KING POLICE DEPARTMENT

110 West King Street
King, NC 27021
Tel: 336.983.0886 | Fax: 336.983.5399

Thank you for your interest in the King Police Department.

The King Police Department receives interest from qualified individuals across the state. Based on the number of applicants, we give primary consideration to residents of Stokes and Forsyth Counties, and applicants who have been sponsored by our agency during Basic Law Enforcement Training.

Applicants for sponsorship must meet the minimum qualifications required for employment as a police officer in North Carolina. Selected applicants must submit to an interview and background investigation.

Please be aware that a sponsorship agreement does not guarantee the applicant employment with the King Police Department or any other law enforcement agency. Also, any expenses related to attendance in BLET will be the responsibility of the sponsored applicant.

Law Enforcement applicants must meet the minimum qualifications required for employment as a police officer in North Carolina. Selected applicants must submit to an interview and background investigation.

If you have any questions regarding the completion of the forms, please contact the King Police Department Patrol Division Commander at (336) 983-0886. The application packet must be completed in its entirety and submitted to the King Police Department before an interview will be scheduled. All applications will remain active for a period of six months.

The following documents must be returned along with the employment application:

- Completed F-3
- Photocopy of social security card
- *Certified* copy of birth certificate and/or certificate of naturalization
- Color photocopy of driver's license
- *Certified* copies of out-of-state driving records
- One current color photograph of yourself
- Photocopy of high school diploma or *certified* copy of transcript; GED equivalency and college transcript
- DD-214 if applicable
- *Certified* true copies of any warrants for arrest, criminal summonses or any other charges with dispositions as well as traffic offenses
- *Certified* copy of your Criminal History/Criminal Records Check from every county in which you have resided since you were 16 years of age.

Upon completion, you may bring the packet to the King Police Department or mail the package to 110 West King Street, King, NC 27021.

APPLICATION INTRODUCTION

The King Police Department is requiring you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with this department, is as important as this questionnaire, and it is in your best interest to follow these instructions. There are many more applicants for employment than there are available positions; Investigators and Administrative Aides do not have the time to correct your questionnaire or conduct inquiries to complete your responses.

ENTRIES MUST BE HANDWRITTEN BY THE APPLICANT IN BLUE INK. Do not type or otherwise reproduce this document except by printing it yourself.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain, and these documents will be necessary. The King Police Department understands that some documents may have to be requested and mailed to you. In that case, a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full, correct name. Further, give complete addresses; **DO NOT ASSUME** that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes. If your questionnaire is not complete at the time of your initial processing, processing will be terminated.

When completing the residence portion of this questionnaire, be sure that you provide every address where you have lived for the last ten (10) years, in order from your present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided at that address. If you resided in an apartment, list the name of the apartment complex.

When completing the employment portion of this questionnaire, be sure you provide each employer for the past ten (10) years, in order from your present employer backwards. If you have ever had a previous law enforcement / corrections employment, you must list it, even if it was more than ten (10) years ago. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer indicating "from" and "to" and printing "UNEMPLOYED" in the block headed "Employer Name". Further, if you worked more than one job at a time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

If you need more space, feel free to use a blank sheet of paper, but make sure you clearly state what section the continuation is from. Be as thorough as possible.

Again, answer each question as completely and honestly as possible. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

Instructions

Applicants must personally prepare this form. All entries, except the signature must be **PRINTED** in **BLUE** ink. Read and answer every question. If a question does not apply to you, so state with "N/A". All addresses listed for prior employers and references must consist of a complete mailing address (i.e. street number, city, state and zip code). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the questions.

Do not **misstate or omit** any material fact since the statements made herein are subject to verification to determine your qualifications for employment.

One (1) legible copy of each of the following must be submitted with this application. **DO NOT EXPECT COPIES TO BE MADE FOR YOU.**

- Certified copy of Birth Certificate or the original Naturalization Certificate (Hospital certificates are NOT acceptable)
- Official High School Transcripts or GED with test scores (Copies of High School diplomas are no longer acceptable)
- Official transcript of college credit hours and notation of degree (if applicable)
- Drivers license
- Social Security Card
- DD-214 if applicable (showing character of service, discharge status and re-enlistment codes)
- A copy of all documented name changes (i.e. marriage license, divorce decree, adoption, etc.)
- One current photograph no older than six (6) months and no larger than six (6) inches (Please avoid using a photograph with other people in the picture. We only want YOU in the photo.)
- Basic Law Enforcement Training Certificate (for certified applicants)
- Basic Law Enforcement Training Examination Scores (for certified applicants)

KING POLICE DEPARTMENT APPLICATION

B.L.E.T. Sponsorship ☐

Law Enforcement ☐

Non-Sworn/Administrative Personnel ☐

Full Time ☐ Part Time ☐

Name: _____

Male ☐
Female ☐

Race: White ☐ American Indian / Alaskan Native ☐
Black ☐ Asian / Pacific Islander ☐ Hispanic ☐
(Used for statistical purposes only.)

Address: _____
Street Number City/State Zip Code County

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

Additional Contact Information: _____

Date of Birth: _____ Place of Birth _____ Social Security #: _____

List any other names you may have used: _____

United States Citizen? Yes ☐ No ☐ Naturalization # _____ Port of Entry: _____

Marital Status: Single ☐ Married ☐ Widowed ☐ Divorced ☐ Annulled ☐

Full Name of Spouse: _____ Maiden Name: _____

Declaration of Applicant

"I understand that this questionnaire becomes the property of the King Police Department, that all appointments are probationary, during which time the employee must demonstrate his/her fitness for employment. I also understand that any employment tendered me will be contingent upon the result of a complete character and fitness investigation; and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the appointment. Traffic violations, arrests, receipts of any summons to appear in court, criminal or civil, from any jurisdiction that are received during the application process, must be reported to the Criminal Investigations Division. This includes contact with any police agency which involves a police report naming the application as a suspect, victim or complainant. Applicants must report any changes in their employment performance or status as job-related counseling, discipline, resignations, or terminations. Failure to report any of the aforementioned information will result in suspension of my application. I agree to these conditions and authorize the King Police Department to verify conditions and authorize the Police Department to verify any and all statements made by me on this application. I hereby certify that all statements made by me on this application are true and correct to the best of my knowledge."

_____
Applicant's Signature Date

The King Police Department is an Equal Opportunity / Affirmative Action Employer.

REV 01/2019

CITY EMPLOYMENT

Name: _____

Position: _____

Current City Employee: Yes ☐ No ☐ Agency: _____

Date of Employment: _____ Title: _____

(I understand that a City employee who is later hired from an open eligibility list in a different position does not have reversion rights to the former position.)

Retired City Employee: Yes ☐ No ☐ Agency: _____

(I understand that a retired City employee is NOT eligible to receive pension benefits while employed with the City in either a full-time or part-time position.)

CERTIFICATION DATA

Have you been certified by the State of North Carolina for the position for which you are applying?
Yes ☐ No ☐ If yes, complete the following:

BLET Center Attended / Attending: _____

Telephone Number: _____ Location: _____

	Type of Training Received	Course Length (Hours)	From/To
1.			
2.			
3.			
4.			
5.			
6.			

Type of Certificate held: _____

Have you ever worked under a temporary employment authorization? If yes, when and where?

_____

_____

DRIVING HISTORY

1. Are you a licensed North Carolina automobile operator? Yes ☐ No ☐

   License # _____ Date of Expiration: _____

   Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes ☐ No ☐ If yes, provide state(s), name used and approximate dates license(s) was/were held:

   _____

   _____

   _____

   _____

3. Have you ever been refused a driver's license in any state? Yes ☐ No ☐
4. Has your license ever been suspended in any state? Yes ☐ No ☐
5. Do you have outstanding or pending traffic citations at this time? Yes ☐ No ☐
6. Do you have any parking tickets which you have failed to pay? Yes ☐ No ☐

CITATION HISTORY

List **all traffic offenses you have ever received** whether adjudication was withheld or not:

Date	Location	Violation	Disposition

ACCIDENT HISTORY

List **all accidents** in which you have been involved:

Date	Location	Injury/Death	At Fault

EMPLOYMENT HISTORY

1. Have you ever been dismissed, or asked to resign, or had any disciplinary action taken against you from any employment or position you have held? Yes ☐ No ☐ If yes, please explain.

_____

_____

_____

2. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes ☐ No ☐ If yes, please explain.

_____

_____

_____

3. Have your employers always treated you fairly? Yes ☐ No ☐ If no, please explain.

_____

_____

4. Are you now, or have you ever been employed by any law enforcement agency?
Yes ☐ No ☐ If yes, list name of agency(ies), job title and length of employment.

_____

_____

_____

Have you **ever** applied to a law enforcement agency (city, county, state or federal)? Yes ☐ No ☐
If yes, **list every agency** starting with the most recent. Give complete and accurate agency addresses. **All** agencies must be listed regardless of outcome or current status. Check **all** boxes that apply to each agency.

Agency Name: _____ Date of Application _____

Complete Address including Zip Code _____

_____

Position Applied For _____

- ☐ Submitted interest card only
- ☐ Took written test
- ☐ Oral interview taken
- ☐ Placed on eligibility list
- ☐ Took polygraph
- ☐ Was not selected
- ☐ Unknown status
- ☐ Withdrawn application or declined offer
- ☐ Submitted application only
- ☐ Failed written test
- ☐ Failed oral board
- ☐ Background investigation completed
- ☐ Disqualified / Suspended
- ☐ Hired / Job offer made
- ☐ No reason from agency

Background Investigator's name and telephone number _____

Agency Name: _____ Date of Application _____

Complete Address including Zip Code _____

_____

Position Applied For _____

- ☐ Submitted interest card only
- ☐ Took written test
- ☐ Oral interview taken
- ☐ Placed on eligibility list
- ☐ Took polygraph
- ☐ Was not selected
- ☐ Unknown status
- ☐ Withdrawn application or declined offer
- ☐ Submitted application only
- ☐ Failed written test
- ☐ Failed oral board
- ☐ Background investigation completed
- ☐ Disqualified / Suspended
- ☐ Hired / Job offer made
- ☐ No reason from agency

Background Investigator's name and telephone number _____

Agency Name: _____ Date of Application _____

Complete Address including Zip Code _____

_____

Position Applied For _____

- ☐ Submitted interest card only
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- ☐ Withdrawn application or declined offer
- ☐ Submitted application only
- ☐ Failed written test
- ☐ Failed oral board
- ☐ Background investigation completed
- ☐ Disqualified / Suspended
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Background Investigator's name and telephone number _____

Agency Name: _____ Date of Application _____

Complete Address including Zip Code _____

_____

Position Applied For _____

- ☐ Submitted interest card only
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- ☐ Oral interview taken
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- ☐ Took polygraph
- ☐ Was not selected
- ☐ Unknown status
- ☐ Withdrawn application or declined offer
- ☐ Submitted application only
- ☐ Failed written test
- ☐ Failed oral board
- ☐ Background investigation completed
- ☐ Disqualified / Suspended
- ☐ Hired / Job offer made
- ☐ No reason from agency

Background Investigator's name and telephone number _____

CRIMINAL HISTORY

NOTICE TO APPLICANT: If you answer **"Yes"** to any of the following questions, you **must** attach a detailed and complete explanation. For the purposes of criminal justice employment, an arrest or conviction sealed or expunged under North Carolina law may not be denied. You will be required to provide court documents and/or law enforcement documentation when responding to any question in the affirmative, where applicable or determined necessary by the investigator.

1. Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere, or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes ☐ No ☐
2. Have you ever had a criminal prosecution plea bargained or otherwise settled? Yes ☐ No ☐
3. Have you ever had a criminal prosecution deferred? Yes ☐ No ☐
4. Have you ever served community service in lieu of a criminal or civil conviction? Yes ☐ No ☐
5. Have you ever been involved in the sale, delivery, manufacture or trafficking of any illegal or controlled substance? Yes ☐ No ☐
6. Have you possessed a controlled substance within the past two years? Yes ☐ No ☐
7. Do you have any criminal wants, warrants, or court process of any type pending? Yes ☐ No ☐
8. Have you ever aided, abetted, solicited, or been an accessory before or after the fact in a criminal matter? Yes ☐ No ☐
9. Has a law enforcement agency ever been called to any activity in which you were involved or a participant? Yes ☐ No ☐
10. Have you ever been convicted of Domestic Violence or Battery? Yes ☐ No ☐
11. Have you ever committed or been involved in an undetected crime of any type? Yes ☐ No ☐
12. Have you ever been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type? Yes ☐ No ☐
13. Have you ever possessed Heroin, LSD, PCP, ICE, Ecstasy, Mescaline, Psilocybin, GHB, or any other designer or hallucinogenic substance? Yes ☐ No ☐
14. Have you ever physically abused another person? Yes ☐ No ☐
15. Have you ever taken a polygraph examination? Yes ☐ No ☐
16. Have you ever had a criminal record expunged or sealed? Yes ☐ No ☐
17. Have you ever committed perjury or made a false statement/affirmation of any type? Yes ☐ No ☐
18. Have you ever made a false report to a law enforcement officer? Yes ☐ No ☐
19. Have you ever made a false insurance claim? Yes ☐ No ☐

CRIMINAL HISTORY EXPLANATION SECTION

_____

_____

_____

_____

_____

CONTROLLED SUBSTANCES

Do you NOW or have you EVER tried, purchased, or sold any illegal drugs or controlled substances? ("Tried" includes smoking, inhaling, swallowing, placing/rubbing on gums, lips, or tongue; injecting, or ingesting by any other means.)
☐ Yes ☐ No

If you answered YES, list details below.

Name of Drug of Controlled Substance	**Tried**	**Purchased**	**Sold**	First Time (mm/yy)	Last Time (mm/yy)
Marijuana/THC	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Hashish	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
PCP/Angel Dust	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
STP/Speed	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Mushrooms/Psilocybin	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Heroin	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Cocaine	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Crack	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Quaaludes	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Opium	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Uppers/Downers	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Steroids	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Valium	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Speedballs	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Rohypnol (Roofies)	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Inhalants/Whippets	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
LSD	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
GHB/GBL	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		
Other Name Drug	Total # of times tried _____	Total # of times purchased_____	Total # of times sold _____		

MILITARY HISTORY

If you answer **YES** to any question, list the question number and specific details on the explanation sheet. In this section the term "Armed Forces" refers to any military organization or Coast Guard of any nation, including the Reserve or National Guard.

1. Are you presently in the military? Yes ☐ No ☐
2. Have you ever served in a military service? Yes ☐ No ☐

   If yes, give branch of service: _____

   Highest rank achieved? _____

   What is your service number? _____

   What was your organization unit? _____

   How many periods of active service have you had? _____
3. Have you ever served in the Armed Forces of another country? Yes ☐ No ☐
4. If you have served in the Armed Forces, have you received anything other than an Honorable Discharge? Yes ☐ No ☐
5. Are you presently in the Active Reserves? Yes ☐ No ☐
6. Are you entitled to Veteran's Preference? Yes ☐ No ☐

Check the type of discharge for each period served:

Honorable ☐ General Under Honorable Conditions ☐ Other than Honorable ☐
Bad conditions ☐ Dishonorable ☐

MILITARY EXPLANATION SECTION

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

EDUCATION / TRAINING

High School (last)	Dates Attended	
Name: _____ City: _____ State: _____	From: Month / Year _____ To: Month / Year _____	Did you graduate Yes ☐ No ☐ If no, did you receive a GED or high school equivalency? Yes ☐ No ☐ State: _____ Year: _____
College	**Dates Attended**	Course of Study:
Name: _____ City: _____ State: _____	From: Month / Year _____ To: Month / Year _____	_____ Degree Received? Yes☐ No☐ If no, how many credits have you completed? _____
College	**Dates Attended**	Course of Study:
Name: _____ City: _____ State: _____	From: Month / Year _____ To: Month / Year _____	_____ Degree Received? Yes☐ No☐ If no, how many credits have you completed? _____
Vocational / Technical School	**Dates Attended**	Course of Study:
Name: _____ City: _____ State: _____	From: Month / Year _____ To: Month / Year _____	_____ Degree Received? Yes☐ No☐ If no, how many credits have you completed? _____
College (Post Graduate)	**Dates Attended**	Course of Study:
Name: _____ City: _____ State: _____	From: Month / Year _____ To: Month / Year _____	_____ Degree Received? Yes☐ No☐ If no, how many credits have you completed? _____

EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including military service, temporary and part-time employment for the **past ten (10) years**. All time must be accounted for; if unemployed for a period, list dates of unemployment. If your past employment record is refused by your current employer(s), you may be required to furnish a copy of this record to our investigator.

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

EMPLOYMENT HISTORY (cont)

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
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Job Title & Description of Work _____

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Month/Year Month/Year

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Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

EMPLOYMENT HISTORY (cont)

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

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Month/Year Month/Year

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Month/Year Month/Year

Complete Address _____
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City State Zip Code

Job Title & Description of Work _____

_____

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Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

EMPLOYMENT HISTORY (cont)

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

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Month/Year Month/Year

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City State Zip Code

Job Title & Description of Work _____

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Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

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Month/Year Month/Year

Complete Address _____
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City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

EMPLOYMENT HISTORY (cont)

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

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City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

Employer: _____ From: _____ To: _____
Month/Year Month/Year

Complete Address _____
Number Street Apt.

_____
City State Zip Code

Job Title & Description of Work _____

_____

_____

Supervisor _____ Telephone # _____

Reason for Leaving _____

Terminated ☐ Resigned ☐ Full-time ☐ Part-time ☐

RESIDENCES

You must list all places you have resided during the **past ten (10) years** starting with your present address. If you lived with a roommate and the residence where you lived was in the roommate's name, please give the name, address and phone number of the roommate. Do not use post office box numbers when other addresses can be used. If you **own your residence free and clear**, indicate that in the Landlord / Mortgage Company section. If you lived in an apartment, list name of complex.

Note: Make sure to complete all blank spaces in this section. This section must be complete for you to be processed.

From: _____ To: _____
Month/Year Month/Year

Street Number Street Name Apt #

City County State Zip Code

Name, Address & Telephone # of Landlord, Mortgage Company or name of Apartment Complex

From: _____ To: _____
Month/Year Month/Year

Street Number Street Name Apt #

City County State Zip Code

Name, Address & Telephone # of Landlord, Mortgage Company or name of Apartment Complex

From: _____ To: _____
Month/Year Month/Year

Street Number Street Name Apt #

City County State Zip Code

Name, Address & Telephone # of Landlord, Mortgage Company or name of Apartment Complex

From: _____ To: _____
Month/Year Month/Year

Street Number Street Name Apt #

City County State Zip Code

Name, Address & Telephone # of Landlord, Mortgage Company or name of Apartment Complex

From: _____ To: _____
Month/Year Month/Year

Street Number Street Name Apt #

City County State Zip Code

Name, Address & Telephone # of Landlord, Mortgage Company or name of Apartment Complex

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Month/Year Month/Year

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City County State Zip Code

Name, Address & Telephone # of Landlord, Mortgage Company or name of Apartment Complex

From: _____ To: _____
Month/Year Month/Year

Street Number Street Name Apt #

City County State Zip Code

Name, Address & Telephone # of Landlord, Mortgage Company or name of Apartment Complex
(If needed, continue on a blank sheet of paper)

REFERENCES

You must provide the names, addresses and phone numbers of five (5) persons not related to you and not former employers who have know you for a substantial period, preferably for more than five (5) years.

Name _____ Address _____

City _____ State _____ Zip Code _____

Business Address _____

Business Phone (____) _____ Residential Phone (____) _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Business Address _____

Business Phone (____) _____ Residential Phone (____) _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Business Address _____

Business Phone (____) _____ Residential Phone (____) _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Business Address _____

Business Phone (____) _____ Residential Phone (____) _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Business Address _____

Business Phone (____) _____ Residential Phone (____) _____

BACKGROUND AUTHORIZATION

I, _____, DOB, _____,
Operators License #: _____, am an applicant for criminal justice officer certification or a certified officer with the North Carolina Criminal Justice Education & Training Standards Commission. In order to determine my suitability for certification or continued certification, I understand that the King Police Department and the North Carolina Criminal Justice Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, substance abuse treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, National Personnel Records Center, Air Force Personnel Center, Air Reserve Personnel Center, Coast Guard Personnel Center, Marine Corps Manpower Resources Command, Navy Personnel Command, Department of Veterans Affairs, Division of Commissioned Corps Officer Support, and any other individual agency to produce and provide copies of any and all information to the King Police Department and the North Carolina Criminal Justice Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the City of King and the North Carolina Criminal Justice Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. Also, I herby release the issuing agency, its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the City of King and the North Carolina Criminal Justice Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriff's Education & Training Standards Commission, North Carolina Attorney General's Office, and agencies of other states and the federal government.

This the _____ day of _____, 20___ _____
(notary)

_____ _____
(applicant) (expires)

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 _____

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

7. Ethnic Background

☐ American Indian ☐ Spanish American
☐ Asian American ☐ White
☐ Black ☐ 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?

_____

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:

_____

_____

_____

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? $_____

25. List credit references, including creditors to which you make monthly payments:

A. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

B. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

C. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

D. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

E. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

F. _____ Amount Owing $ _____
Name of Business

_____
Street Address City and State

WORK HISTORY

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?
☐ Yes ☐ No If yes, list agency name and give details: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

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: _____

_____

_____

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: _____

_____

_____

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. _____

_____

_____

_____

_____

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?_____

_____

_____

_____

_____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

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

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?

_____

_____

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)
If yes, identify the drug(s) 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 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 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 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.)
☐ Yes ☐ No If yes, give details below:

A. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____

B. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____

C. Offense Charged _____ Law Enforcement Agency _____
Date _____ Disposition of Case _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

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 _____

53. Have you ever been charged with a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)
☐ 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:

_____

_____

_____

_____

62. What are your feelings about the use of deadly force it if became necessary in the performance of official duties?

_____

_____

_____

REFERENCES

63. Give the names of five 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.		
E.		

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 ___

_____

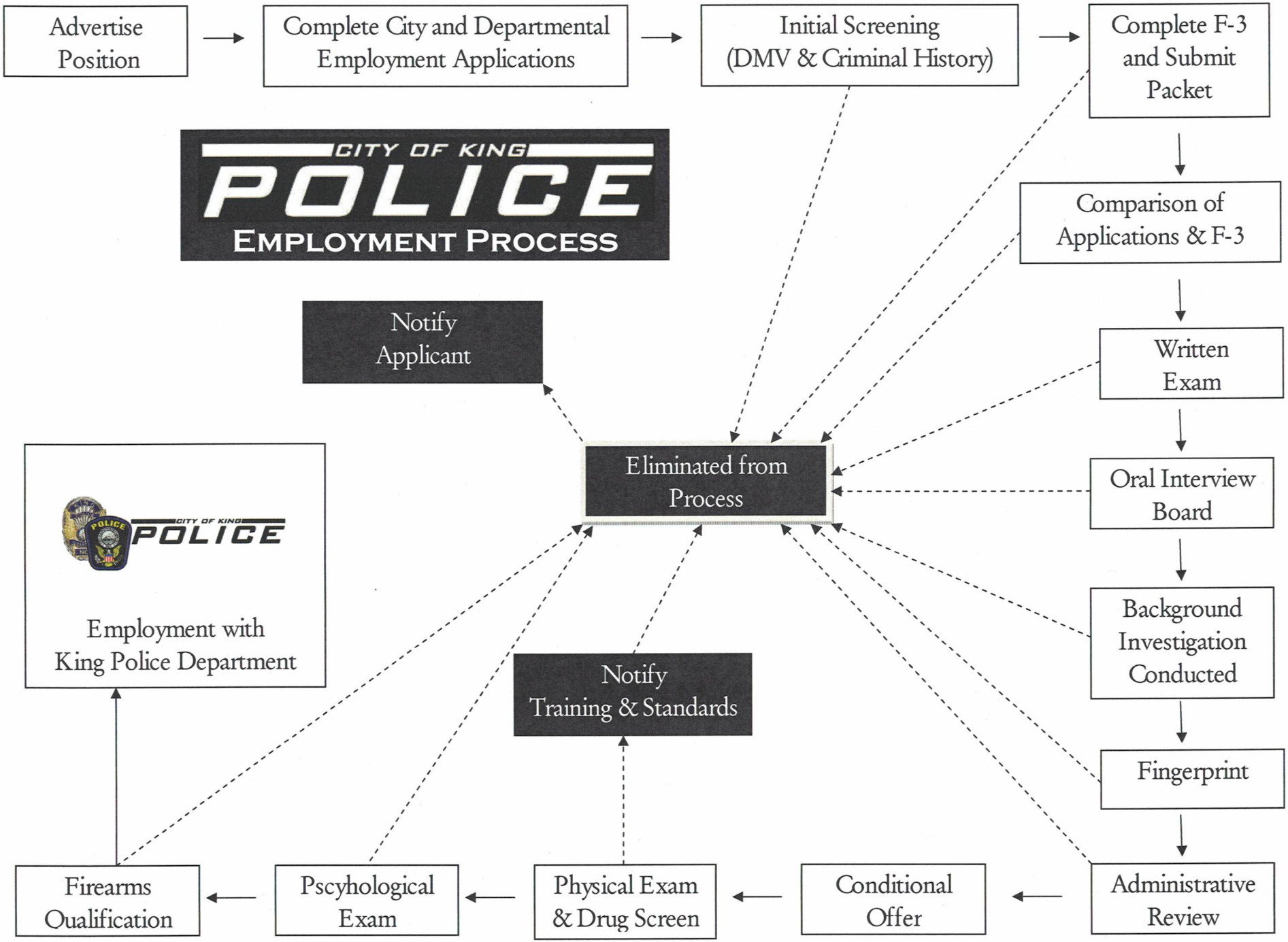
Notary Public (Official Seal)

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 (3rd 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.


Advertise Position
Complete City and Departmental Employment Applications
Initial Screening (DMV & Criminal History)
Complete F-3 and Submit Packet
CITY OF KING
POLICE
EMPLOYMENT PROCESS
Comparison of Applications & F-3
Notify Applicant
Written Exam
Eliminated from Process
Oral Interview Board
CITY OF KING
POLICE
Employment with King Police Department
Background Investigation Conducted
Notify Training & Standards
Fingerprint
Firearms Qualification
Pscyhological Exam
Physical Exam & Drug Screen
Conditional Offer
Administrative Review