

## LATERAL POLICE OFFICER RECRUITMENT



The City of Fayetteville is seeking candidates to attend BLET (Basic Law Enforcement Training) Academies. Applications will be accepted on an ongoing basis until trainee slots are filled.

Salary Range: \$33,150 - \$56,805 per year  
Educational Incentive: \$2,500 per year for Bachelor's Degree  
\$1,250 per year for Associates Degree

Dear Applicant:

It is our pleasure to consider your application for employment with the Fayetteville Police Department. This form is provided to assist you in preparing your application packet. Please use the checklist below to ensure that all of the necessary documents are included in your packet. Completed application packets must be returned to the Human Resource Development Department. Failure to include all required information will result in the return of your packet. **All documents listed below must be included upon submission of hand-written application packet** (including complete addresses, phone numbers and 10 year employment history).

**Information listed below must be submitted in its entirety to a Police Recruiter located at the Fayetteville Police Department Training Center at 671 North Eastern Boulevard, Fayetteville, NC 28301 or call (910) 433-1902 for more information.**

- BLET (Basic Law Enforcement Training) Certificate**
- Employment Application Supplement form**  
This must include complete mailing addresses with Building Number, Street Name, City, State, Zip Code, and Driver's License #'s as well as state(s) issued when applicable.
- Copy of valid Drivers License**
- State of North Carolina (PD107) Application**  
This must include complete mailing address with Building Number, Street Name, City, State, Zip, and a complete 10-year employment history.
- Signed & Notarized "Authorization and Release to Obtain Information" form**
- Signed "City of Fayetteville Standard Procedure #113: Driving Standard" form Acknowledgment of Compliance**
- Birth Certificate (Certified /Notarized Copy or Original)**  
For additional information see requirements section of this packet
- High School Diploma (Certified/Notarized Copy, Original, Transcript)**  
Correspondence High School Diploma not authorized per NC State Training Standards Commission
- G.E.D. Certificate\High School Equivalency (Certified/Notarized Copy, Original, Transcript) with test scores**  
The certificate must meet the required minimum total score of 225, with a minimum of 35 points for each section.  
\*\* (correspondence school diplomas are not acceptable) \*\*
- Military DD214 Member Copy #4 (if you are a military veteran)**  
\*\*\*\*\* To access your DD214 please visit <http://www.archives.gov/veterans/> \*\*\*\*\*  
If you are currently in the military, you must provide a statement from your commander or his representative indicating when your actual ETS/Retirement date is. If you are on or going on Terminal Leave, you must also provide a copy of your terminal leave and orders.

The information requested of you is very important in the consideration of your application. It is imperative that you provide all of the information requested; submitted documents must also be accurate and legible.

**For further details: please visit our website at [www.bethebadge.com](http://www.bethebadge.com)**

## POLICE OFFICER ESSENTIAL JOB FUNCTIONS:

- Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
- Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions used by factors such as fog, smoke, rain, ice and snow.
- Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
- Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
- Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles.
- Conduct visual and audio surveillance for extended periods of time.
- Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
- Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- Demonstrate communications skills in court and other formal settings.
- Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
- Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.
- Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
- Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
- Put on and operate a gas mask in situations where chemical munitions are being deployed.
- Extinguish small fires by using a fire extinguisher and other appropriate means.
- Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
- Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprints impressions.

---

A successful applicant must be able to perform **ALL** of the above functions, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility, strength, etc. Candidates who fail any part of the recruitment process or do not appear for scheduled appointments may not re-submit an application within 6 months from the date of the original application. *An applicant who does not successfully pass the POPAT but finishes within 1 minute of the 8:30 time limit will be able to take the POPAT 2 more times within 6months of the first unsuccessful test. The candidate must complete the entire POPAT to be eligible.*

## Requirements:

- Successfully completed BLET (Basic Law Enforcement Training) Course within the past 12 months
- **OUT OF STATE CANDIDATES** must have 2 years of full-time sworn experience (Law Enforcement Certification Course does not count towards the 2 years)
- U.S. Citizen (if naturalized, must provide documentation)
- High School Graduate or GED\High School Equivalency
- The ability to obtain and maintain NC Driver's License upon acceptance of job offer with the City of Fayetteville
- Licensed to drive for a minimum of 1 year, with no loss of license within the past year
- Acceptable driving record in accordance with the City of Fayetteville Driving Standard
- 3-year driving history from the DMV in any state for which you held a Driver's License
- No felony conviction and misdemeanor convictions will be evaluated.
- Willing to submit and successfully pass pre-employment drug screen and physical
- Good Physical Condition as required by the job functions
- Good Moral Character
- Sign a 730-day training agreement beginning on the first day of employment.

**OUT OF STATE** – must also submit all of the following with your application packet:

- A signed letter from your Chief/Sheriff or your authorized representative, stipulating exactly how long you have been a sworn officer with their department (cannot be a detention officer).
- A certified breakdown from your state post indicating what subjects were taken during your academy training, how many hours for each subject and total number of hours for the academy.
- Certified driving history from your State DMV
- You must not have been out of the law enforcement field for more than one year. (If so, you are considered inexperienced and must attend BLET).

## Qualifications

Fayetteville Police Department Officers are entrusted with the responsibility to keep our cities safe from crime and corruption. Therefore, a history of ethical and moral behavior is of the utmost importance. Your background will be looked at very closely. Applicants who have a history of unethical or immoral behavior will not be hired. You will be subjected to an intensive background evaluation, which will include, but is not limited to, the following:

- Your past behavior and the choices you have made must demonstrate positive traits that will support your candidacy for Police Officer and reflect favorably on your character.
- You must have a history of lawful conduct.
- You must possess high standards of honesty and integrity as demonstrated by your dealings with individuals and organizations. Falsifying, misrepresenting, or omitting information on any document or during the selection process will be closely scrutinized.
- You must respect the rights of all people and have an appreciation for the diversity that characterizes the City of Fayetteville. A history of domestic violence, physical altercations, or discourteous, abusive, or violent treatment of others may indicate a lack of self-discipline, an unwillingness or inability to cooperate, or a disregard for the rights of others.
- Your employment and military (if applicable) histories must demonstrate the motivation and success-orientation needed to succeed as a Police Officer.
- Your financial and driving records must demonstrate responsible decisions and appropriate behavior. Please call to discuss your driving history prior to applying if you have recent charges or convictions to determine if you are a suitable applicant.

## Hiring Process

The hiring process involves the steps listed below. The complete process may take two to four months. Successful completion of this process does not guarantee employment.

- Complete and submit application packet
- Pass the initial background and driving history screening
- Complete a written exam administer by the police department
- Successfully complete the Police Officer Physical Ability Test
- Complete an oral Interview
- Submit to a background Investigation upon receipt of contingent job offer
- Complete a computer Voice Stress Analyzer (CVSA) test or polygraphy
- Submit to psychological testing
- Pass a physical examination and drug testing

## **Automatic Disqualifiers**

According to the Criminal Justice Training & Standard 12 NCAC 9B .0101/9B .0111

### **Felony Criminal History**

- Any felony convictions;
- Any crime for which the conviction could have been punishment of more than two years incarceration;

### **Misdemeanors Criminal History**

- A crime or unlawful act defined as a "Class B misdemeanor" within the five year period prior to the date of application for employment;
- Four or more crimes or unlawful acts defined as "Class B misdemeanors" by the NC Training and Standards Commission regardless of the date of conviction;
- Four or more crimes or unlawful acts defined as "Class A misdemeanors" except the applicant may be employed if the last conviction occurred more than two years prior to the date of an application for employment

### **Other**

- Dishonorable discharge from any military service (less-than-honorable discharge will be reviewed on a case-by-case basis)
- Untruthfulness or the intentional withholding of information on any application, interview, or paperwork associated with the position
- Deliberate inaccuracies or incomplete statements
- Cheating on any examination or testing associated with the position

The City of Fayetteville is an Equal Opportunity Employer. Only US Citizens are eligible for hire. The City of Fayetteville will not refuse to hire a disabled applicant who is capable of performing the essential requirements of a job with reasonable accommodation.

## **Questions?**

Call the Police Training Center at (910) 433-1902.

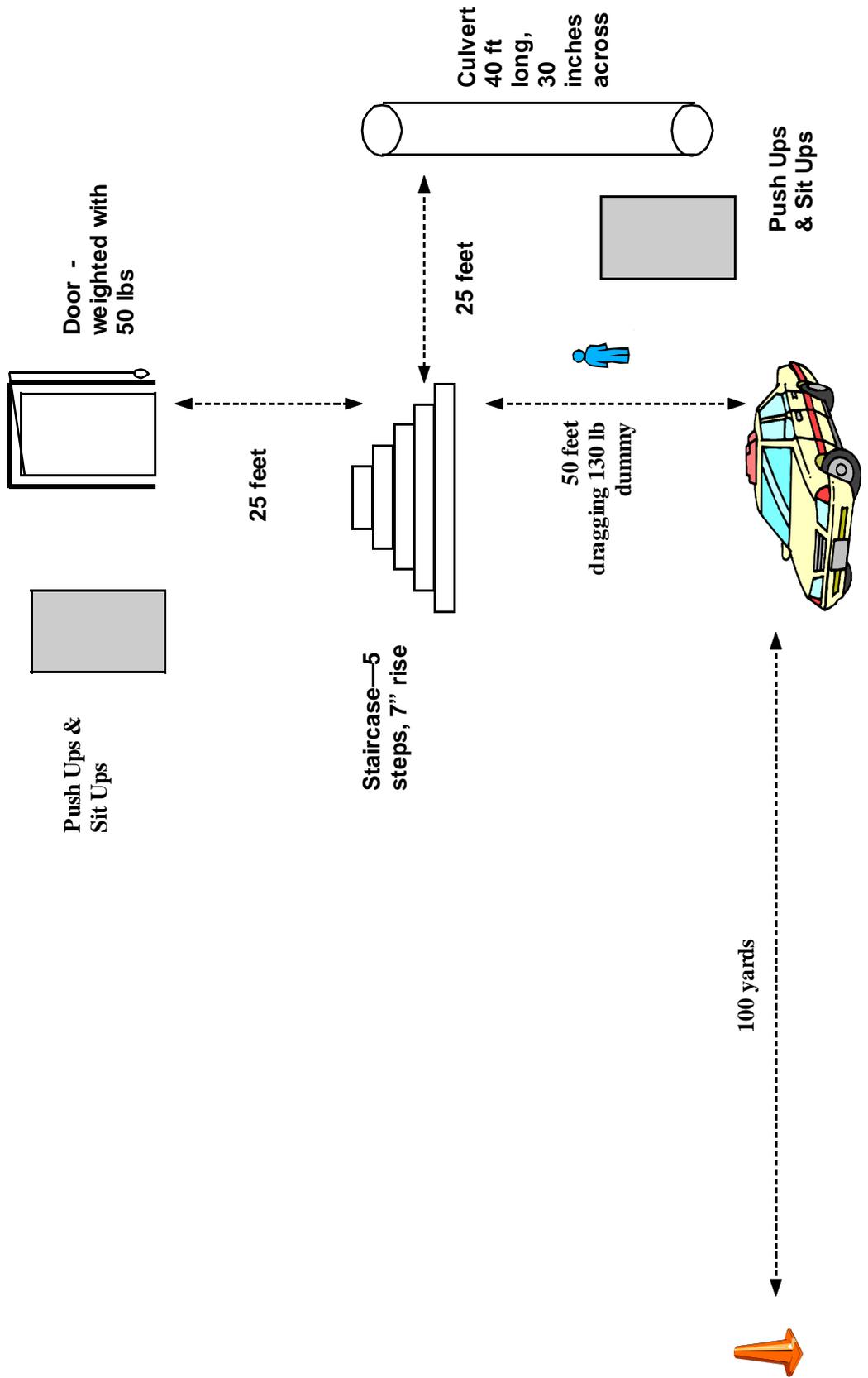
**POLICE OFFICER PHYSICAL ABILITIES EXERCISE  
(MODIFIED P.O.P.A.T.)  
Inexperienced and Lateral Applicants**

*This is a modified Police Officer Physical Abilities Exercise (POPAT) outline. Applicants MUST complete the entire exercise within 8 minutes 30 seconds to proceed in the hiring process. This exercise may be viewed in its entirety by visiting [www.bethebadge.com](http://www.bethebadge.com).*

- 1. Exit Vehicle and run 200 yards.**  
Test begins with applicant seated in a police car with seat belt secured. Applicant exits the vehicle and runs 100 yards in a straight line to an orange cone and then returns to the vehicle.
- 2. Pull 130-pound dummy from vehicle and drag it 50 feet.**  
Applicant opens the door to the rear passenger area of the vehicle, pulls a 130-pound dummy from the vehicle and drags it 50 feet.
- 3. Run up and down a 5-step staircase three times.**
- 4. Push open and walk through a door weighted with 50 pounds of resistance.**
- 5. Complete 10 push-ups and 10 sit-ups.**
- 6. Run up and down a 5-step staircase three times.**
- 7. Crawl through culvert.**  
Applicant runs 25 feet to the entrance of a culvert. Applicant then crawls through the 40-foot culvert.
- 8. Complete 10 push-ups and 10 sit-ups.**
- 9. Run 200 yards and return to 130-pound dummy.**  
Applicant runs 100 yards in a straight line to an orange cone and then returns to the 130-pound dummy positioned beside the staircase.
- 10. Drag a 130-pound dummy 50 feet.**  
Applicant drags the 130-pound dummy 50 feet back to the rear door of the vehicle.

*The City of Fayetteville reserves the right to modify or change this exercise without notice.*

# P. O. P. A. T. OBSTACLE COURSE





## **LATERAL POLICE OFFICER APPLICANT TRAINING AGREEMENT NOTICE**

Dear Applicant:

We appreciate your interest in becoming a Fayetteville Police Officer and wish you success during the application process.

The City of Fayetteville and the Fayetteville Police Department incur substantial costs in educating and training individuals to be police officers. The benefit of having a well-trained officer is lost if the employment is terminated within a short time.

Consequently, it is necessary for officers and the City to enter into a training agreement, which calls for a seven hundred thirty day commitment beginning on the first day of employment. This agreement specifies that an officer may terminate employment prior to the end of the seven hundred thirty days, but that in doing so, the officer would agree to reimburse the City up to a maximum of \$1,500. If an officer terminates after completion of the two-year period, no reimbursement would be due to the City.

Please consider your enthusiasm and desire to become a Fayetteville Police Officer and whether you are willing to enter into a seven hundred thirty day training agreement. If you would like to review a copy of the Training agreement or have someone else (i.e. a lawyer) review it for you, please contact a Police Recruiter at the Police Department Training Center.

Sincerely,

Tom Bergamine  
Chief of Police

**City of Fayetteville**  
**Employment Application Supplement**  
**Please Read Carefully**

Name (Last, First, MI): \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Job Requisition No.: \_\_\_\_\_  
Phone No.: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Applicant No.: \_\_\_\_\_

***Application Procedure***

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

1. Applications are accepted for current vacancies only. Applications, once submitted, will be active for a period of 90 days.
  2. Please note the education and experience requirements for each position. These are the minimum standards that you must meet or exceed to be given consideration for employment. If a test is required, you must satisfy the requirements to be given consideration.
  3. You must respond to all parts of this application for it to be considered complete. A resume may be attached as a supplement but may not be substituted for the employment application. Failure to respond to all parts of this application may result in your application not being considered. If an item does not apply to you, put "N/A" in the response area rather than leaving it blank. Do not respond in an area with "SEE RESUME" or "SEE ATTACHED SHEETS" - if more space is needed, **continue** on a separate sheet and attach it to your application.
  4. Applications must be postmarked by midnight or submitted to Personnel by 5 p.m. on the posted closing date to be considered for the vacant position.
  5. If you are selected for a job interview, you will be contacted and informed of the date, time, and place of the interview. **You will be contacted only if you are selected for an interview.**
  6. You will be required to furnish documentation certifying your identity and eligibility to work in the United States as a condition of employment.
  7. You are not required to disclose information about physical or mental limitations that you believe will not interfere with your ability to do the job. On the other hand, if you want the City to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space below and suggest the kind of accommodation that you believe would be appropriate.
- \_\_\_\_\_

We thank you for your interest in employment with the City of Fayetteville. Our interest and efforts are to find the best qualified people available to serve our citizens. Although everyone who applies cannot be hired, your application will be given every consideration.

**Are you a former City of Fayetteville or Public Works Commission employee?**  Yes  No  
If so, when? \_\_\_\_\_ Are you seeking reinstatement?  Yes  No  
Department / Job Title? \_\_\_\_\_

**Are you related by blood or marriage to any person now employed by the City of Fayetteville?**  Yes  No  
If yes, please indicate: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

**Can you perform the essential functions that are listed in the job description for the position for which you are applying?**  Yes  No

Please list three personal references:

| Name     | Address | Phone |
|----------|---------|-------|
| 1. _____ | _____   | _____ |
| 2. _____ | _____   | _____ |
| 3. _____ | _____   | _____ |

**CERTIFICATION OF APPLICANT**

**PLEASE NOTE - Applicant agrees to the following conditions of employment:**

I understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I meet minimum age requirements of applicable laws and City of Fayetteville policy. I will complete a Surety Bond Application, if required. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. I will submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment. I understand that the City of Fayetteville may conduct investigations including verification of prior employment history and education. By my signature on this application, I authorize the City of Fayetteville to make these investigations. My signature also indicates that I am aware that FALSE STATEMENTS OR FAILURES TO DISCLOSE INFORMATION MAY BE SUFFICIENT CAUSE TO DISQUALIFY ME FROM EMPLOYMENT OR IF EMPLOYED, MAY RESULT IN MY DISMISSAL. I further consent to any criminal records checks that may be required as part of this application process. I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment relationship with the City of Fayetteville is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Fayetteville.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Certification or Authorization for Motor Vehicle Record Check**

(Complete all shaded boxes)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 3-Year Record           | <input type="checkbox"/> Record Authorized by Individual |
| <input type="checkbox"/> Complete Record                    | <input type="checkbox"/> Certificate on File with DMV    |
| <input type="checkbox"/> For Insurance Underwriting Purpose | <input type="checkbox"/> Certification or Authorization  |

Identity of person whose record is to be checked: (Please print)

|                               |                                   |                   |                      |
|-------------------------------|-----------------------------------|-------------------|----------------------|
| Full Name                     | <input type="text"/>              | Date of Birth     | <input type="text"/> |
|                               | (First) (Middle or Maiden) (Last) |                   |                      |
| Address                       | <input type="text"/>              | Race              | <input type="text"/> |
| Prior Address                 | <input type="text"/>              | Driver's Lic No.  | <input type="text"/> |
| Applicant Social Security No. | <input type="text"/>              | State Issued      | <input type="text"/> |
| Other State Issued            | <input type="text"/>              | Driver's Lic. No. | <input type="text"/> |

WHEREAS the REQUESTER desires to obtain copies of the Motor Vehicle Record pertaining to the individual(s) identified above to be used in accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508; REQUESTER certifies that (check one of the boxes below):

- REQUESTER intends to use the information in connection with the underwriting of insurance involving the CONSUMER, and that information so obtained will be used for no other purpose.
- REQUESTER has written instruction of the CONSUMER to whom the Motor Vehicle Record pertains authorizing it to obtain such information, and that REQUESTER agrees to retain the CONSUMER's written authorization as required by the Fair Credit Report Act.
- CONSUMER has authorized REQUESTER to obtain his Motor Vehicle Record by completing the following:  
I hereby authorize the individual identified below to obtain my Motor Vehicle Record from the Division of Motor Vehicles to be used for a "permissible purpose" as defined in the Fair Credit Reporting Act.

CONSUMER Signature:  Date:

Requested by the City of Fayetteville:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Equal Opportunity Information**

City of Fayetteville policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Ethnic Group:  White (non-Hispanic)  Black (non-Hispanic)  
 Asian (including Pacific Islander)  American Indian (including Alaskan native)  
 Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin regardless of race)

**Please return completed Application and Supplement Sheet to:  
City of Fayetteville Human Resource Development Department, 433 Hay Street, Fayetteville, NC 28301-5537**

## **An Equal Opportunity Employer**

# APPLICATION FOR EMPLOYMENT

(SSN Voluntary, for Record Keeping and Data Processing Only)

**STATE OF  
NORTH CAROLINA**

Date of Application \_\_\_\_\_

|                                     |           |  |                |
|-------------------------------------|-----------|--|----------------|
| Last Four Digits of Security Number | Last Name | First Name                               | Middle Name    |
| Address (Street number and name)    |           | City                                     | County         |
| State                               | Zip Code  | Phone (Home or where you can be reached) | Business Phone |

|   |  |  |
|---|--|--|
| <b>Availability</b><br>Do you now work for the State of NC?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Are you related by blood or marriage to any person now working for the State <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, give name, relationship to you and the agency where employed. | If subject to Military Selective Service registration, certify compliance by initialing dotted line<br>..... |
|---|--|--|

**Military Service**  
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?  YES  NO

Do you wish to declare a service-connected disability?  YES  NO

At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons?  YES  NO

Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?  YES  NO

Give dates of your (or spouse's) qualifying active military service:  
Entered: \_\_\_\_\_ Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you a member of the Military Reserves?  YES  NO      Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

**AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:  YES  NO**

CHECK the types of work you will accept:  1. Permanent full-time     2. Permanent part-time     3. Temporary full-time     4. Temporary part-time  
 5. Any of the preceding     6. Work involving Travel     7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) \_\_\_\_\_

Will you accept work anywhere in N.C.?  YES  NO (If no, list below the counties in which you would be willing to work.)

1. \_\_\_\_\_      2. \_\_\_\_\_      3. \_\_\_\_\_      4. \_\_\_\_\_      5. \_\_\_\_\_

**Jobs Applied For**  
Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. \_\_\_\_\_      2. \_\_\_\_\_      3. \_\_\_\_\_

**Referral Source**  
Please indicate your referral source: \_\_\_\_\_  
If you were referred by the Employment Security Commission (Job Service) please indicate which local office: \_\_\_\_\_

**Education**  
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12    GED    College 1 2 3 4    Graduate School 1 2 3 4  
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

| Schools   | Name and Location | Dates Attended (mo/yr)<br>From:      To: | Grad?<br>YES <input type="checkbox"/><br>NO <input type="checkbox"/> | S/Q Hrs. | Major/Minor Course Work | Type of Degree Received |
|---|-------------------|--|--|----------|-------------------------|-------------------------|
| High School   |                   |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>          |          |                         |                         |
| College(s)<br>University (s)                            |                   |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>          |          |                         |                         |
| Graduate or Professional                                |                   |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>          |          |                         |                         |
| Other educational, vocational school, internships, etc. |                   |  | YES <input type="checkbox"/><br>NO <input type="checkbox"/>          |          |                         |                         |

Special training programs and seminars you have completed in the last five years (list):  
\_\_\_\_\_  
\_\_\_\_\_

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:  
\_\_\_\_\_  
\_\_\_\_\_

Current professional status: (List fields of work for which you have been registered)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

|   |  |
|---|--|
| Membership in professional, honorary, or technical societies (list):<br>_____ | <b>DO NOT COMPLETE THIS BLOCK</b>  |
|   | DEGREES AND PROFESSIONAL CREDENTIALS<br><input type="checkbox"/> Have been verified<br><input type="checkbox"/> Will be verified within 90 days (G.S. 126-30)<br>Person Responsible: _____ |

**Licenses and certifications (List, giving dates and sources of issuance):**

**SKILLS**

CHECK the following skills, experiences, etc., which you have:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Driver's License _____<br>Number State    | <input type="checkbox"/> Sign Language _____                        | <input type="checkbox"/> Legal transcription _____   |
| <input type="checkbox"/> Chauffeur's License _____<br>Number State | <input type="checkbox"/> Foreign language (specify) _____           | <input type="checkbox"/> Medical transcription _____ |
| <input type="checkbox"/> Car for use at work _____                 | <input type="checkbox"/> Adding Machine/calculator _____            | <input type="checkbox"/> Braille _____               |
|  | <input type="checkbox"/> Typing (specify WPM) _____                 | <input type="checkbox"/> Word Processing _____       |
|  | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____                 |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)  YES  NO (If yes, explain fully on an additional sheet.)

**WORK HISTORY** (include volunteer experience) Use Additional Sheets if Necessary

|  |  |                                    |                    |   |
|--|--|------------------------------------|--------------------|---|
| Current or Last Employer:                      |  | Address:                           |                    |   |
| Job Title:                                     |  | Supervisor's Name                  | Telephone Number   | No. Supervised by you:  |
| Date Employed (mo/yr)                          | Starting Salary<br>\$ per                                  | Ending or Current Salary<br>\$ per | Reason for Leaving | May We Contact Employer<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Date Separated (mo/yr)                         | List major duties in order of their importance in the job: |                                    |                    |   |
| Full Time    Years    Months                   |  |                                    |                    |   |
| Part Time    Years    Months                   |  |                                    |                    |   |
| If part time, number of hours worked per week: |  |                                    |                    |   |
| Employer:                                      |  | Address:                           |                    |   |
| Job Title:                                     |  | Supervisor's Name                  | Telephone Number   | No. Supervised by you:  |
| Date Employed (mo/yr)                          | Starting Salary<br>\$ per                                  | Ending or Current Salary<br>\$ per | Reason for Leaving |   |
| Date Separated (mo/yr)                         | List major duties in order of their importance in the job: |                                    |                    |   |
| Full Time    Years    Months                   |  |                                    |                    |   |
| Part Time    Years    Months                   |  |                                    |                    |   |
| If part time, number of hours worked per week: |  |                                    |                    |   |
| Employer:                                      |  | Address:                           |                    |   |
| Job Title:                                     |  | Supervisor's Name                  | Telephone Number   | No. Supervised by you:  |
| Date Employed (mo/yr)                          | Starting Salary<br>\$ per                                  | Ending or Current Salary<br>\$ per | Reason for Leaving |   |
| Date Separated (mo/yr)                         | List major duties in order of their importance in the job: |                                    |                    |   |
| Full Time    Years    Months                   |  |                                    |                    |   |
| Part Time    Years    Months                   |  |                                    |                    |   |
| If part time, number of hours worked per week: |  |                                    |                    |   |

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

\_\_\_\_\_  
Signature of Applicant (unsigned applications will not be processed)

\_\_\_\_\_  
Date

|  |  |   |                    |                        |   |
|--|--|---|--------------------|------------------------|---|
| <b>STATE OF NORTH CAROLINA</b><br>An Equal Opportunity/Affirmative Action Employer   |  | Social Security Number                        |                    | Last Name              |   |
| Employer:  |  |   | Address:           |                        |   |
| Job Title:   |  | Supervisor's Name                             | Telephone Number   | No. Supervised by you: |   |
| Date Employed (mo/yr)  | Starting Salary<br>\$            per                       | Ending Salary<br>\$            per            | Reason for Leaving |                        | May We Contact Employer<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Date Separated (mo/yr)   | List major duties in order of their importance in the job: |   |                    |                        |   |
| Full Time    Years    Months   |  |   |                    |                        |   |
| Part Time    Years    Months   |  |   |                    |                        |   |
| If part time, number of hours worked per week:   |  |   |                    |                        |   |
| Employer:  |  |   | Address:           |                        |   |
| Job Title:   |  | Supervisor's Name                             | Telephone Number   | No. Supervised by you: |   |
| Date Employed (mo/yr)  | Starting Salary<br>\$            per                       | Ending or Current Salary<br>\$            per | Reason for Leaving |                        |   |
| Date Separated (mo/yr)   | List major duties in order of their importance in the job: |   |                    |                        |   |
| Full Time    Years    Months   |  |   |                    |                        |   |
| Part Time    Years    Months   |  |   |                    |                        |   |
| If part time, number of hours worked per week:   |  |   |                    |                        |   |
| Employer:  |  |   | Address:           |                        |   |
| Job Title:   |  | Supervisor's Name                             | Telephone Number   | No. Supervised by you: |   |
| Date Employed (mo/yr)  | Starting Salary<br>\$            per                       | Ending or Current Salary<br>\$            per | Reason for Leaving |                        |   |
| Date Separated (mo/yr)   | List major duties in order of their importance in the job: |   |                    |                        |   |
| Full Time    Years    Months   |  |   |                    |                        |   |
| Part Time    Years    Months   |  |   |                    |                        |   |
| If part time, number of hours worked per week:   |  |   |                    |                        |   |
| <p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p> |  |   |                    |                        |   |
| _____<br>Signature of Applicant (unsigned applications will not be processed)  |  |   |                    | _____<br>Date          |   |

## **City of Fayetteville Standard Procedure #113: Driving Standard Acknowledgement of Compliance**

The following criteria shall be applied in determining the driving status of job applicants and for evaluation of the appropriate driving status of current city employees. Any one of the following constitutes an unacceptable driving record:

1. One conviction of driving while intoxicated, impaired, or under the influence of drugs within the last three (3) years. (N.C.G.S. 20-138)
2. One conviction of careless and reckless driving (if the conviction is a result of a reduction from a charge of driving while intoxicated, impaired or under the influence of drugs or alcohol) or prearranged racing on streets and highways within the last three (3) years. (N.C.G.S. 20-140)
3. Two convictions of exceeding by more than 15 miles per hour the speed limit if also driving in excess of 55 miles per hour within the last three (3) years. (N.C.G.S. 20-141)  
Examples: 81 mph in a 65 mph zone; 71 mph in a 55 mph zone; and 56 mph in a 35 mph zone.
4. One conviction of involuntary manslaughter involving an automobile or death by vehicle within the last three (3) years. (N.C.G.S. 20-141.4)
5. A judicial determination that one was guilty of any combination of four (4) or more moving violations or determined to be at-fault in four (4) or more automobile accidents within the past three (3) years.
6. A judicial determination that one was guilty of any combination of three (3) or more moving violations or determined to be at-fault in three (3) or more automobile accidents within the past year.
7. A revocation or suspension of driving license within the last year. (Note that a summary 10-day license revocation shall result in a temporarily unacceptable driving record. Final action shall be deferred until such time as the resolution of the infraction or violation which caused the summary 10-day license revocation is known.) (N.C.G.S. 20-16.5)

**I agree that I have read and understand the above listed City of Fayetteville Driving Standard and my signature below indicates that my current driving history is in compliance with these standards. I further understand that my failure to fully comply with this standard will result in my immediate removal from consideration from this position.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**



**Authorization and Release to Obtain Information**

I, \_\_\_\_\_ authorize the City of Fayetteville to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that the City of Fayetteville may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by the City of Fayetteville.

I hereby release the City of Fayetteville, North Carolina, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out the furnishing or inspection of such documents, records, and other information for the investigation made by the City of Fayetteville.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

North Carolina

\_\_\_\_\_ County

\_\_\_\_\_ whose name is signed on the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (Type or Print) Name

SEAL



# Insert

Copy of  
Drivers License



# Insert

## Birth Certificate

(Certified/Notarized copy or Original)



# Insert

## High School Diploma GED/High School Equivalency (Certified/Notarized copy, Original, Transcript)

Correspondence High School Diploma not authorized  
per NC State Criminal Justice Training & Standards Commission  
under NC Administrative Code Title 12 Chapter 9

The GED/High School Equivalency certificate must meet  
the required minimum total score 225,  
with a minimum of 35 points for each section.



# Insert

## Military DD214 #4 Letter

(Certified/Notarized copy or Original)

To access your DD214 please visit <http://www.archives.gov/veterans/>  
If you are currently in the military, you must provide a statement from your commander or his representative indicating when your actual ETS/Retirement date is. If you are on or going on Terminal Leave, you must also provide a copy of your terminal leave paperwork and orders.



# Insert

## BLET

**Basic Law Enforcement Certification Training**

## Certification

(Certified/Notarized copy or Original)

\* This has to be within the past 12 months, or if you are applying from out-of-state, you must have 2 years of full-time sworn experience.