



Law Enforcement Training Center  
Emergency Services Division, Woodfin  
Campus  
24 Canoe Lane, Asheville, NC 28804



## Basic Law Enforcement Training (BLET) Enrollment Information

Begin the process at <https://www.abtech.edu/admissions/admissions-overview> Click “**Apply Now**” and complete the online AB Tech College Application. Applicant will complete the college Financial Responsibility Agreement and a residency determination and obtain a Residency Certification Number (RCN) which is needed to complete the application and enrollment process. If you already have an RCN, you will be prompted to enter it during the enrollment process. **Regardless of previous AB Tech attendance, each applicant must complete both the online and written registrations.** For more information about the residency requirement, please visit [www.ncresidency.org](http://www.ncresidency.org)

## Required Enrollment Documentation (Ref. 12 NCAC 9B .0203)

- Valid Driver's License, Birth Certificate (Original or certified copy), and Social Security Card
- Candidate Data Sheet
- Official (sealed) transcripts indicating high school completion. Documentation from a high school correspondence course through a for-profit entity is NOT acceptable.
  - Sealed transcripts should be either hand-delivered when the enrollment packet is submitted **OR** mailed directly to:  
AB Tech / Woodfin  
Attn: Daryl Fisher  
Director, Law Enforcement Training  
24 Canoe Lane  
Asheville NC 28804
- College transcripts (Optional, may be submitted as an unofficial copy).
- DD214: Certificate of Release or Discharge from Active Duty (If applicable)\*
- Certified Criminal Records Checks from all counties and states of residence since age 18, including military service
- Copy of Driving History from all states of residence since age 16, including military service. This can be an unofficial copy obtained from the NC DMV website.
- TABE results indicating minimum 10th grade reading level (See TABE information following)
- AB Tech Application for Admission form (required in addition to the online application)
- AB Tech Release of Information (FERPA) form
- BLET Sponsorship Form
- Americans with Disabilities Act (ADA) Reasonable Accommodation Request form
- F1(LE): Medical History Statement [https://ncdoj.gov/wpfd\\_file/f-1le-medical-history/](https://ncdoj.gov/wpfd_file/f-1le-medical-history/)
- F2(LE): Medical Examination Statement
- F3(LE): Law Enforcement Personal History Statement
- Medical Release and Questionnaire (AB Tech form; not part of F1(LE) & F2(LE) )
- AB Tech Release Agreement / Waiver of Liability form



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## **Information Disclosure**

AB Tech is committed to creating an environment of respect, integrity and support for every student. It strives to create a safe, diverse, and inclusive academic environment, and honors the candidate's right to privacy under The Family Educational Rights and Privacy Act, or FERPA (20 U.S.C. § 1232g; 34 CFR Part 99). The BLET School Director is required by NC Administrative Code to provide to NC Criminal Justice Education and Training Standards Commission certain pieces of candidate information, and discloses such information in accordance with college policy and applicable statutes.

## **TABE Testing for BLET**

BLET applicants must pass a reading comprehension test at 10th grade level or higher within twelve months of the BLET course start date. To schedule a TABE test appointment, contact:

- Cindy Ingle at AB Tech / Woodfin (828-782-2355) [cynthiaringle@abtech.edu](mailto:cynthiaringle@abtech.edu)
- Director Daryl Fisher (828-782-2841) [robertdfisher@abtech.edu](mailto:robertdfisher@abtech.edu)

## **Program Acceptance**

Class capacity is determined by the NC Criminal Justice Education and Training Standards Commission. Qualified applicants are accepted into the BLET program on a first-come, first-served basis, with those currently employed by a law enforcement agency being given priority consideration. Once deemed qualified for admission, the candidate will receive information on textbooks, uniforms, and other relevant matters. Contact Cindy Ingle at (828) 782-2355 to schedule an appointment with BLET staff to review and submit your completed BLET enrollment packet at least three (3) weeks prior to the scheduled start date. Incomplete, late-submitted, or falsified packets may be declined at the discretion of the School Director.



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## BLET Candidate Data Form

*\*Disclosure of information is voluntary. Information is maintained for instructor access and use course-related matters. Information is shared only for course-related or emergency purposes.*

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

Date of Birth \_\_\_\_\_

Physical Home Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Mailing Address (If different than above) \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Provide an alternate email in case your AB Tech email goes down.

\_\_\_\_\_

### Emergency Contacts

(Primary) Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

(Secondary) Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Insert Following Documents in Order:

Copy of Valid Driver's License

Copy of Birth Certificate

Copy of Social Security Card

Bring your VALID driver's license, and ORIGINAL or  
CERTIFIED COPY of Birth Certificate and SSN Card.  
BLET staff will make copies and return originals to you.

TABE or Other Approved Reading Comprehension Test

\*\*\*Complete the AB Tech online registration and NC  
Residency Determination.

Residency Certification Number (RCN)

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Colleague ID \_\_\_\_\_

# Asheville-Buncombe Technical Community College Application for Admission

340 Victoria Road, Asheville, NC 28801 (828) 398-7900 website: www.abtech.edu



**Notice:** If any of this information changes, notify the Admissions Office immediately. Information on race and gender is optional and used for statistical purposes only. Answer all questions completely and accurately and sign. Incomplete forms may delay your acceptance.

PLEASE PRINT: NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE or MAIDEN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY (if in NC) \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_ WORK OR CELL TELEPHONE (optional, circle which one) \_\_\_\_\_ EMAIL ADDRESS (Required) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GENDER: ☐ F ☐ M

Are you Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_ [Not Required To Answer - Used for statistical data only] (Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture, regardless of race)

RACE (Circle One or More)[Not Required To Answer - Used for statistical data only]: 1. American Indian/Alaskan 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White

Expected Entrance Date: Year \_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer Admissions Status (Check one) ☐ First time Freshman ☐ Returning Student

What is your main educational goal at A-B Tech (Circle one of the items below) ☐ Still in High School ☐ Transfer Student

[GR] To obtain an associate degree, a diploma, or a certificate [EN] To enhance my job skills for a new field of work [PE] To take courses for personal enrichment and interest

[EP] To enhance my job skills in my present field of work [TR] To take courses to transfer to another college [GU] Unknown / Undecided

Status (Circle One):	United States Citizen	Permanent Resident Alien	Non-Immigrant Alien
Residency:	Foreign Country of Origin _____ Type of Visa (Please show Visa for our records) _____		
Complete your NC Residency Determination application by going to <a href="http://www.ncresidency.org">www.ncresidency.org</a> . Upon completion, you will be assigned a Residency Certification Number (RCN). You will need to submit your RCN along with this application to enroll at A-B Tech.			
Please enter RCN: _____			

SOCIAL SECURITY NUMBER \_\_\_\_\_ Your social security number is used as your unique identifier for the state residency system.

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Military Service? Yes ☐ No ☐ If yes, which branch of service were you in?

☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ National Guard ☐ Navy

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Highest Education Level: \_\_\_\_\_ Mother's Highest Education Level: \_\_\_\_\_

### INSTITUTIONS ATTENDED INFORMATION

Last High School Attended: \_\_\_\_\_ State \_\_\_\_\_

Did you graduate (Circle one) Yes ☐ No ☐ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ or Date expected to graduate

High School Status (Circle One): Adult High School Diploma\* Certificate of Completion High School Equivalency (HSE)\*

High School Graduate Not a High School Graduate Still in High School

\* Where did you get your HSE or Adult High School Diploma \_\_\_\_\_ Date \_\_\_\_\_

Education Level: \_\_\_\_\_ Grade \_\_\_\_\_ Diploma \_\_\_\_\_ Associate Degree \_\_\_\_\_ Bachelor \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

College(s) Attended: \_\_\_\_\_ State \_\_\_\_\_ 2 yr or 4 yr Did you graduate? Dates Attended: \_\_\_\_\_

Circle your employment status: R-Retired UN-Unemployed E2-Employed Part-Time E4-Employed Full-Time

Have you ever taken any Continuing Education classes at A-B Tech CC \_\_\_\_\_ If yes, when \_\_\_\_\_

Do you plan to attend day, night or both \_\_\_\_\_ Intended Load (Circle one) Full time Part time

I certify that I am a graduate of an accredited high school, adult high school, HSE program or am 18 years old or older. I also certify that my responses are true to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that presentation of false information may result in denial of admission or dismissal after admission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Asheville-Buncombe Technical Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees, diplomas and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Asheville-Buncombe Technical Community College.

Throughout the year, A-B Tech's employees or agents may take photographs of students and school activities. These photographs may appear in various A-B Tech materials including A-B Tech's website, newsletters, brochures and other marketing and advertising materials. If you do not want your photograph or image to be included in these or other promotional materials, please contact A-B Tech Director of Community Relations & Marketing Kerri Glover at (828) 398-7117.



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## Americans with Disabilities Act (ADA) Request for Reasonable Accommodation

Asheville-Buncombe Technical Community College complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, and abides by decisions of the NC Criminal Justice Education and Training Standards Commission (the Commission) to provide students with disabilities every reasonable opportunity to participate in commission-mandated courses. You may request a reasonable accommodation for a disability in order to attend training, and such requests must be submitted as soon as possible so that they may be forwarded to the Commission for review. AB Tech does not make pre-admission inquiries about a student's disability, therefore, professional documentation of the disability and an explanation of the requested accommodation must accompany the student's written request so that the Commission has sufficient information to make an informed decision.

Students can get more information about disability services by contacting the Student Advising and Support Services office in the K. Ray Bailey Student Services Center on AB Tech's Victoria Road (main) campus, by calling 828-398-7581 or via e-mail at [supportservices@abtech.edu](mailto:supportservices@abtech.edu).

\_\_\_\_\_ I wish to request a reasonable accommodation under the Americans with Disabilities Act.  
\*Disclosure of disability information is voluntary, but failure to disclose may result in request being denied. Information will be provided to the NC Criminal Justice Education and Training Standards Commission, AB Tech Disability Services, and persons / entities as required by law to meet the candidate's needs.

\_\_\_\_\_ I do not wish to request a reasonable accommodation under the Americans with Disabilities Act.

Candidate print, sign and date \_\_\_\_\_

Witness print, sign and date \_\_\_\_\_



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### Release of Student Information

Student ID#: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_

By signing below, I authorize A-B Tech to release information regarding my student record to the individuals listed below. This includes (but is not limited to) information related to my class schedule, attendance, grades, advising, etc. I understand the individuals below must have my Student ID# in order to conduct any College business on my behalf, and it is my responsibility to provide this number to them. This release replaces all previous authorizations and is in effect from the date signed until I submit a request revising or revoking the release of information.

This form does *not* include the release of any financial aid information to individuals other than the student. Due to strict federal privacy guidelines related to the security of student financial information, A-B Tech will not release account-specific financial aid information to anyone other than the student.

Information may be released to the following individuals:

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### Office Use Only

1. Check photo ID (required; form must be submitted by student)
2. Scan to Applications/4 Privacy

Revised 3/13/18





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### Basic Law Enforcement Training (BLET) Sponsorship Form

The below law enforcement agency agrees to sponsor the below candidate in a delivery of Basic Law Enforcement Training (BLET) at Asheville-Buncombe Technical Community College (AB Tech).

- Sponsorship does not imply nor guarantee an offer of future or continued employment with this or any other law enforcement agency. The sponsoring agency assumes no legal or financial responsibility to the candidate unless currently employed.
- A background check performed by or presented to the sponsoring agency reveals nothing that would exclude the candidate from employment as a NC law enforcement officer.
- The sponsoring agency is unaware of anything about the candidate that might reflect negatively upon the agency, AB Tech, or the law enforcement profession.
- The sponsoring agency reserves the right to immediately terminate sponsorship should the candidate engage in any conduct that might discredit the agency, AB Tech, or the law enforcement profession. Termination of sponsorship renders the candidate ineligible for continued BLET enrollment.

\_\_\_\_\_ Candidate is a current employee of this sponsoring agency.

\_\_\_\_\_ Candidate is NOT a current employee of this sponsoring agency.

LE Agency \_\_\_\_\_ Date signed \_\_\_\_\_

Executive / Designee Name & Position \_\_\_\_\_

Executive / Designee Signature \_\_\_\_\_

Candidate:

I agree to the above conditions above and accept the risks associated with Basic Law Enforcement Training. I hold harmless, release, and discharge from liability the above agency, its agents and employees, from any and all claims, dangers, or causes of actions, in perpetuity, resulting from or arising out of my voluntary enrollment and participation in the BLET program at AB Tech. This sponsorship may be immediately terminated by the above agency, thus making me ineligible for continued BLET enrollment, should I engage in any conduct that brings discredit upon the sponsoring agency, AB Tech, or the law enforcement profession.

Candidate print and sign \_\_\_\_\_

Date signed \_\_\_\_\_ Candidate Last 4 of SSN \_\_\_\_\_



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## Insert Following Documents in Order:

Official Copy of High School Transcripts

(To be opened by BLEET Staff)

Copy of High School Diploma or Equivalent

Official Copy of College Transcript

(To be opened by BLEET Staff)

Copy of DD214 (Military veterans only; Bring ORIGINAL or CERTIFIED COPY of DD214. BLEET staff will make a copy and return original to you.)

Certified Copy of Criminal History Check

(All counties / states lived in since age 16, military service included)

Certified Copy of Driving History

(All counties / states lived in since age 16, military service included)

...Continued Next Page...

## Insert Following Documents in Order

(Continued from previous page)

### F1(LE): Medical History Statement

(Signed / dated by candidate and Medical Professional)

### F2(LE): Medical Examination Statement

(Signed / dated by Medical Professional)

### F3(LE): Law Enforcement Personal History Statement

(Complete the entire form. It does NOT need to be notarized)

These forms can be found at <https://www.ncdoj.gov/About-DOJ/Law-Enforcement-Training-and-Standards/Criminal-Justice-Education-and-Training-Standards/Forms-and-Publications.aspx>

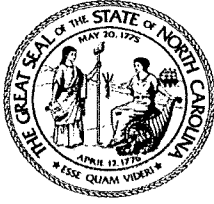
# CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

## 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.)

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

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### Allergies

Drug Allergies: (Include your reaction to the mediation)

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

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## Past Medical History

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

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

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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 of 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 ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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. 6/22)

**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 for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:**

**<https://ncdoj.gov/download/114/law-enforcement/18638/cj-medical-screening-guide.pdf>**

\_\_\_\_\_  
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:<br>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<br>of the following parts of the world: Africa, Asia Central America, South America<br>or Eastern Europe?  | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following<br>conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes,<br>immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma,<br>cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease<br>(on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs,<br>worked or resided in jail or prison, worked or resided at a homeless shelter, or worked<br>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 \_\_\_\_\_



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

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

7. a. Ethnicity (check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

b. Race (check all that apply)

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ White

☐ Black or African American

☐ 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?

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

**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:

--

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

## 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? \$ \_\_\_\_\_

Agency Applied: \_\_\_\_\_

A.	_____	Amount Owning \$ _____
	Name of Business	
	_____	City and State
	Street Address	
B.	_____	Amount Owning \$ _____
	Name of Business	
	_____	City and State
	Street Address	
C.	_____	Amount Owning \$ _____
	Name of Business	
	_____	City and State
	Street Address	
D.	_____	Amount Owning \$ _____
	Name of Business	
	_____	City and State
	Street Address	
E.	_____	Amount Owning \$ _____
	Name of Business	
	_____	City and State
	Street Address	
F.	_____	Amount Owning \$ _____
	Name of Business	
	_____	City and State
	Street Address	

26. Have you ever been denied employment by a law enforcement agency, corrections agency, or security agency which required certification or licensure from any Commission, Board or Agency after a conditional offer of employment was made?

--

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

27. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, 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.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

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:**

----------------------



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

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:**

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

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.

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

## 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?

------------------

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

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

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?

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

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)

## 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 offenses and convictions regardless of whether or not the offenses/convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8A, 15A-146, or expunged or sealed with a similar out-of-state law. 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).

☐ No-Applicant's Initials \_\_\_\_\_ ☐ Yes, please list below

1. Offense Charged: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Date of Offense: \_\_\_\_\_ Disposition/Date \_\_\_\_\_ Court Docket # \_\_\_\_\_

County/State: \_\_\_\_\_ Probation ☐ No ☐ Yes

2. Offense Charged: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Date of Offense: \_\_\_\_\_ Disposition/Date \_\_\_\_\_ Court Docket # \_\_\_\_\_

County/State: \_\_\_\_\_ Probation ☐ No ☐ Yes

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

3. Offense Charged: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Date of Offense: \_\_\_\_\_ Disposition/Date \_\_\_\_\_ Court Docket # \_\_\_\_\_

County/State: \_\_\_\_\_ Probation ☐ No ☐ Yes

4. Offense Charged: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Date of Offense: \_\_\_\_\_ Disposition/Date \_\_\_\_\_ Court Docket # \_\_\_\_\_

County/State: \_\_\_\_\_ Probation ☐ No ☐ Yes

(ATTACH EXTRA SHEETS, IF NECESSARY)

49A. Have you ever had a criminal offense or criminal conviction expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law?

☐ No – Applicant's Initials \_\_\_\_\_ ☐ Yes, please list below

1. Offense Expunged/Sealed: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Date of Offense: \_\_\_\_\_ Disposition/Date \_\_\_\_\_ Date Expunged: \_\_\_\_\_

Court Docket # \_\_\_\_\_ County/State: \_\_\_\_\_

2. Offense Expunged/Sealed: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Date of Offense: \_\_\_\_\_ Disposition/Date \_\_\_\_\_ Date Expunged: \_\_\_\_\_

Court Docket # \_\_\_\_\_ County/State: \_\_\_\_\_

3. Offense Expunged/Sealed: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Disposition Offense if different than original offense: \_\_\_\_\_

☐ Misdemeanor ☐ Felony

Date of Offense: \_\_\_\_\_ Disposition/Date \_\_\_\_\_ Date Expunged: \_\_\_\_\_

Court Docket # \_\_\_\_\_ County/State: \_\_\_\_\_

(ATTACH EXTRA SHEETS, IF NECESSARY)



Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

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 \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Agency Applied: \_\_\_\_\_

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5., 15A-145.6; 15A-145-8, 15A-146, or a similar out-of-state law)?

☐ 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:

Applicant Name: \_\_\_\_\_

Agency 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 four 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.		

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 \_\_\_\_

**EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR**

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 <sup>rd</sup> offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

\*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.



Law Enforcement Training Center  
Emergency Services Div., Woodfin Campus  
24 Canoe Ln. Asheville NC 28804

### Medical Questionnaire

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Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone No. (all applicable) \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_  
Family Physician: \_\_\_\_\_  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Insurance? YES NO  
Blood Type \_\_\_\_\_

**IN ADDITION TO THIS QUESTIONNAIRE, A PHYSICAL EXAMINATION PERFORMED BY A PHYSICIAN IS REQUIRED.**

Has a doctor ever said you have heart trouble?	YES	NO
Have you ever had sharp pain or heavy pressure in your chest as a result of exercise, walking or physical activity such as climbing stairs?	YES	NO
Have you ever had rapid heart beats or palpitations?	YES	NO
Have you ever had a real or suspected heart attack?	YES	NO
Have you ever felt faint or had spells of severe dizziness?	YES	NO
Have you ever had problems with breathing?	YES	NO
Has a doctor ever said you have asthma?	YES	NO
Do you take or have you ever taken medication for breathing problems including asthma?	YES	NO
What allergies do you have?		
Do you have diabetes?	YES	NO
Do you have high blood pressure?	YES	NO
Have you ever taken medicine to lower blood pressure?	YES	NO
Have you ever taken medication to lower cholesterol?	YES	NO
Have you ever taken nitroglycerine or other tablet for chest pain?	YES	NO
Have you ever had an electrocardiogram (EKG) that was not normal?	YES	NO
Are you overweight?	YES	NO
Are you under a lot of stress?	YES	NO
Do you smoke?	YES	NO
Do you have any physical condition, impairment or disability (including muscle and joint problems) that should be considered before starting an exercise program?	YES	NO
When was your last physical exam?		
Has any blood relative (parent, brother, sister) had a heart attack or coronary disease prior to the age of 30?	YES	NO
Do you ever feel tingling, numbness or loss of feeling in arms, hands, feet?	YES	NO
Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?	YES	NO
What is the most strenuous activity you regularly do?		
How often do you participate in this activity?		

I understand that the above information will be kept confidential and that it is to be used solely for the purpose of planning a fitness program for me. I certify that the answers are true and complete. If on the basis of one or more of the answers an instructor anticipates a potential medical problem arising from class activities, he or she may require a physician's "permission to participate."

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnessed \_\_\_\_\_

Date \_\_\_\_\_

**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 jejunal 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 |



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### Release Agreement / Waiver of Liability

For and in consideration of my being admitted into the Basic Law Enforcement Training (BLET) program at Asheville-Buncombe Technical Community College (AB Tech), I, the undersigned, state and affirm the following:

I am in good physical condition and have no known limitations that will, with or without reasonable accommodation, prevent me from participating in activities related to the BLET program in which I seek to be enrolled. It is my duty to notify AB Tech, through the School Director, course instructor or other appropriate college official, by the most direct and expedient means available, of any injury sustained during training, or of any change in my health or physical condition which might impair my active training participation. My enrollment in the BLET program is free and voluntary, and I am fully aware my participation carries certain risks of stress, discomfort and/or injury. It is my duty to immediately notify the course instructor or School Director of any injury or legitimate safety concern.

I understand the BLET program may involve exposure to occasional periods of physical stress, including but not limited to weekly physical training (PT), chemical control devices (OC pepper spray, tear gas, and/or "Mace"), electronic control devices (TASER), direct confrontational activities (ASP baton training), and subject control techniques. I am aware I might also be exposed to occasional mental stresses intended to prepare me for employment as a law enforcement officer, and I certify that I have neither physical nor mental limitation which will prevent me from participating in these training activities.

By my signature below, for myself, my heirs, assigns and representatives, I hereby waive, release, give up, surrender, and quit-claim in perpetuity any and all claims of liability against Asheville-Buncombe Technical Community College, its trustees, administration, faculty, instructors, staff, volunteers, other college-affiliated personnel, or sponsoring law enforcement agency, intended to recover from any of the above persons or entities any money, damages, judgement, or other thing of value as a result of any accident, incident or event growing out of or in any way connected with the Basic Law Enforcement Training program at Asheville-Buncombe Technical Community College.

Candidate print, sign and date\_\_\_\_\_

Witness print, sign and date\_\_\_\_\_