

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

Post Office Drawer 149, Raleigh, NC 27602  
Telephone: (919) 661-5980

**Form F-5A (LE)**  
Rev. 5/16

**REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION LAW ENFORCEMENT OFFICER**

**FOR STANDARDS DIVISION ONLY**

CERTIFICATION \_\_\_\_\_ MAILED \_\_\_\_\_  
TRA \_\_\_\_\_ FP \_\_\_\_\_

**INSTRUCTIONS:** Please type or print all information clearly. This form shall be completed for EACH individual BEFORE administration of law enforcement oath irrespective of whether service is to be full-time, part-time, paid, unpaid, regular, reserve, auxiliary, honorary, or special. This Appointment must be submitted to the Criminal Justice Standards Division for issuance of the appropriate Certification which will be returned to you for purposes of Oath administration. A copy must be retained in the appointing Agency's personnel file. 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.

Employing Agency \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check if New Address Agency or ORI Number (If Available. Originating Routing Identifier assigned by NCIC) \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
First Middle Last

List Any Previous Names Used: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Position:  Officer  Chief Status:  Full-Time  Part-Time Date of Hire: \_\_\_\_\_

**SECTION FOR NEW APPLICANTS, PROBATIONARY APPLICANTS, AND OUT-OF-STATE TRANSFERS ONLY**

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 personnel file **prior** to submitting this application. Failure to complete any item will result in the return of this form. **\*Please attach verification of home/private school registration or credential.**

Education Requirement:  High School  High School Equivalency  Home School/Private  College/University

School Information: \_\_\_\_\_  
(Name of High School/Home School/Private School) (County, City and State of School)

Education Verified By:  Diploma  Equivalency Credential  Transcript  Other \_\_\_\_\_

Highest Degree Awarded:  High School  2 yr. Degree  4 yr. Degree  Other \_\_\_\_\_

Name of Highest Level Institution Attended: \_\_\_\_\_  
(Accredited Awarding Institution)

Drug Screening Test:  Positive  Negative

Name of HHS Certified Laboratory \_\_\_\_\_

Date Laboratory Reported Test Results \_\_\_\_\_ (Must be within 60 days **prior** to employment.)

Fingerprint Requirements: Date Submitted to State Bureau of Investigation \_\_\_\_\_

Psychological Screening: Date \_\_\_\_\_ Psychologist/Psychiatrist Full Name \_\_\_\_\_ NC License # \_\_\_\_\_

F-1 Medical History Statement (Completed by Applicant) Must be completed within one year **prior** to employment.

F-2 Medical Examination Report: Date Conducted: \_\_\_\_\_ Must be conducted within one year **prior** to employment.

Completed by:  Physician/PA or  Nurse Practitioner

Full name: \_\_\_\_\_ NC License # \_\_\_\_\_

F-3 Personal History Statement (Completed, Signed and Dated by Applicant. **MUST** be Notarized)

Qualifications Appraisal Interview **MUST** be Completed by Agency Head or Representative (Use of Form F-4 is optional)

F-8 Mandated Background Investigation Form (Signed and Dated by Person Conducting Investigation)

F-9A Firearms Qualification Record (Completion of Employing Agency's In-Service Firearms Training Program) **Must Attach Copy of F-9A**

Firearms Qualification Date \_\_\_\_\_ Also indicate location (agency or facility) \_\_\_\_\_

Name of Basic Law Enforcement Training School: \_\_\_\_\_ Exam Date: \_\_\_\_\_

SECTION FOR N.C. TRANSFERS ONLY

If Applicant is a lateral transfer (holds GFA or GNA Certification), indicate the following North Carolina Administrative Code (12 NCAC 9C .0306) requirements have been met and appropriate documentation has been placed in the applicant's personnel file prior to employment.

Date of Hire: \_\_\_\_\_ Fingerprint Requirements: Date Submitted to State Bureau of Investigation: \_\_\_\_\_

F-1 Medical History Statement (Completed by Applicant): Must be completed within one year prior to transfer.

F-2 Medical Examination Report: Must be conducted within one year prior to transfer. Date Conducted: \_\_\_\_\_

Completed by:  Physician/PA or  Nurse Practitioner

Full name: \_\_\_\_\_ NC License # \_\_\_\_\_

Drug Screen:  Positive  Negative

Date Laboratory Reported Test Results: \_\_\_\_\_ (Must be within 60 days prior to employment.)

Name of HHS Certified Laboratory: \_\_\_\_\_

Firearms Qualification: Indicate one of the following and attach copy of Firearms Qualification Record (Form F-9A).

Applicant successfully completed this agency's In-Service Firearms Qualification. Qualification Date: \_\_\_\_\_

Applicant successfully completed In-Service Firearms Qualification at the previous agency and the on-duty weapon and the off-duty weapon(s) shall remain the same as the one used to qualify within the preceding 12 month period.

Qualification Date: \_\_\_\_\_ Location (agency or facility) \_\_\_\_\_ NOTE: Attach copy of Firearms Qualification Record (Form F-9A)

Law Enforcement Experience: Previous L.E. Agency \_\_\_\_\_ Date of Separation (if applicable) \_\_\_\_\_

Does applicant intend to hold dual appointments?  Yes  No

ALL APPLICANTS & TRANSFERS MUST READ AND COMPLETE THIS CRIMINAL RECORD SECTION IN THEIR OWN HANDWRITING.

Each applicant 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). Do not include minor traffic offenses (N.C.G.S. Chapter 20), but 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. 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. Attach additional sheets if needed.

No Criminal Charges

No Criminal Charges other than Minor Traffic Offenses

Applicant Initials \_\_\_\_\_

Applicant Initials \_\_\_\_\_

1. Offense Charged: \_\_\_\_\_ Charging Law Enforcement Agency: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Disposition of Case and Date: \_\_\_\_\_

2. Offense Charged: \_\_\_\_\_ Charging Law Enforcement Agency: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Disposition of Case and Date: \_\_\_\_\_

3. Offense Charged: \_\_\_\_\_ Charging Law Enforcement Agency: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Disposition of Case and Date: \_\_\_\_\_

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 and 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 of 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. I further understand that I have a continuing duty to notify the Commission of all criminal offenses which I am arrested for or charged with, plead no contest to, plead guilty to or am found guilty of. If applicable, I specifically acknowledge that my continued employment and certification are contingent on the results of the fingerprint records check and other criminal history records being consistent with the information provided in my 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 appointee 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.

Signature of Executive Officer or Registered Authorized Representative

Title

Date