



# Office of the Sheriff

Michael D. Andrews, Sheriff

This portion of the packet outlines the application processes. ALL OTHER PAGES ARE TO BE SUBMITTED, ALONG WITH ALL REQUIRED PAPERWORK AS NOTED ON THE APPLICATION CHECK LIST.

Please read all enclosed information carefully and follow the directions. **Completely** answer all questions. Fill in every blank in the application packet and review your information thoroughly prior to submitting the application. Submit all required paperwork with the application. You must submit an application for each position you are applying for, along with enough copies of the required paperwork **for each application**. *APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL REQUIRED PAPERWORK IS SUBMITTED.*

\*\*\*\*\*

When application is completed you may submit it by mail or in person to one of the following addresses:

- o Durham County Sheriff's Office  
Training & Recruitment Division  
510 South Dillard Street  
Durham, NC 27702
- o Training & Recruitment Division  
11821 US Hwy 501 North  
Rougemont, NC 27572

Questions and/or concerns should be directed to the Training & Recruitment Division as follows:

- o Personally to  
11821 US Hwy 501 North  
Rougemont, NC
- o By phone  
(919) 560-0930
- o Via email  
[trainingrecruitment@durhamsheriff.org](mailto:trainingrecruitment@durhamsheriff.org)

\*\*\*\*\*

THANK YOU FOR YOUR INTEREST IN THE OFFICE OF THE SHERIFF OF DURHAM COUNTY.

## NOTICES TO APPLICANTS

I. Any false or misleading answers supplied in the application could constitute for your immediate dismissal from the program, in the discretion of the Agency.

### II. Definitions

"Convicted" or "Conviction" means and includes:

1. A plea of guilty;
2. A verdict or finding of guilty by a jury, judge, magistrate, or other duly constituted, established, and recognized adjudicating body, tribunals, or official, either civilian or military; or
3. A plea of no contest, nolo contendere, or the equivalent.

"Committed" or "Omitted" means an act in violation of any common law, duly enacted ordinance, criminal statute, or criminal traffic code of this state, or any other jurisdiction, either civil or military, for which maximum punishment allowable for the designated offense under the laws, statutes, or ordinances of the jurisdiction in which the offense occurred or its political subdivisions includes imprisonment for a term of more than six months is a "Class A Misdemeanor". "Class B Misdemeanor" constitutes imprisonment for a term more than six months but not more than two years.





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**IF YOUR STATUS OR INFORMATION CHANGES** during the course of this application process, you are to notify the Training Division **immediately**. Failure to notify the Training Division of a change in status may be considered by this agency as a loss of interest on your part and subject your application to withdrawal from the application process. This includes many types of things, *for example*:

- ADDRESS CHANGE
- PHONE CHANGE
- NAME CHANGE
- RECEIVING A TRAFFIC CITATION
- RECEIVING A PARKING TICKET
- RECEIVING A CRIMINAL SUMMONS
- RECEIVING A CITATION FOR ANY INFRACTION OR MISDEMEANOR
- BEING SUED
- BEING ARRESTED FOR ANYTHING (whether or not you think you are guilty)
- BEING CONVICTED OF ANYTHING

If one of these happens to you, OR SOMETHING SIMILAR, notify the Training Division **immediately** at (919) 560-0930, and tell them what it was, when it happened, and where it was.

Involvement does not necessarily prevent you from completing the applicant process. Involvement **without notification** to us may prevent you from being hired.

### PREPARATION OF APPLICATION

- I. Initial eligibility questions (Eligibility Verification Form) if you are eligible you may continue in process.
- II. Applicant completes the application form packet.
- III. Applicants who have been in the military, who have been discharged with other than an honorable discharge, must supply this Office with accurate, true and complete documentation from the military as to the reason of discharge, along with a self-authored written explanation, prior to the background investigation.
- IV. The applicant is to prepare his/her file for background investigation by submitting copies of:
  - A. Birth Certificate
  - B. High school diploma or GED
  - C. Military discharge Form DD-214 (if applicable). The original must be presented for copy and returned to the applicant, or certified copy must be turned in.
  - D. Photograph; A small photo, which will **not** be returned, will be used for identification in a background investigation. The photo must be current, not over a year old.

**\*\* All Information on the application must be completed in black ink or typed. \*\***





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### APPLICATION CHECK LIST OF REQUIRED PAPERWORK TO BE SUBMITTED BY THE APPLICANT

Below you will find an application checklist of items that must be included with your application. Print and sign each form required. Your application process will not continue or be considered complete until all of the items have been turned in.

ELIGIBILITY VERIFICATION

LETTER OF INTENT

APPLICATION DATA FORM

PERSONAL HISTORY STATEMENT

DOWNLOAD F-3 FORM AND SUPPLEMENT F-3 FORM FROM THE BELOW SITES

F-3 FORM - <http://www.ncdoj.com/About-DOJ/Law-Enforcement-Training-and-Standards/Sheriffs-Education-and-Training-Standards/All-Commission-Forms-and-Publications.aspx>

SUPPLEMENT F-3 FORM - <http://www.dconc.gov/index.aspx?page=486>

AUTHORIZATION AND RELEASE FORM (SIGNED WAIVER FOR BACKGROUND INVESTIGATION)

COPY OF BIRTH CERTIFICATE

COPY OF HIGH SCHOOL DIPLOMA OR GED

ORIGINAL DD-214 (IF PRESENT OR PAST MILITARY)

PHOTOGRAPH (NOT OVER 1 YEAR OLD, AND WILL NOT BE RETURNED.)

CRIMINAL HISTORY RECORD CHECK(S) – **DUE AFTER SUCCESSFUL COMPLETION OF TESTING.**

Each applicant is responsible for obtaining certified copies of criminal record checks from the Clerk of Court of every county you have lived in *since the age of 16 (excluding active military locations)*.

The North Carolina Sheriff's Education and Training Standards Commission requires *all* criminal records checks be *CERTIFIED* obtained from the *CLERK OF COURT*. The request you give each Clerks' Office needs to have the following information:

- ✓ The dates and addresses you lived in each county;
- ✓ *All* names you have used (maiden, married, adopted/legally changed, etc.)

***ALL BLANKS MUST BE COMPLETED ON ALL APPLICATION FORMS!***



Training and Recruitment | 11821 Highway 501North | Rougemont, NC 27572

(919) 560-0930 | Fax (919) 560-0939 | [www.dconc.gov](http://www.dconc.gov)

Equal Employment/Affirmative Action Employer

Jul 2014



**Office of the Sheriff**  
 Michael D. Andrews, Sheriff

**ELIGIBILITY VERIFICATION FORM**

Welcome, if you meet the following qualifications, you are eligible to apply for a Telecommunicator.

- |  |  |
|--|--|
| <input type="checkbox"/> You are a citizen of the United States;                 | <input type="checkbox"/> You have a valid NC driver's license (or are eligible to receive one prior to being hired); |
| <input type="checkbox"/> You are at least 21 years of age;                       | <input type="checkbox"/> You have a good driving record; and   |
| <input type="checkbox"/> You have a high school diploma or GED;                  | <input type="checkbox"/> You live within 35 miles of downtown Durham (or are willing to relocate upon being hired)   |
| <input type="checkbox"/> You have not committed or been charged with any felony; |  |

\*\*\*\*\*

Were you in the U.S. Military Service or any other military organization?  Yes  No

Discharge status \_\_\_\_\_

Also, to become eligible for certification, each applicant must be able to truthfully answer **NO** to each of the following questions. Any false or misleading answers supplied in Subsection III could constitute for your immediate dismissal from the program, in the discretion of the Agency.

Have you ever committed or been convicted of:

1. A felony?  Yes  No  Unknown
2. A crime for which the punishment could have been imprisonment for more than two years?  Yes  No  Unknown
3. A crime or unlawful act for which the punishment could have been imprisonment for more than six months but less than two years and a crime for unlawful act occurred within five years of your application for certification?  Yes  No  Unknown
4. Four or more crimes or unlawful acts described in (3) above, regardless of the date of occurrence?  Yes  No  Unknown
5. Four or more crimes or unlawful acts for which the punishment could have been imprisonment for less than six months?  Yes  No  Unknown

**NOTE:** Any questions answered as "Unknown" must be answered truthfully as "Yes" or "No" on or before the applicant is eligible for a background investigation.

Please read all enclosed information carefully and follow the directions. **Completely** answer all questions. Fill in every blank in the application packet and review your information thoroughly prior to submitting the application. Submit all required paperwork with the application. You must submit an application for each position you are applying for, along with enough copies of the required paperwork **for each application**. Applications will not be processed until all required paperwork is submitted.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date





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*Michael D. Andrews, Sheriff*

In the space below complete a short explanation of the reason(s) that led you to apply for the position of a **Telecommunicator** with the Durham County Sheriff's Office. *This must be completed in your own handwriting, in BLACK INK.*

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Applicant's Signature

Date



Training and Recruitment | 11821 Highway 501North | Rougemont, NC 27572  
(919) 560-0930 | Fax (919) 560-0939 | [www.dconcc.gov](http://www.dconcc.gov)

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Office of the Sheriff
Michael D. Andrews, Sheriff

APPLICATION DATA FORM

Please read all enclosed information carefully and follow the directions. Completely answer all questions. Fill in every blank in the application packet and review your information thoroughly prior to submitting the application. Submit all required paperwork with the application.

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\*\*\*\*\*

Name: \_\_\_\_\_ Date \_\_\_\_\_
Last First Middle

All previous (including maiden) names, nicknames or aliases

Current Address

Position(s) Applying for: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

Are you currently certified for the position to which you are applying? \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Work (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Mobile(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

Race\_\_\_\_\_ Sex\_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Prior (related) experience \_\_\_\_\_

Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_

Driver's License # and State

Are you at least 21 years of age? \_\_\_\_\_

Counties/States lived in since age 16

Prior Civil & Criminal Charges/ Arrests

I have read and understand the application process as explained in this information packet. I have enclosed all required and necessary paperwork and documentation for each position applied for, and/or has notified the Training & Recruitment Division of pending items.

I authorize the Office of the Sheriff of Durham County to conduct a thorough background investigation, to include but not limited to civil, criminal and credit history inquiries; education, employment and past residence inquiries, and that all the above information is correct and true.

Applicant's Signature

Date





**Office of the Sheriff**  
*Michael D. Andrews, Sheriff*

**AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_  
 (Print Name)

of \_\_\_\_\_  
 (Address of street, city, state, and zip code)

Do hereby state that I hold Social Security Number \_\_\_\_\_, and that I am applying for employment as a **Telecommunicator** with The Office of the Sheriff of Durham County. I hereby request and authorize the release, disclosure, and divulgence to The Office of the Sheriff of Durham County, agents and employees, of any and all information, documents, records, writings, credit reports, or other data generally, including any medical workers compensation, psychiatric, disciplinary, or criminal records pertaining to me of whatever kind of nature. I do further release, quitclaim, and forever discharge any person, corporation, association or governmental agency from any and all liability, claims, or cause of actions that I may have or ever will have arising out of release, disclosure or divulgence of any information, documents, records, writing, or data generally possessed by any person, corporation, association, or governmental agency pertaining to me.

I do further expressly request and authorize the release and divulgence of any medical, workers compensation, psychiatric, educational, disciplinary, or criminal records, information, or writing generally pertaining to me.

\_\_\_\_\_  
 (Applicant's Signature)

County of \_\_\_\_\_

Witness by hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 (Notary Public Signature)

\_\_\_\_\_  
 (Name of Notary Printed)

\_\_\_\_\_  
 (Commission Expiration)



(Seal)

