



## **NATIONAL PARK SERVICE SEASONAL LAW ENFORCEMENT TRAINING (NPS-SLET)**

### **RECRUIT APPLICANT PERSONAL HISTORY STATEMENT**

**THIS DOCUMENT MUST BE NOTARIZED PRIOR TO SUBMISSION**

**READ ALL INSTRUCTIONS/QUESTIONS CAREFULLY PRIOR TO ANSWERING. AN APPLICANT'S OMISSION OF MATERIAL FACT, OR A FAILURE TO ANSWER A RELEVANT QUESTION, MAY RESULT IN A TERMINATION OF THE APPLICATION PROCESS.**

**It is the determination of Southwestern Community College (SCC) and the Public Safety Training Center (PSTC) that the questions contained within this *Personal History Statement* are necessary in order to fully and adequately evaluate applicants for law enforcement training & potential certification. These questions, and the information they solicit, are designed to ascertain whether the applicant meets the minimum standards for law enforcement training/certification and serve no other purpose.**

**Upon completion, submit to:**

**Southwestern Community College  
Jerry Sutton Public Safety Training Center  
Attn: Office of Law Enforcement Coordinator  
225 Industrial Park Loop  
Franklin, North Carolina 28734-8064  
[www.southwesterncc.edu/content/public-safety-training](http://www.southwesterncc.edu/content/public-safety-training)**

**Southwestern Community College  
Public Safety Training Center**

**FORM F - 3**

(Rev. 02/2012)

**PERSONAL HISTORY STATEMENT**

**INSTRUCTIONS:** Please utilize the computer programs WORD or Adobe Reader to complete this form completely and accurately. If you are unable to utilize the computer please print and fill out legibly. 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" within the provided space.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from the application/certification process. 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 Applied For:

**NPS – Seasonal Law Enforcement Training (SLET) Recruit**

**SCC – Public Safety Training Center (PSTC)**

Training Session  
Applying For:

Month

Year

Class #

**PERSONAL**

1. Name:    2.   
First Middle Last Social Security #

All Previous Names

Nicknames or Aliases

3. Present Mailing Address      
Street & Number City State Zip Code

Telephone Number:    
Home Work

4. Valid e-mail Address:

5. Date of Birth  6. Place of Birth

7. Citizenship: ☐ A. U.S. Born ☐ B. U.S. Naturalized ☐ C. Other - Specify

8. Sex: ☐ A. Male ☐ B. Female

9. Have you previously submitted an application to the SCC-PSTC for law enforcement training?

☐ Yes ☐ No Approximate date:

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Years Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools					
B. University or Colleges					
C. 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 justice officer.

### MARITAL

12. Marital Status (Check One) ☐ A. Single ☐ C. Married ☐ E. Divorced  
☐ B. Engaged ☐ D. Separated ☐ F. Widowed

13. Name of Spouse

14. List all of your children, including any adopted or stepchildren.

	A. NAME	B. BIRTHDATE	C. RELATIONSHIP	D. WITH WHOM RESIDES	E. 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 either the SCC-PSTC or the NPS?

☐ A. Yes ☐ B. 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?

☐ A. Yes ☐ B. No If yes, give name(s) and details:


## RESIDENCES

17. List addresses for past 10 years starting with present address at top:

From MO.	YR.	TO MO.	YR.	ADDRESS OF RESIDENCE	CITY & STATE	LANDLORD

## FINANCIAL

18. What income other than salary do you have at present?


19. Are you now supporting all children born to you, adopted by you and stepchildren?

☐ A. Yes ☐ B. No If not give details:


20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

☐ A. Yes ☐ B. No If yes, give name(s) and details:


21. Have you ever been sued with a civil judgment being rendered against you? List any pending civil actions.

☐ A. Yes ☐ B. No If yes, give details:


22. What is the total amount of all your debts at present?

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23. What is the average monthly total of all of your bills, payments and current living expenses?

\$
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24. List credit references, including businesses to which you make monthly payments:

A.	<table border="1"><tr><td></td></tr></table>		Amount Owing \$	<table border="1"><tr><td></td></tr></table>	
	Name of Business				
	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>	
	Street Address		City and Sate		

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B.	<table border="1"><tr><td></td></tr></table>		Amount Owing \$	<table border="1"><tr><td></td></tr></table>	
	Name of Business				
	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>	
	Street Address		City and Sate		

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C.	<table border="1"><tr><td></td></tr></table>		Amount Owing \$	<table border="1"><tr><td></td></tr></table>	
	Name of Business				
	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>	
	Street Address		City and Sate		

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D.	<table border="1"><tr><td></td></tr></table>		Amount Owing \$	<table border="1"><tr><td></td></tr></table>	
	Name of Business				
	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>	
	Street Address		City and Sate		

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E.	<table border="1"><tr><td></td></tr></table>		Amount Owing \$	<table border="1"><tr><td></td></tr></table>	
	Name of Business				
	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>	
	Street Address		City and Sate		

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F.	<table border="1"><tr><td></td></tr></table>		Amount Owing \$	<table border="1"><tr><td></td></tr></table>	
	Name of Business				
	<table border="1"><tr><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>	
	Street Address		City and Sate		

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## WORK HISTORY

25. Have you ever denied employment by a criminal justice agency? ☐ A. Yes ☐ B. No  
If YES, list agency name and give details:

Agency Name:

Details:

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details:


27. Do you object to wearing a uniform? ☐ A. Yes ☐ B. No
28. Do you object to working nights? ☐ A. Yes ☐ B. No
29. Do you object to working rotating shifts? ☐ A. Yes ☐ B. No
30. 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?  
☐ A. Yes ☐ B. No

31. List all the employment you have held in the last ten years. Put your present or most recent job first. If you need additional space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs. List volunteer work upon a separate sheet.

A.		Title of present or last position				Starting Salary				Last Salary			
						Name and title of supervisor							
Date Employed						No. employees supervised by you							
						Employer							
Date Separated						Employer Address							
Full-time		Years		Months		Duties:							
Part-time		Years		Months									
If part-time, number of hours worked per week						Reason for Leaving							

B.		Title of present or last position				Starting Salary				Last Salary			
						Name and title of supervisor							
Date Employed						No. employees supervised by you							
						Employer							
Date Separated						Employer Address							
Full-time		Years		Months		Duties:							
Part-time		Years		Months									
If part-time, number of hours worked per week						Reason for Leaving							

C.		Title of present or last position				Starting Salary				Last Salary			
						Name and title of supervisor							
Date Employed						No. employees supervised by you							
						Employer							
Date Separated						Employer Address							
Full-time		Years		Months		Duties:							
Part-time		Years		Months									
If part-time, number of hours worked per week						Reason for Leaving							

D.		Title of present or last position				Starting Salary				Last Salary			
						Name and title of supervisor							
Date Employed						No. employees supervised by you							
						Employer							
Date Separated						Employer Address							
Full-time		Years		Months		Duties:							
Part-time		Years		Months									
If part-time, number of hours worked per week						Reason for Leaving							

**Explain Periods of unemployment of three months or more:**

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32. Were you ever in the U.S. Military Service or any other military organization? ☐ A. Yes ☐ B. No

**QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS (not a Veteran skip to 42)**

33. What is your service number?

34. What is the highest rank that you held?

35. What was the date and location of your first entrance into active duty?  
Date:  Location:

36. What were your unit assignments in the service?

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

37. What was the date and location of your last discharge from active duty?  
Date:  Location:

38. Was the last discharge honorable? ☐ A. Yes | | B. No  
If no, was it characterized as bad conduct ☐ Or dishonorable ☐ ?

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, **or any other disciplinary action** while a member of the armed forces?  
☐ A. Yes ☐ B. No If **yes**, explain below

40. List any disciplinary action taken against you in the National Guard or other reserve until:

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

42. 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

43. Do you drink alcoholic beverages? ☐ Yes ☐ No If yes, to what degree?

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44. Have you ever used marijuana? ☐ Yes ☐ No If yes, what were the circumstances?

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When was the last time?

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45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, meth, performance enhancing drugs etc.?  
☐ Yes ☐ No If **yes**, under what circumstances?

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When was the last time?

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46. Have you ever-used prescription drugs other than under the supervision of or as prescribed by a physician?  
☐ Yes ☐ No If **yes**, please explain the circumstances:

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## CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

**NOTE:** Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), failure to stop in the event of an accident, and driving while license permanently revoked or permanently suspended.

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 records, you should answer "Yes". You should answer "No", **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offence?  
☐ Yes ☐ No If "YES", give details below:

A. Offense Charged		
Date		
B. Offense Charged		
Date		
C. Offense Charged		
Date		

(ATTACH EXTRA SHEETS, IF NECESSARY)

48. 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  
☐ A. Yes ☐ B. No

Date of Issuance:	
County Of Issuance:	
Name of Plaintiff:	
Date of Expiration:	

49. 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 convictions has been expunged or set aside, or the person has had his/her civil rights restore, 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 adjudicate 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 his/her 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

Based upon the above information are disqualified to receive or possess firearms under any of the above provisions of federal law?

☐ Yes ☐ No If **yes**, explain:

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50. 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, committed by a current or former spouse, parent, or guardian of the victim by a person with whom the victim shares a child in common, by a person similarly situated to a spouse, parent, or guardian of the victim. (Domestic Violence Offense)

☐ A. Yes ☐ B. No

Offense Charged:	
Law Enforcement Agency:	
Date:	
Disposition:	

51. Have you ever been charged with a felony? ☐ Yes ☐ No If yes, give details:

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52. Have you ever been placed on probation? ☐ Yes ☐ No If yes, give details:

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53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

☐ Yes ☐ No If **yes**, give details:

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54. Can you operate a motor vehicle? ☐ Yes ☐ No
55. Do you possess a valid driver's license? ☐ A. Yes ☐ B. No  
 Driver's License Number & State  Year Issued
56. Was your license ever suspended or revoked? ☐ Yes ☐ No If **yes**, state which and give reasons:
57. Was your license ever restored? ☐ Yes ☐ No If yes, When?
58. Have your driving privileges ever been restricted? ☐ Yes ☐ No If **yes**, give details:

### CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this training session:
61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful during the training session for which you are applying:
62. What is your understanding regarding the use of deadly force if it became necessary in the performance of official duties?
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: \_\_\_\_\_ 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.

This the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
 (Signature in Full)

Subscribed and Sworn before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public (Official Seal)

\_\_\_\_\_, 20\_\_\_\_  
 My Commission Expires: