**OFFICE OF THE SHERIFF**

**Sheriff Jackie Rogers**

**P.O. Box 3289 – Kinston, NC 28502**

**Office (252) 559-6100 Fax (252) 527-3854**

Thank you for your interest in employment with the Lenoir County Sheriff’s Office. You have chosen to apply with one of the most proactive Sheriff’s Office in the State of North Carolina. This profession is not only challenging, but can be both exciting and personally rewarding.

All applicants will receive consideration and equal treatment without regard to race, religion, color, national origin, age, sex, political affiliations, non-disqualifying physical or mental disability, or other non-merit factors. The County of Lenoir and the Lenoir County Sheriff’s Office are Equal Opportunity Employers.

Please complete the attached application in full and return to us. Our office will screen the applications to identify the best candidates for the positions available. Our office does accept applications for employment, even when there are no open positions to assist in future recruitment. All applications will be kept on file for two years from the submission date.

In order for your application to be accepted, you must provide the following and turn in with the completed application:

* Copy of Birth Certificate
* Copy of High School Diploma or GED
* Transcript from High School or GED Program
* Copy of College Diploma
* Official College Transcript that must be sealed: Deliver or Mail to Office
* Copy of any Specialized Training Certificates (BLET, Advanced Training, etc.)
* Copy of Driver’s License or Identification Card
* Copy of DD214 if you have ever served in the military
* Authorization for Release of Information
* All applicable signature pages notarized. This can be done by our Office staff.

Based upon our agreement to maintain applications whether or not there is an open position, we are unable to notify applicants at a specific time if they have not been selected for a position. Applicants who are selected to move forward in the application process will be contacted by members of this office.

**FOR INFORMATION ONLY**

POLICY FOR DRUG FREE WORKPLACE

Due to the critical mission of justice officers, and the reliance by the citizens of this community upon this office for law enforcement and general safety and protection, it is the policy of this office to maintain a drug-free work environment through the use of an applicant, lateral transferee, and reasonable suspicion testing program.

Therefore, in order to ensure the integrity of this office, to protect the citizens of this community, and to preserve public trust and confidence in a fit and drug free criminal justice profession, this Office shall implement a drug-testing program. This program is designed to detect prohibited drug use by employees to reduce the likelihood that drug dependent applicants and lateral transfers will be employed by this office.

LENOIR COUNTY SHERIFF’S OFFICE EMPLOYEE SELECTION PROCESS

Truthfulness during the entire process is imperative. Any intentional false statement or willful misrepresentation will result in disqualification. In addition, if the applicant is hired, false information or documentation, or a failure to disclose relevant information may be grounds for disciplinary action or dismissal and/or criminal action. In addition, applicants selected to move forward will be required to complete the NC Sheriff’s Education and Training Standards Commission Personal History Statement (Form F-3). If there are differences in these forms, this will be considered a false statement and the applicant will be disqualified. Additionally, the NC Sheriff’s Education and Training Standards Commission has the authority to initiate an investigation and, if necessary, revoke a law enforcement officer’s certification based on willful misrepresentation on the Personal History Statement (Form F-3).

We would like to remind applicants that not all applicants can be hired due to the limited number of vacancies that occur at any given time. From the qualified applicants, selected individuals may be offered some or all of the following:

* Interview with a Division Supervisor or Sheriff’s Office Administrator
* Comprehensive Background Investigation
* Submission of Fingerprints
* CVSA Examination – The scope of questions during pre-employment CVSA relate to life experiences in areas referenced in the Personal History Statement (Form F-3) and drug related questions
* Psychological Evaluation – Law Enforcement Pre-Employment (Deputy and Detention Officer Applicants Only
* Medical Examination – Includes Physical Examination, Urinalysis Drug Screening and completion of the Sheriff’s Education Training and Standards Commission Medical History Statement (Form F-1) and Medical History Report (Form F-2) (Deputy and Detention Officer Applicants Only)
* Pre-Conditional Offer with completion of employment contract

|  |  |
| --- | --- |
|  | Lenoir County Sheriff’s Office  Employment Application |

**Position You are Applying. Please Check All That Apply. You may Check more than one.**

Full Time Deputy Sheriff  Full Time Detention Officer  Civilian Administrative Staff

Civilian Security  Master Control  Part Time/Reserve Deputy  Part Time/Reserve Detention

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |
|  | Last | First | *Middle* | *Maiden* |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street City State Zip Code | County |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Social Security No.: |  | Driver License #: |  |

|  |  |
| --- | --- |
| Please list all your Social Media Names / Handles and what site they are on: |  |

## Past Addresses for last 10 years

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address: | |  | | | | | | | |  |
|  | | Street Address City State County | | | | | | | | Apartment/Unit # |
| From: |  | | To: |  | Did you own this home? | YES | NO | Landlord: |  | |
| Address: | |  | | | | | | | |  |
|  | | Street Address City State County | | | | | | | | Apartment/Unit # |
| From: |  | | To: |  | Did you own this home? | YES | NO | Landlord: |  | |
| Address: | |  | | | | | | | |  |
|  | | Street Address City State County | | | | | | | | Apartment/Unit # |
| From: |  | | To: |  | Did you own this home? | YES | NO | Landlord: |  | |
|  | | If you need additional space for 10-year documentation, please attach additional pages. | | | | | | | |  |

## Education

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Where did you attend High School or GED: | | |  | | | | Address: |  | | | | |
| From: |  | | To: |  | Did you graduate? | | | YES | NO | Diploma: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| College: |  | | | | | Address: | |  | | | | |
| From: |  | To: |  | | Did you graduate? | | YES | NO | Degree: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other: |  | | | | | Address: | |  | | | | |
| From: |  | To: |  | | Did you graduate? | | YES | NO | Degree: |  |

## Specialized Skills, Training & Certifications

Please list any specialized training that would be applicable to the position which you are applying:

If you need additional space, use additional copy of page.

|  |
| --- |
|  |
|  |
|  |
|  |

## Personal Information

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Marital Status: | | | Never Married  Married  Divorced  Engaged  Separated  Widowed | | | | | | | | |
|  | | |  | | | | | | | | |
| Name of Current Spouse: | | |  | | | | | | | | |
| Current Spouse Employer: | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
| Name of Former Spouses: | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
|  | | |  | | | | | | | | |
|  |  | | |  | |  | |  | |  | |
| Do you have any children born to you, adopted by you or stepchildren? | | | | | | | | | YES | NO |
| If yes, please list all your children’s’ names below: | | | | | | | | |  |  |
|  | | | | | | | | |  |  |
|  | Name | | | Birthdate | | Relationship | | With whom resides | | Phone Number | |
| 1) |  | | |  | |  | |  | |  | |
| 2) |  | | |  | |  | |  | |  | |
| 3) |  | | |  | |  | |  | |  | |
| 4) |  | | |  | |  | |  | |  | |
| 5) |  | | |  | |  | |  | |  | |
| 6) |  | | |  | |  | |  | |  | |
|  |  | | |  | |  | |  | |  | |
| Are you related by blood or marriage to any person employed by this agency? | | | | | | | | | YES | NO |
|  | If yes, please give names and relationship: | | | | | |  | | | | |
|  |  |  | | | | | | | | | |
|  |  | | |  | |  | |  | |  | |
| Do you have any friends or acquaintances who are employed by this agency? | | | | | | | | | YES | NO |
|  | If yes, please give names: | | | |  | | | | | | |
|  |  |  | | | | | | | | | |
| Are you a member of any community, public, private or religious groups? | | | | | | | | | YES | NO |
|  | If yes, please give names: | | | |  | | | | | | |
|  |  |  | | | | | | | | | |
|  |  |  | | | | | | | | | |

## Previous Employment in Last 10 years

List all jobs & positions you have held in the last 10 years. Put your present or most recent job first.

If you need additional space, use additional copy of page.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | | YES | NO |  | |
|  | |  |  |  | |
|  | |  |  |  | |
| Employer: |  | | | Phone: |  |
| Address: |  | | | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | | YES | NO |  | |
|  | |  |  |  | |
|  | |  |  |  | |
| Employer: |  | | | Phone: |  |
| Address: |  | | | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | | YES | NO |  | |
|  | |  |  |  | |
| Employer: |  | | | Phone: |  |
| Address: |  | | | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |  |
| --- | --- | --- |
| If other than honorable, explain: | |  |
|  | |  |
| What was your MOS & |  | |
| please include specific job descriptions: |  | |

## References

Please list five personal and/or professional references that are not in your employment history.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Criminal History

Please list any locations of arrest, the charge and the disposition of the case. Include traffic, misd. and felony

|  |  |  |
| --- | --- | --- |
| County & State of Arrest | Charge | Disposition |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Personal History Questionnaire

|  |  |  |
| --- | --- | --- |
| YES | NO | Do you drink intoxicating liquors, wine or beer? If you do, to what extent? |
|  |  |  |
| YES | NO | Do you object to working shift work, working holidays and/or weekends? If yes, please explain: |
|  |  |  |
| YES | NO | Do you object to wearing a uniform and/or specific grooming and hygiene requirements that are |
|  |  | in compliance with the policies of this office? If yes, please explain: |
|  |  |  |
| YES | NO | Do you agree to submit to a pre-employment CVSA (Voice Stress Test), psychological evaluation, |
|  |  | medical examination and drug urinalysis as part of the application process? If no, please explain? |
|  |  |  |
| YES | NO | Have you ever consumed, smoked, inhaled, ingested, purchased, possessed or sold any amount of |
|  |  | illegal drug which includes, but is not limited to marijuana, cocaine, heroin, crack, LSD, |
|  |  | methamphetamines, opiates or pills? If yes, please specify and explain and list the month & year of the last use. |
|  |  |  |
| YES | NO | Have you ever been arrested, detained, questioned or otherwise charged by a law enforcement |
|  |  | officer for a criminal offense? (Include all offenses other than minor traffic offenses. The following. |
|  |  | are not minor traffic offenses and must be listed: DWI, DUI [alcohol or drugs], a duty to stop in the |
|  |  | event of an accident, driving while license permanently revoked, and speeding at least 15 mph over |
|  |  | limit to elude arrest). If yes, please explain when and why: |
|  |  |  |
| YES | NO | Have you ever been convicted of a felony or any crime which you could have been sentenced to at |
|  |  | least 2 years imprisonment? If yes, please explain: |
|  |  |  |
| YES | NO | Have you ever filed a false insurance claim? If yes, please explain. |
|  |  |  |
| YES | NO | Are you now, or have you ever been, a member of the Communist Party USA, or any Communist |
|  |  | organization? If yes, please explain. |
|  |  |  |
| YES | NO | Are you now, or have you ever been a member of any organization, association, movement, group or |
|  |  | combination of persons that advocate the overthrow of our constitutional form of government, or |
|  |  | which has adopted a policy of advocating or approving the commission of acts of force or violence to |
|  |  | deny other persons their rights under the Constitution of the United States or of seeking to alter the |
|  |  | form of government of the United States by unconstitutional means? If yes, please explain |
|  |  |  |
| YES | NO | Are you now, or have you been a member of any “criminal street gang” that has one of its primary |
|  |  | activities to commit felony offenses, are actively engaged in criminal street gang activity and has a |
|  |  | common name or identifying sign or symbol? |
|  |  |  |
| YES | NO | Have you ever been denied employment by a criminal justice agency? If yes, please explain and list the department. |
|  |  |  |
| YES | NO | Have you ever had a collection agency become involved in the collection of a debt for which you were responsible or have you ever filed bankruptcy? If yes, please explain. |
|  |  |  |

**LENOIR COUNTY SHERIFF’S OFFICE**

**AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby authorize any

*(Print Name) (Print DOB)*

bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former an present employer, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information including personnel records, internal investigation records, training records, disciplinary records and all other records in accordance with N.C.G.S. 160A-168; 153A-98 or 126-24, whether of a privileged or confidential nature, to any member of the Lenoir County Sheriff’s Office presenting this authorization within one (1) year of this dated authorization.

This release is executed with full knowledge and understanding that the information is for the official use of the Lenoir County Sheriff’s Office. Consent is also granted for the Lenoir County Sheriff’s Office to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, and any other individual agency including its officers, employees, or related personnel, both individually and collectively, from and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Furthermore, I hereby release the County of Lenoir and the Lenoir County Sheriff’s Office including its officers, employees, or related personnel, both individually and collectively, from and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me as indicated below.

Full Name:

**Typed or Printed**

Full Name:

**(Signature)**

Date: Telephone #:

STATE OF NORTH CAROLINA

COUNTY OF

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public in and for said County and State do hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and official seal, this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public