

Pre-Application Instruction Memorandum

Applicants:

Please read this memorandum before completing the attached application.

- **Pre-applications are taken regardless if there are any open positions at the Sheriff's Office.**
- **Please do not call our office to check on your pre-application, we will contact you when an opening occurs.**
- **Applications are reviewed when an opening is available.**
- **List your cell phone number if you have one.**
- **Applicants must meet all the basic requirements:**
 - **Citizen of the United States**
 - **At least 21 years of age**
 - **High school graduate or GED from an accredited school**
 - **Be of good moral character**
- **If selected for a position, you will be contacted to come to the Sheriff's Office to begin the hiring process.**
- **The hiring process could take three to four weeks. A background investigation will be conducted, including drug screening, criminal history research and medical examination.**
- **Applications are kept on file for three months.**

Stanly County Sheriff's Office
223 South 2nd Street
Albemarle, North Carolina 28001
704-986-3714

**PRE-APPLICATION INFORMATION
&
PERSONAL HISTORY STATEMENT**

NOTE TO CONTRIBUTOR: This form is not designed or intended for use as an Application for Employment. All persons seeking employment as a Justice Officer must submit to a thorough background investigation prior to making a formal Application for Employment.

Your answers to the questions contained within this form will be used to conduct an investigation to determine that you are qualified, under law and N.C. Sheriff's Training and Standards Division, to become a Justice Officer.

Only persons seeking a position as a JUSTICE OFFICER should use this form. (Deputy, Detention or Court Officer)

Have you previously submitted an application for employment to this agency?

No YES If YES, approximate date: _____

OFFICE USE ONLY

CANDIDATE: _____
Submission Date from contributor: ____ / ____ / ____
Delivered for Background Investigation: ____ / ____ / ____
Investigator: _____ **Concluded:** ____ / ____ / ____

INSTRUCTIONS: Legibly print your responses and complete all sections accurately. If you need additional space you may insert continuation pages to this form. All continuations must contain the form page number and question number.

Questions that do not apply to you **MUST** still have a response from you. These questions must be marked N/A for not applicable.

NOTE: All statements are subject to validation and any incorrect statements or omissions may disqualify you and investigation will be stopped.

SIGN AND DATE THIS FORM before submission.

1. PERSONAL INFORMATION: For equal employment statistical information only.

Male Female

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

List **ALL** previous names, Aliases, Nicknames, maiden names and married names.

Check box if you have an Addition list to insert.

2. POSITION(S) APPLIED FOR:

Agency: STANLY COUNTY SHERIFF'S OFFICE Full time Part time
 Deputy Detention Officer Court Personnel Reserve

Have you worked for or applied with a law enforcement agency, other than Stanly County Sheriff's Office? No **YES**

If YES, complete the information below.

(A) PREVIOUS LAW ENFORCEMENT EXPERIENCE

Name of agency	Employment Dates	Highest Position Held

(B) APPLICATION(S) MADE TO OTHER AGENCIES

Name of agency	Interview Conducted	Offer of employment?

3. **Date of Birth:** Place of birth: _____

4. **Citizenship:** U.S. Born U.S. Naturalized
 Other / Specify: _____

5. **Social Security Number:**

6. **Motor Vehicle Operator License Number:**

7. **Present Living Address:** **Permanent Mailing Address:**
 Street & Number: _____ Street & Number: _____

 City: _____ City: _____
 State: _____ Zip: _____ State: _____ Zip: _____

Check box if you have an Addition list to insert.

8. **RESIDENCES:** List ALL past addresses going back at least (10) years. Include any/all military bases if you were in the military service. Approximate dates acceptable.

From: (Mo / Yr)	To: (MO / Yr)	Address: City & State	County	Own or Rent

9. **YOUR TELEPHONE & CONTACT NUMBERS:**
 Home () _____ Work () _____
 Pager () _____ Cell () _____
 Other: () _____ E-Mail: _____

10. EDUCATION:

(A) LAW ENFORCEMENT:

Have you completed Basic Law Enforcement Training (BLET)? No YES

Have you passed state examination and received certification? No YES

(B) High School:

Name: _____ When Attended: _____
City: _____ Graduated: _____
State: _____

Name: _____ When Attended: _____
City: _____ Graduated: _____
State: _____

If you did not graduate from High School, have you passed the General Education Development (GED)?

No YES

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

(C) College / University:

Name: _____ When Attended: _____
City: _____ Graduated: _____
State: _____ Degree Awarded: _____
Years Completed: _____ Major: _____

Name: _____ When Attended: _____
City: _____ Graduated: _____
State: _____ Degree Awarded: _____
Years Completed: _____ Major: _____

NOTE: The following questions are intended to assist the investigator in conducting his background investigation and are not intended for use as disqualifying factors for consideration for a conditional offer, or for employment as a justice officer with this agency.

11. MARITAL STATUS:

Single Married Divorced Engaged Separated Widowed

Name of Spouse: _____

12. CHILDREN:

Name Of Child	Birth Date	Natural Child	Adopted Child	Step – Child	Resides With
1.					
2.					
3.					
4.					
5.					
6.					

(A). Are you now supporting ALL children born to you, or adopted by you, or step-children? No **YES**

13. WORK HISTORY:

Current Employer	Supervisor	Phone #
Employed Since	Present Position Held	Full / Part Time
Past Employers	Supervisor	Phone
1.		
2.		
3.		
4.		
5.		
6.		

(A) Have you been denied employment by a criminal justice agency? If **YES**, check the yes box and attach a detailed written explanation.

(B) Have you ever been discharged or requested to resign from ANY employment position because of criminal misconduct or employer rules violations?
 No **YES:** If YES, attach a detailed written explanation.

14. FINANCIAL: List all sources of income other than your primary job salary.

Business	Supervisor	Phone #	Hours per week

(A) Are there persons, other than spouse and listed children, who are presently dependent upon you for support? If YES, give details.

(B) What is the total amount of ALL your debts at present? \$

(C) What is the average monthly total of all your bills, payments, and current living expenses? \$

16. USE OF ALCOHOL: For questions (A), (B), the words “drink and used” means one time or more, including experimentation. YES in any form requires a FULL and COMPLETE written statement.

(A) Do you drink any type of alcoholic beverages?
 No **Yes.** If YES, how frequently and in what amount.

(B) Have you been charged with any offense related to possession or use of alcohol?
 No **Yes.** If YES, submit a detailed written explanation, including date. Attach your statement marked P-4 (16) B.

17. PRIOR CRIMINAL CONDUCT: Answer all questions completely and accurately. Any falsification or misrepresentation of facts may be sufficient to disqualify you from employment consideration and certification. You **MUST** list all criminal charges and / or arrests, regardless of conviction or dismissals prior to a court appearance. You **MUST** include service of a Criminal Summons.

(A) Have you ever used marijuana? No **YES** If YES, what were the circumstances? _____

(B) Have you ever used any other illegal drug, including but not limited to opiates, pills, heroin, cocaine, crack, LSD, etc.? No **YES** If YES, what were the circumstances? _____

(C) Have you ever used prescription drugs other than under the supervision or as prescribed by a physician? No **YES** YES, list the circumstances. _____

In your response to the following questions, include all offenses other than minor traffic offenses. The following are **NOT** minor offenses and must be listed: DWI, DUI (alcohol & drugs), Failure to Stop in the Event of an Accident (hit & 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.

18. ARREST/CHARGED: Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense, including Wild Life Offenses?
 NO YES

(As used in this question, the term “charged” includes being issued a citation or Criminal Summons.)

A	OFFENSE CHARGED	
	CHARGING AGENCY	
	CHARGE DATE	
	DISPOSITION	

B	OFFENSE CHARGED	
	CHARGING AGENCY	
	CHARGE DATE	
	DISPOSITION	

C	OFFENSE CHARGED	
	CHARGING AGENCY	
	CHARGE DATE	
	DISPOSITION	

D	OFFENSE CHARGED	
	CHARGING AGENCY	
	CHARGE DATE	
	DISPOSITION	

19. **DOMESTIC VIOLENCE RECORD:** Have you ever had a Domestic Violence Protective Order issued against you? (Include both ex-parte domestic violence Protective orders and those entered subsequent to a hearing.)

NO YES

ISSUANCE DATE		PLAINTIFF	
ISSUANCE COUNTY		EXPIRATION	

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

21. **MILITARY SERVICE:** Applicable only to persons now in Reserve Units or veterans.

A	Are you now in a military Guard or Reserve unit?	
If YES , complete these questions.	Unit	
	Location	
	Obligation	

B	What is/was your military service number?	
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C	What was the highest rank you achieved?	
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D	What was your entrance date and location?	
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E	What was the date and location of discharge?	
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F	Was your discharge honorable?	
	If NO, was it DISHONORABLE or bad conduct?	

BRANCH	UNIT (Company / Ship)	LOCATION	FROM (Mo/Yr)	TO (Mo/Yr)

22. DRIVERS HISTORY:

A	Do you have a valid NC Motor Vehicle Operators License?	
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B	Has your license ever been suspended or revoked? If YES, list offense or reason.	
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C	Is or has your license been restricted for any reason? If YES, list reason.	
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D	Are/have you been licensed to drive in any other state? If YES, list the state or state(s).	
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23. REFERENCES: List five (5) persons who have known you for at least two (2) years, that can attest to your character. These persons cannot be members of your family or related by marriage, your minister or employer.

NAME	ADDRESS OR CONTACT PLACE	DAY PHONE	OTHER PHONE

I hereby certify that each and every statement made on this form is true, complete and accurate. I understand that any misstatement or omission of information may subject me to disqualification from consideration of the position I am interested in. I also acknowledge that it is my responsibility to report and update the information contained in this Pre-Application form should changes occur.

This the _____ day of _____, 20_____.

Applicants signature in full

Stanly County is an equal opportunity employer. Federal law prohibits discrimination. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-5964 (voice) or (202) 720-6382(TDD)

NOTICE TO APPLICANT: You are required to submit the following documents at the time you return this Pre-Application. DO NOT submit until all documents asked for are attached.

ALL APPLICANTS MUST SUBMIT #'s [1] THROUGH [4]. Submit #'s [5] through [7] as applicable to each applicant.

1. Copy of your valid Motor Vehicle Operators License.
2. Copy of your Social Security Card.
3. Copy of your Birth Certificate.
4. Copy of your High School Diploma, or GED.
5. Copy of your College Diploma (if applicable).
6. Copy of your Military Discharge (DD214). If still active or in a Guard or Reserve Unit, provide copy of Military ID.
7. Copy of Basic Law Enforcement Training Certificate (BLET)