev. Disabilities
Crime Prevention Techniques
Communication Skills for Law Enforcement Officers
Preparing for Court and Testifying in Court

UNIT 4 INVESTIGATIONS

Fingerprinting and Photographing Arrestee
Field Notetaking and Report Writing
Criminal Investigation
Interviews
Human Trafficking

UNIT 5 PRACTICAL APPLICATION

First Responder
Firearms
Law Enforcement Driver Training
Physical Fitness
Subject Control and Arrest Techniques

UNIT 6 SHERIFF SPECIFIC

Civil Process
Sheriff Responsibilities: Court Duties
Sheriff Responsibilities: Detention Duties

Course Schedule

Richmond Community Colleges BLET is a daytime and some weekends course that involves 640 hours of training that is instructed in 17 weeks (January 15, 2024 – May 15, 2024).

The schedule is on ***Monday through Friday*** usually from 8:30 am – 5:30 pm (class times occasionally vary)

And

Occasional ***Saturday*** with various class times

Admission Requirements

Applicants for admission to the BLET program must:

1. Complete an RCC application for admission.
2. Score a minimum of 237 on the Accuplacer reading comprehension test.
3. Have graduated from high school, have an Adult High School Diploma, or have passed the GED with an equivalency certificate, which meets the minimum requirements set by the State of North Carolina.
4. Meet the minimum standards for employment as established by the NC Criminal Justice Education and Training Standards Commission and/or the NC Sheriff's Education and Training Standards Commission which include being:
 - A citizen of the United States.
 - At least 20 years of age.
 - Of good moral character.
5. Have **not ever** committed or been convicted of any of the following:
 - A felony
 - A crime for which the punishment could have been imprisonment for more than two years.
 - A crime or unlawful act for which the punishment could have been imprisonment for more than six months, but less than two years and the crime or unlawful act occurred within the last five years;
 - Four or more crimes or unlawful acts described above regardless of the date of the occurrence; or
 - Four or more crimes or unlawful acts for which the punishment could have been imprisonment for less than six months.
6. Be sponsored or employed by a NC public law enforcement agency prior to enrollment and maintain that sponsorship/employment throughout the course. Sponsorship form must be accompanied by the Criminal Record Conviction History Form F-25(LE)
7. Provide a certified copy of criminal and driving history for each county the student has lived in since the age of sixteen. (In NC contact Clerk of Courts for each county, driving histories are available from the DMV. Other states have different requirements for obtaining these records. Contact the local Sheriff's Office where you lived first)
8. Provide current medical examination report forms **F-1** (Medical History), and **F-2** (Medical Examination). Satisfactory health as documented by a physician (in North Carolina) is mandatory for acceptance into the program. Must provide a thoroughly completed F-3 (Personal History Statement)
9. Possess and provide a photocopy of a valid driver's license.
10. Possess and provide a photocopy of a valid social security card.
11. Provide a **CERTIFIED** copy of his/her birth certificate. Photocopy is acceptable (original must be viewed and verified)

ATTENTION!!!

Individuals who are interested in enrolling in the Basic Law Enforcement Training program must take a Reading Comprehension Test, ACCUPLACER, regardless of their current degree.

The ACCUPLACER test is offered at both RCC Campuses located in Hamlet and Laurinburg. To register to take the NC_DAP/ACCUPLACER at Richmond CC, call for an appointment at (910) 410-1730 (Hamlet, Main Campus) or (910) 410-1831 (Honeycutt Center, Laurinburg).

A valid photo ID must be presented prior to being allowed to test. Individual test results may be presented to the student at the end of the test, in other cases test results will be provided within 48 hours.

Test takers must meet the minimum reading score of 237 (10th grade reading level) to be eligible to enter into the BLET Academy.

ACCUPLACER Overview:

ACCUPLACER is a series of tests that evaluate students' skills in reading, writing, and math to help college administrators place them in courses that match their skills.

Practice Test link:

<https://accuplacer.collegeboard.org/students/prepare-for-accuplacer/practice>

Sponsorship of a Law Enforcement Agency

- Sponsorship is REQUIRED.
- Sponsorship must be from a North Carolina Law Enforcement Agency.
- Sponsorship must be from a Sheriff's Office, City Police Department or approved State Agency.
- Sponsorships from Company Police Agencies are NOT accepted.
- Sponsoring law enforcement agencies DO NOT provide any financial assistance for the student in the BLET program.
- Sponsorship from an agency DOES NOT guarantee any promise of employment with the agency if student successfully completes BLET.
- Sponsorship from an agency DOES NOT require a student to accept employment with the agency if the student successfully completes BLET.
- Agency representative signature on the SPCC Sponsorship Form MUST BE the agency head (i.e., Sheriff or Chief).
- Sponsorship must be MAINTAINED throughout the entire BLET program. If a student loses his/her sponsorship, he/she will be expediently dismissed from the BLET program!
- Dismissal from the BLET program, due to loss of sponsorship, CANNOT BE APPEALED!!!
- Sponsorship must be documented by completion of the "Verification of Sponsorship" Form (Next page). Agency completes the top part of form; student completes the bottom section. Must be accompanied by the Criminal Record Conviction History Form F-25 (LE)
- Completed Sponsorship Forms must be turned into BLET staff by the due date corresponding with your individual information session. NO EXCEPTIONS!

Richmond Community College

Basic Law Enforcement Training

VERIFICATION OF SPONSORSHIP FOR BASIC LAW ENFORCEMENT

SPONSORING AGENCY ACKNOWLEDGEMENT

_____ agrees to sponsor _____
(Sponsoring Agency Name) (Sponsored Student)
in the Basic Law Enforcement Training (BLET) program. This sponsorship does not constitute my agreement to hire the sponsored student upon completion of the BLET program or provide financial assistance for enrollment.

I certify that I have completed a background and criminal history investigation of sponsored student in accordance with The North Carolina Administrative Code, Title Chapter 9, Subchapter 9B, Section 1-2, and that, according to my investigation, this person is eligible for certification as a law enforcement officer in North Carolina

(Sponsoring Agency Representative)
(Must be Chief of Police or County Sheriff)

(Date)

STUDENT ACKNOWLEDGEMENT

I, the undersigned sponsored student, understand that the Sponsoring Agency has taken no obligation to provide financial support or assistance for such training.

I, the undersigned sponsored student, further understand that the Sponsoring Agency has made no commitment to employment upon completion of the BLET program or at any time in the future.

I, the undersigned sponsored student, accept responsibility for the nature and inherent risk incident to basic law enforcement training and do hereby release and discharge the Sponsoring Agency, its agents, and employee, from any and all claims, damages, or causes of actions resulting from or arising out of participation in the BLET program.

(Sponsored Student)

(Date)

The Basic Law Enforcement Training program is physically and mentally demanding. The course has been derived from a comprehensive task analysis of the basic patrol officer functions and provides realistic training designed to provide the knowledge and skills necessary to perform essential patrol duties.

All materials that are included in the state mandated examination and the Police Officer Physical Abilities Test (POPAT) are derived from this task analysis.

Students are advised that they must be able to demonstrate that they can perform all of the essential tasks of an inexperienced patrol officer in a timely and safe manner. Training activities are physically demanding including requirements for strength, agility, endurance, flexibility, hearing, visual acuity, and an ability to demonstrate good judgment. Also, several course activities that may challenge some participants include exposure to riot control gas, subject control techniques, physical conditioning, etc. Participants are advised that they must complete Commission-required forms truthfully and completely. Willful falsification of any Commission-required form may very well lead to denial or revocation of certification.

It is also recommended that the participant review their existing medical insurance coverage. Injuries in BLET are not uncommon but they are usually limited to sore muscles and joints due to lack of exercise; however, prudent participants will want to ensure that they have coverage for major injuries, which are very rare but possible.

SATISFACTORY HEALTH DOCUMENTED BY A NORTH CAROLINA PHYSICIAN IS MANDATORY FOR ACCEPTANCE INTO THE PROGRAM!

This documentation will be accomplished by completion of the following two forms:

MEDICAL HISTORY STATEMENT

(Form F-1) Total of 4 pages

This form needs to be completed and signed by the applicant and given to the physician at the medical examination. The physician must review this form and then sign on the back in the space provided.

MEDICAL EXAMINATION REPORT

(Form F-2) Total of 3 pages

The examination report needs to be completed and signed by the physician, physician assistant, or nurse practitioner that conducts the examination. Name and address of the individual conducting the exam must be entered in the space provided on the back of the form.

THE MEDICAL EXAMINATION MUST BE CONDUCTED BY A NORTH CAROLINA PHYSICIAN, PA, or NP

**MEDICAL FORMS WITHOUT ALL REQUIRED INFORMATION, INCLUDING THE DOCTOR'S SIGNATURE AND
CONTACT INFORMATION, WILL NOT BE ACCEPTED**

COST OF PROGRAM

The approximate costs for the BLET program are provided below:

Registration Fee:	\$180.00 (waived with sponsorship letter from approved Law Enforcement agency)
BLET Handbooks:	\$1020.00
PT Uniform:	\$140.00
Classroom uniform:	\$300.00
BLET lab fees:	\$150.00
Insurance:	\$13.00
Gym Membership (PT)	\$100.00
Student Fee	\$45.00

* Scholarships MAY be available to help assist with these fees. The Director will notify each applicant if and when these funds are available.

TEXTBOOKS and Some Uniforms will be made available through the RCC BOOKSTORE

FINANCIAL AID

Sponsorship opportunities through community programs such as WIOA, and Sandhills Community Action Program are available by contacting those agencies and completing their application process.

Funds may also be available through Workforce Training and Preparation scholarships and grants.

Questions regarding Veterans Benefits can be directed to the Office of Financial Aid staff at:

Crystal Shepard, Financial Aid Specialist
ccshepard@richmondcc.edu
(910) 410-1727

Financial Aid Office Fax: (910) 582-7102

PRE-BLET PREPARATION FOR PHYSICAL TRAINING

Physical Fitness Training (PT) in the BLET program at Richmond Community College meets or exceeds all guidelines set forth by the North Carolina Criminal Justice Training Standards Division. Physical training will consist of running, calisthenics, weight training and job-related activities. It is strongly recommended that prospective students begin a physical training program on their own prior to entering BLET. Adequate preparation will reduce your risk of injury and make your transition to BLET life less stressful.

Physical Fitness Training will consist of one hour of training per day, 3 days per week. There will also be three Fitness assessments and three Police Officer Physical Agility Tests (POPAT). Each student must successfully complete the POPAT on the final attempt to successfully complete BLET and be allowed to sit for the State BLET Examination.

Below is a list of typical training activities during PT:

Physical Training Activities:

- Warm-up: general calisthenics such as jumping jacks
- Stretching: Head to toe static stretching (5 Minutes)
- Calisthenics: Push-ups (3 sets of 15-20) Sit-ups (3 sets of 20-30)
- Running: 3 miles, group formation, approximately 9 minutes per mile pace
- Cool Down: Walk and Head to toe static stretching

A prospective student's training prior to BLET should consist of the following:

- Running 4-5 days per week for 30 minutes (it is highly recommended that each student purchase a good pair of running shoes in order to avoid injury)
- Push-ups and sit-ups 5 days per week until able to accomplish amount described above
- Weight training emphasizing upper body strength 3 days per week

NOTICE

One of the leading causes of a cadet not completing BLET is failure to pass the physical fitness training final practical examination. It is imperative that you start a physical fitness program as soon as possible to increase your likelihood of success.

Performance and Behavior Standards

The purpose of BLET is to prepare students for employment as law enforcement officers. Because of the special nature of the BLET program, students are expected to meet high standards of personal behavior and performance. Behavioral standards are detailed in the Richmond Community College General Catalog/Student Handbook. They are also covered in the BLET orientation section the first day of training. Any conduct that constitutes a criminal offense will be referred to the appropriate law enforcement agency. The following activities are examples of the kind of performance standards which a student in the BLET program will be required to perform in order to successfully complete the program.

- Interpersonal abilities sufficient to interact with individuals and groups from various social, emotional, cultural, and intellectual backgrounds.
- Communicate well with others orally and in writing.
- Hearing ability sufficient to monitor oral communications, radio communications and surrounding activities.
- Physical abilities sufficient to defend oneself, others and maintain control subjects when necessary.
- Physical fitness and stamina sufficient to run, jump, crawl and participate in all physical training.
- The ability to operate assigned equipment and technology.
- Vision sufficient for observation of surroundings, writing reports, entering data and firearms qualification.
- Ability to use sense of touch and other senses sufficient to perform specific tasks and detect movement.

If the applicant believes that he/she cannot meet any of the standards without reasonable accommodations or modifications, the applicant should contact the BLET Director or Coordinator.



Applicant Certification of Understanding

Richmond Community College (RCC) has provided me with the admissions policies and procedures including the legal requirement for law enforcement employment in North Carolina and the performance and behavior standards. I certify that I have received, read, and understand the information that was provided as it relates to the Basic Law Enforcement Training (BLET) program. I certify that all information I provide on this application and to meet other admission requirements is complete and accurate. I also certify that I have met the admission requirements for employment as a law enforcement officer as described.

Applicant Printed Name

Date

Applicant Signature

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



MEDICAL HISTORY STATEMENT

Form F-1(LE)

(Rev. 6/11)

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

Payment for services rendered is the responsibility of the hiring agency or the individual.

The Criminal Justice Standards Division is NOT responsible for payment.

Mail form to hiring agency or individual

DO NOT mail form to Criminal Justice Standard Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Last 4 Digits of SSN: _____

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- ☐ 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- ☐ 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- ☐ 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington=s chorea, peripheral neuropathy and others?
- ☐ 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- ☐ 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- ☐ 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere=s disease, moderate to severe hearing loss in one or both ears and others?
- ☐ 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- ☐ 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- ☐ 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- ☐ 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud=s disease and others?
- ☐ 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn=s disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- ☐ 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- ☐ 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- ☐ 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- ☐ 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- ☐ 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

Males Only:

- ☐ 17. Prostate problems such as enlargement or prostatitis?
- ☐ 18. Genital problems such as epididymitis or testicular injury?

Females Only:

- ☐ 19. Currently pregnant?
- ☐ 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

- ☐ 21. Have you ever had a positive TB test?
- ☐ 22. Have you received Hepatitis B vaccinations?
- ☐ 23. When did you receive your last tetanus (lockjaw) immunization? _____

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- ☐ 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- ☐ 25. Chemical exposure to skin or lungs?
- ☐ 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- ☐ 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- ☐ 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- ☐ 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- ☐ 30. Do you have any missing limbs or non-functional joints?
- ☐ 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- ☐ 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- ☐ 33. Have you ever worked in law enforcement?
 - ☐ 33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- ☐ 34. Have you ever served in any of the armed forces?
 - ☐ 34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- ☐ 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- ☐ 36. Do you have difficulty sitting for any extended period of time?
- ☐ 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- ☐ 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- ☐ 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- ☐ 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- ☐ 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- ☐ 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- ☐ 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- ☐ 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

Explanation of any “Yes” answers: (Identify by number)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

Penalty:

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

Certification:

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

Signature of Applicant (Use Ink)

Date Signed _____

Qualified Medical Professional Review:

Signature of Qualified Medical Professional
(Use Ink)

Date Reviewed

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

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210

MEDICAL EXAMINATION REPORT

Form F-2(LE)

(Rev. 3/16)

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standard Division**

Instructions:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: _____ Last 4 Digits SSN: _____

Name: _____ Date of Birth: _____
Last First Middle

Employing Agency: _____

Height: _____ Weight: _____

Vision

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With contacts: R - 20 / _____ L- 20 / _____ Both - 20 / _____

How long have contacts been worn? _____

Color Perception: ☐ Normal ☐ Abnormal: _____

Peripheral Vision: ☐ Normal ☐ Abnormal: _____

Hearing

Hearing Acuity: ☐ Audiogram or ☐ 15' whispered conversation (check one)

Right ear: ☐ Normal ☐ Abnormal: _____

Left Ear: ☐ Normal ☐ Abnormal: _____

Cardiovascular

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: ☐ Normal ☐ Abnormal: _____

Peripheral Circulation: ☐ Normal ☐ Abnormal: _____

ECG: ☐ Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Abnormal Findings

HEENT: ☐ Normal ☐ Abnormal _____

Lungs: ☐ Normal ☐ Abnormal _____

Abdomen: ☐ Normal ☐ Abnormal _____

Musculoskeletal: ☐ Normal ☐ Abnormal _____

Genitourinary: ☐ Normal ☐ Abnormal _____

Neurological: ☐ Normal ☐ Abnormal _____

Skin: ☐ Normal ☐ Abnormal _____

Urinalysis ☐ Normal ☐ Abnormal _____

TB Risk Questionnaires Administered: ☐ Yes ☐ No Additional Screening Required: ☐ Yes ☐ No

Specify Additional Screening: _____

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?

☐ No ☐ Yes:

Do you have any reservations about this candidate's ability to physically perform required duties?

☐ No ☐ Yes:

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the certification of Criminal Justice Officers in the State of North Carolina. This manual can be found on our website at:

<http://ncdoj.gov/getdoc/aa430943-6c80-4480-b44d-a2c96f8c0482/Med-Manual-Adopted-0810-15.aspx>

Signature of Qualified Medical Professional

Medical License #

Date

Name and Address of Qualified Medical Professional (Please Type)

Tuberculosis Risk Questionnaire

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world:
Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one
of the following parts of the world: Africa, Asia Central America, South America
or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following
conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes,
immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma,
cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease
(on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs,
worked or resided in jail or prison, worked or resided at a homeless shelter, or worked
as a healthcare worker in direct contact with patients? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

- | | | |
|------------------------------------------------------------------|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |



NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

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 for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

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

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

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

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

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

Position(s) applied for: _____

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

PERSONAL

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

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name been legally changed after age 12? ☐ Yes ☐ No
If yes, submit documentation with date and attach to this form.

3. Present Mailing Address: _____
Street & Number City County State Zip Code
Permanent Mailing Address: _____
Street & Number City County State Zip Code
Telephone Number: _____
(Include Area Code) Home Work
Cell Phone: _____ Email Address: _____

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

6. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify _____

NOTE: Data solicited in this box will be used for Equal Employment statistical purposes only.

7. Ethnic Background

- ☐ American Indian
☐ Asian American
☐ Black

- ☐ Spanish American
☐ White
☐ Other _____

8. Sex ☐ Male ☐ Female

9. Have you previously submitted an application for employment with this agency?

☐ Yes ☐ No Approximate Date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

☐ Traditional ☐ Home School
☐ Distance Learning ☐ Did not attend high school ☐ Other: _____

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools					
Universities or Colleges					
Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

☐ Yes ☐ No If yes, when and where did you complete the GED?

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

MARITAL

12. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

13. Name of Spouse: _____

Name of Former Spouse(s): _____

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

Name	Birth Date	Relationship	Address	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

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(s) of your immediate family now in prison or on either probation or parole? ☐ Yes ☐ No
If yes, give name(s) and details:

RESIDENCES

17. List every city/county in which you have lived since attaining the age of 16, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State	Landlord

FINANCIAL

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

19. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**): _____

20. Are you now supporting all children born to you, adopted by you and stepchildren?
☐ Yes ☐ No If not, give details: _____

21. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? ☐ Yes ☐ No If yes, give name and details: _____

22. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)
☐ Yes ☐ No ☐ Not sure (explain) If yes, give details: _____

23. What is the total amount of all your debts at present? \$ _____
24. What is the average monthly total of all of your bills, payments, and current living expenses? \$ _____
25. List credit references, including creditors to which you make monthly payments:
- | | | |
|----|------------------|-----------------------|
| A. | _____ | Amount Owing \$ _____ |
| | Name of Business | |
| | _____ | |
| | Street Address | City and State |
| B. | _____ | Amount Owing \$ _____ |
| | Name of Business | |
| | _____ | |
| | Street Address | City and State |
| C. | _____ | Amount Owing \$ _____ |
| | Name of Business | |
| | _____ | |
| | Street Address | City and State |

	Amount Owning \$
Name of Business _____	

E. _____ Amount Owing \$ _____
Name of Business

F. _____ Amount Owning \$ _____
Name of Business

Street Address _____ City and State _____

WORK HISTORY

☐ Yes ☐ No If yes, list agency name and give details: _____

[illegible]

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, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

28. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

☐ Yes ☐ No If yes, list organization name and give details: _____

29. Do you object to wearing a uniform? ☐ Yes ☐ No

30. Do you object to working nights? ☐ Yes ☐ No

31. Do you object to working rotating shifts? ☐ Yes ☐ No

32. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

☐ Yes ☐ No

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

A. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos ☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

B. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos

☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

C. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos

☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

D. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos

☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

E. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos

☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

F. Title of present or last position _____

Employer Address and Phone Number _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

☐ Full Time ____ Yrs ____ Mos ☐ Part Time ____ Yrs ____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

G. Explain Periods of unemployment of three months or more. _____

MILITARY SERVICE

34. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No

Were you ever denied entrance into the military? ☐ Yes ☐ No If yes, why? _____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

35. What is your service number? _____

36. What was the highest rank that you held? _____

37. What was the last rank that you held? _____

38. What was the date and location of your first enlistment or commission? Date: _____

39. List each tour of active duty where a DD-214 was issued:

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

40. List all duty stations:

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

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

Uncharacterized ☐ 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

42. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

☐ Yes ☐ No If yes, explain what occurred and what type of punishment you received: _____

43. List all medals and decorations awarded you during your military service: _____

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

USE OF ALCOHOL OR DRUGS

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

NOTE: In questions 46, and 47, the word **'used'** means **"one time or more, including experimentation."** If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

46. Have you ever used, to include tasting, any illegal drugs including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time?

47. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

48. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? ☐ Yes ☐ No ☐ I don't know (explain below)

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

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

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

☐ Yes ☐ No If yes, give details below:

A. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
B. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____
C. Offense Charged _____	Law Enforcement Agency _____
Date _____	Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

50. Have you ever had a Domestic Violence Protection Order issued against you?
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

51. 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 or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
 - (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. 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 his/her civil rights restored, and under 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 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.

52. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

☐ Yes ☐ No ☐ I don't know (explain below) If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

☐ Yes ☐ No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)

☐ Yes ☐ No If yes, give details:

54. Have you ever been placed on probation? ☐ Yes ☐ No If yes, give details:

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

Driver's License Number _____ Year Issued _____

56. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina? ☐ Yes ☐ No

If yes, give state and number _____

57. Was your driver's license ever suspended or revoked? ☐ Yes ☐ No If yes, state which and give reasons:

58. Was your driver's license ever restored? ☐ Yes ☐ No When? _____

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

CAREER OBJECTIVES

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

61. List special skills, training, fields 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:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. 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	Telephone
A.		
B.		
C.		
D.		
E.		

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 misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____
(Signature in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____