



LAW ENFORCEMENT TRAINING CENTER
MCDOWELL TECHNICAL COMMUNITY COLLEGE

It is the determination of McDowell Technical Community College that these questions are necessary in order to fully and adequately evaluate applicants for the Basic Law Enforcement Training Program. These questions are designed to ascertain whether the applicant meets the minimum requirements set forth by the McDowell Technical Community College Basic Law Enforcement Training Program and the North Carolina Criminal Justice Education and Training Standards Commission.

Basic Law Enforcement Training Application

Law Enforcement Training Center McDowell Technical Community College

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McDowell Technical Community College Personal History Application

NOTE: All statements are subject to verification and any incorrect statements or omissions may result in immediate dismissal from the Basic Law Enforcement Program.

Date of Application: Month _____ Day _____ Year _____

Personal Information

1. Name: _____
First Middle Last

2. Social Security Number: _____

Maiden Name: _____

Other Pervious 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

Permanent Mailing

Address: _____
Street & Number City County State Zip

Telephone Number: _____
Home Cell Email Address

4. Date of Birth: _____ 5. Place of Birth _____

6. Citizenship: U.S. Born U.S. Naturalized Other- Specify _____

NOTE: Data Solicited in this box will be used for Equal Employment Statistical purposes only.

7. Ethnic Background American Indian Asian American Black
 Spanish American White Other _____

8. Sex Male Female

Military Service

9. 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? _____

(If you answered NO to question number, 9 proceed to question 15)

10. List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

11. List all duty stations:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

12. 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 _____

13. 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:

14. List all medals and decorations awarded you during your military service:

EDUCATIONAL

15. Indicate below the schools you have attended (include incomplete courses)

Indicate the type of High School you attended:

- Traditional
- Distance Learning
- Home School
- 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 School					
Universities or College					
Extension or Correspondence Courses					

16. 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?

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

18. List **ALL** jobs, positions or appointments you have held in the last ten years to include **temporary, part-time, paid or non-paid employment, active or inactive reserve, and internships**. Put your present or most recent job first. **Reason for leaving for each job**. Include military service in proper time sequence and temporary part-time jobs. If there is a gap in your employment, please provide an explanation for each period of unemployment.

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 ___ Yr ___ 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 ___ Yr ___ Mos.

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for Leaving _____

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 ___ Yr ___ 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 ___ Yr ___ Mos.

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for Leaving _____

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 ___ Yr ___ 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 ___ Yr ___ Mos.

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for Leaving _____

G. 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 ___ Yr ___ Mos.

If part time, number of hours worked per week _____ No. employees supervised by you _____
Duties: _____

Reason for Leaving _____

H. Explain Periods of unemployment of three months or more. _____

USE OF ALCOHOL OR DRUGS

19. Do you drink alcoholic beverages? Yes _____ No _____

NOTE: In questions 20, and 21, 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)

20. 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?

21. 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, drugs used, and when did the last usage occur?

22. 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) If yes, identify the drugs and provide details concerning the purchase, possession, manufacture, growth delivery, or sale.

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of facts 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, no pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrest 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 convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. If you list a charge(s), please attach certified and true copies of warrants(s) and judgment(s) for each offense, even if documentation and charges have previously been reported to this agency.

23. 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.)

Yes _____ No _____ If yes, give details below:

A. Offense Charged _____ Law Enforcement Agency _____
 Misdemeanor Felony

Date _____ Disposition of case _____

B. Offense Charged _____ Law Enforcement Agency _____
 Misdemeanor Felony

Date _____ Disposition of case _____

C. Offense Charged _____ Law Enforcement Agency _____
 Misdemeanor Felony

Date _____ Disposition of case _____

24. Have you ever had a criminal offence or criminal conviction expunged pursuant to NCGS 15A-145.4 and 15A-145.5, 15A-145.6, 15A-145.8, 15A146, or a similar out of state law?

No-Applicants 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

3. 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)

25. 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:

26. Have you ever 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 deadly weapon? _____ Yes _____ No
 _____ I don't know

27. Have you ever been charged with a Felony? (Including any charges expunged.) _____ Yes
 _____ No

If yes give details.

28. Have you ever been placed on probation? _____ Yes _____ No: If yes give details.

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 14 of this document indicates you have read this section and understand each of the disqualifiers. _____

29. 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 _____

30. Do you possess a valid driver's license from the State of North Carolina? _____ Yes _____ No

Drivers Licenses Number _____ Year Issued _____

31. Do you now possess, or have ever possessed a driver's license issued by any state other than North Carolina? _____ Yes _____ No if yes give state and number _____
State Number

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 any change to the Law Enforcement Training Center with 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____

