

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, N.C. 27602
Telephone: (919) 661-5980

Form F-5A (JJ)
Rev. (5/16)

**REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION
JUVENILE JUSTICE OFFICER & CHIEF/JUVENILE COURT COUNSELOR**

For Criminal Justice Standards Use ONLY

Certification: _____ TRA: _____ FP: _____ Mailed: _____

INSTRUCTIONS:

Please Type or Print all information clearly. **This Appointment form must be submitted to the Criminal Justice Standards Division BEFORE the applicant is officially employed.** Upon receipt of this form, the appropriate certification will be returned to your agency for its official appointment and assignment of applicant to active duty. A copy must be retained in the appointing agency's personnel file.

Facility/District: _____ Phone Number: _____

Address: _____
Street City Zip Code

Applicant's Name: _____ Applicant's Email: _____
First Middle Last Suffix

Applicant's Address: _____
Street City Zip Code

Date of Birth: _____ Driver's License No.: _____ SSN: _____

Appointed to Position of: _____ Full Time Part Time
Position Title

This section must be completed indicating that the requirements of the Administrative Code (12 NCAC 9) have been met with necessary forms and documentation having been placed in applicant's file prior to appointment. Failure to complete any item will result in the return of this form.

Educational Requirement: High School Yes No Name of Institution: _____

Education Verified by: Diploma GED Transcript Other: _____

College Degree: Yes No If Yes, Type of Degree Awarded (BA, BS, etc.): _____

Name of Institution: _____

Education Verified by: Degree Transcript Other: _____

Criminal History:

Date Fingerprints Scanned/Rolled _____

Personal History Statement (F-3) Yes No

Mandated Background Investigation (F-8) Yes No

Qualifications Appraisal Interview (F-4) Yes No

Medical Information: Date Psychological Screening Conducted: _____ Authorized Psychologist: _____

Date Negative Drug Test Reported: _____ Name of HHS Certified Lab _____

Medical History Statement (F-1) Yes No

Medical Examination Report (F-2) Yes No

Date Physical Exam Conducted: _____ Name of Physician: _____

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

(CONTINUED ON BACK)

Criminal Offense Record: (All applicants must read and complete this section in their own handwriting.)

ALL offenses other than minor traffic offenses must be reported below. Please note that "DUI/DWI (alcohol or drugs)," "Duty to Stop in the Event of an Accident," "Driving While License Permanently Revoked" and "Speeding to Elude Arrest" are **NOT** minor traffic offenses and therefore **MUST** be reported below. Provide all information 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 check the block labeled "Criminal Charges as Reported Below" and give details. You should check the "No Criminal Charges" block **ONLY** if you have never been charged or arrested, or your record/citation was expunged by a judge's court order. **Criminal offenses that have been "Dismissed" MUST be reported.** If you list charge(s), please attach certified true copies of warrant(s) and judgments for each offense even if documentation and charges have previously been reported to this agency. CHECK ONE OF THE FOLLOWING:

No Criminal Charges

No Criminal Charges other than Minor Traffic Offenses

Criminal Charges as Reported Below
(Please report in the section below.)

- | | | |
|----|--|--|
| 1. | Offense Charged: _____
Date of Offense: _____
Date of Disposition: _____ | County/State: _____
Law Enforcement Agency: _____
Disposition of Case: _____ |
| 2. | Offense Charged: _____
Date of Offense: _____
Date of Disposition: _____ | County/State: _____
Law Enforcement Agency: _____
Disposition of Case: _____ |
| 3. | Offense Charged: _____
Date of Offense: _____
Date of Disposition: _____ | County/State: _____
Law Enforcement Agency: _____
Disposition of Case: _____ |

(Attach Additional Sheets if Necessary)

As the applicant for certification, I attest that I am aware of the minimum standards for employment, that I meet or exceed each of those requirements, that the information provided above and all other information submitted by me, both oral and written throughout the employment certification process is thorough, complete and accurate to the best of my knowledge. **I further understand and agree that any omission, falsification or misrepresentation of any factor or portion or such information can be the sole basis for termination of my employment and/or denial, suspension or revocation of my certification at any time, now or later.** If applicable, I specifically acknowledge that my continued employment and certification are contingent on the results of the fingerprint record check and other criminal history records being consistent with the information provided in the Personal History Statement and as reflected in this application.

Signature of Applicant/Candidate

Date

I, as an official representative of the appointing agency, do submit to the Commission the above-named applicant as a candidate for certification. The candidate meets or exceeds each of the minimum standards for employment and this Agency has properly conducted the required employment procedures as established by the Commission and incorporated into 12 NCAC 9. All documents necessary to insure compliance with the rules of the Code are being retained in the personnel files of this agency and may be inspected at any reasonable time by representatives of the Commission. **I acknowledge that any omission, falsification or misrepresentation of information or procedures, by either the candidate or this Agency, throughout the employment and/or certification process may result in certification being denied, suspended or revoked by the Commission at any time, now or later, and may result in sanctions against this Agency.**

Signature of Executive Officer or Registered Authorized Representative

Date