



BLET Application:

- Please fill out all information as required on the Student Admissions Requirements. A check list has been added to the application packet for your convenience. If you have any questions please contact the BLET staff at the numbers listed at the bottom of the Student Admissions Requirements page.
- Please turn in all completed paperwork to the BLET offices located in the Albright Public Safety Building on the main Dallas Campus.
- We accept applications until the class is full. Admission to the BLET program is not automatic. All requirements must be met. You are encouraged to turn in all completed paperwork as soon as possible. The class does fill up quickly.



GASTON
COLLEGE

Basic Law Enforcement Training

Student Admission Requirements

Gaston College Basic Law Enforcement Training is administered through the NC Criminal Justice Standards Division. We strictly adhere to all requirements as outlined by 12 NCAC 09B.0203. **All requirements** must be met before a student can be admitted into our program. It is the students responsibility to provide all documentation as outlined below.

Requirements:

- Student **must** be a U.S. Citizen
- Student **must** be twenty (20) years old at time of course registration
- Student **must** be a high school, college or university graduate or has received a high school equivalency credential recognized by the issuing state. High school diplomas earned through correspondence enrollment are not recognized toward the educational requirements.
- Student **should** present a letter of employment or sponsorship from the Chief or Sheriff of a law enforcement agency. **Priority admission is granted to those individuals holding full-time employment with criminal justice agencies, then sponsored candidates, and finally unsponsored candidates.**
- Student **must** present a criminal record check from every **State and** each **County** where you have resided since becoming an adult (Age 18) **OR** an **FBI Background check** to cover all states/counties if you have no charges. This includes any place you have resided or temporarily lived including college and military locations. (No felonies/No Class B misdemeanors within last 5 years in accordance with 12 NCAC 09B.0203) **(Failure to accurately report criminal history could affect your ability to be certified.)** *If you are hired by a police agency, that agency can provide an F25 form instead of the background checks.*
- Student **must** present a copy of your Motor Vehicle driving record from your current state of residence.
- Student **must** complete the CASAS or TABE 11/12 Reading Placement Tests prior to enrollment. You may use the written instructions included in the packet to **sign yourself up. (Tests must be taken within 1 year of class start date)**
- Student **must** provide medical examination reports (F1, F2, F2a, F2b and Exposure to Chemical Agent Release Form) to determine the individual's fitness to perform the essential job functions of a Criminal Justice Officer.
- Applicants **must** be in good physical condition and able to **participate in strenuous physical activities.** **NOTE:** Students must complete a 1½ mile run in 16 minutes or less, do 25 push ups within 1 minute, 30 sit ups within 1 minute and sprint 300 yards within 70 seconds. In addition, you must pass the POPAT (police officers physical abilities test).
- Student **must** present a valid Driver License.
- **Other requirements may apply**

Director: Calvin Shaw 704.922.6270

Assistant Directors: Joe Burch 704.922.6255, Erin Long 704.922.6531, Steve Lynch 704.922.6595, Kevin Putnam 704.922.2396 and Heather Murphy 704.922.6590

***Required Forms:**

- ☐ **Certified** copy of your High School Transcript or GED Certificate **and** a copy of High School, College or University Diploma (**transcripts must be sealed** in an envelope) +
Original Criminal Record Report from the **State and** each **County** resided in including all college/military locations since becoming an adult (age 18) **OR** an **FBI** background check for all states/counties if you have no charges **OR** F25 form if you are hired by police department. (Copies will not be accepted) +
- ☐ Motor Vehicle Record Report from current state of residence
- ☐ CASAS or TABE 11/12 Reading Placement Test (**Everyone must take this test. Test must be taken within 1 year of the start date of class**)
- ☐ Copy of your valid Driver License
- ☐ Copy of your Birth Certificate + (**Naturalized citizens must also submit their Certificate of Naturalization papers**)
- ☐ Completed and signed Letter of Sponsorship (**must be signed by Chief, Sheriff or their designee**)
- ☐ Completed F1, F2, F2a and F2b Physical Fitness Forms (Physician **must** sign and stamp both forms)
- ☐ Chemical Agent Release Form (Physician **must** sign)
- ☐ Completed F3 Personal History Form (**must be notarized**)
- ☐ All Veterans must submit a DD 214 form (You must request your complete military records. We have a form for that and it will be available to you upon request)

+All documents from foreign countries must be translated into English by a certified source.

*All paperwork must be submitted before a review of your packet can take place. After a review of your packet and based on availability in the class, candidates will be contacted to confirm your seat in the class.

DO NOT QUIT YOUR JOB OR BUY ANYTHING FOR CLASS UNTIL IT HAS BEEN CONFIRMED YOU HAVE HAVE A SEAT IN THE CLASS.

Admission into the Basic Law Enforcement Training program ***is not automatic***. All paperwork must be turned in – All requirements must be met.

BLET APPLICATION CHECKLIST

Please make sure you have all of the following documentation **before** turning in your application packet.

	Certified copy of High School Transcripts (must be sealed) or GED Certificate
	Copy of High School or College Diploma
	Motor Vehicle Driving Record from current state of residence
	Background Checks from every State and each County of residence since age 18. OR you get an FBI Background check that will cover both if you have no charges. <i>If you are hired by a police department, the hiring agency can provide an F25 form in place of the background checks.</i>
	^TABE 11/12 Reading Placement Tests or CASAS test
	Copy of your valid Driver License
	Copy of your Birth Certificate
	Sponsorship letter – Signed (Or, letter of employment if you are hired by a police agency)
	Completed F1, F2, F2A and F2B Physical Fitness Forms (Physician must sign AND stamp address)
	Chemical Agent Release Form (Physician must sign)
	F3 Personal History Form (Completed and notarized)
	DD214 form (Veterans only) / You must request military records

**This does include temporary locations you may have lived for college/military. Please ask if you have any questions on your residences. If you get an FBI background check you do not need to get a state/local check. You can get an FBI records check that will cover all states (state and local).*

^You must have at least a 10th grade reading level.





EXPOSURE TO CHEMICAL AGENT (CN, CS, OC) RELEASE FORM

TO THE EXAMINING PHYSICIAN:

During training and employment, this individual will be exposed to chemical agents during mandated riot control training. Individuals with respiratory difficulties, including asthma, are not suitable candidates for this training and/or employment. Please certify that this individual is physically able to engage in training exercises using chemical agents.

IT IS ACCEPTABLE FOR:

Student Name: _____

TO PARTICIPATE IN ABOVE ACTIVITIES INCLUDING EXPOSURE TO CHEMICAL AGENT:

Physician's Signature

Date

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



Post Office Drawer 149
Raleigh, NC 27602
Telephone: (919) 661-5980

Post Office Drawer 629
Raleigh, NC 27602
Telephone: (919) 779-8213



MEDICAL HISTORY STATEMENT

Form F-1
(Rev. 10-2025)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Sheriffs' or Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Allergies *(List All Known Allegries)*

Medications & Supplements *(List All Prescription AND Over-the-Counter Medications & Supplements Currently Taking)*

Immunizations / Surveillance *(Check All That Apply)*

Tetanus (Tdap) Date: _____

Hepatitis B (HBV) Date: _____

Tuberculosis (PPD, Interferon Gold, Chest X-Ray) Date: _____

Medical History

Have you EVER, in your life, had any of the following types of medical conditions? (Check all that apply)

1. Eye Conditions: _____
2. Ear, Nose, or Throat Conditions: _____
3. Cardiovascular Conditions: _____
4. Hormone or Endocrine Conditions: _____
5. Gastrointestinal or Hernia Conditions: _____
6. Hematology Conditions: _____
7. Infectious Diseases: _____
8. Musculoskeletal Conditions: _____
9. Neurological or Neurosurgical Conditions: _____
10. Cancers or Oncology Conditions: _____
11. Pulmonary Conditions: _____
12. Renal Conditions: _____
13. Autoimmune Conditions: _____
14. Psychological Conditions: _____

Surgeries (List ALL Surgeries since Childhood)

Hospitalizations (List ALL Hospitalizations since Childhood)

Emergency Room Visits (List ALL Emergency Room Visits since Childhood)

Occupational History (Answer All Questions Below)

1. Have you ever worked in the criminal justice field? Yes No
 - 1a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or psychological problem?
Yes No
2. Have you ever served in the armed forces? Yes No
 - 2a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or psychological problem?
Yes No
3. Have you ever been exposed to any of the following, whether at home, work, military, or any other setting:
 - 3a. Repetitive Loud Noises (Including guns, jet engines, loud machinery) Yes No
 - 3b. Chemical Exposure to Skin or Lungs Yes No
 - 3c. Dusty Conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos) Yes No
4. Have you ever sustained an injury while at work that necessitated extended care by a health care provider? Yes No
5. Have you ever had a motor vehicle accident or other injury causing back or neck pain? Yes No
6. Are you limited or unable to perform any physical activity because of muscle or joint discomfort? Yes No
7. Do you have any missing limbs or non-functional joints? Yes No
8. Do you have numbness, weakness, or pain in your upper extremities (including your hands)? Yes No

(Continued on Page 3)

Occupational History *(Continued)*

9. Have you ever been advised by a physician to avoid sitting or standing over a certain period of time? Yes No
10. Do you have difficulty sitting or standing for extended periods of time? Yes No
11. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
Yes No
12. Have you ever been advised by a physician to avoid lifting above a certain weight limit? Yes No
13. Do you have any difficulty in properly holding, aiming, or firing a handgun, rifle, or shotgun? Yes No
14. Do you have any difficulty driving at high speeds in a motor vehicle? Yes No
15. Have you ever had any motor vehicle accidents as a result of losing control of your vehicle? Yes No
16. Do you have any difficulty driving for three (3) consecutive hours without stopping? Yes No
17. Do you have any difficulty running for five (5) consecutive minutes without stopping? Yes No
18. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells? Yes No

Explanations *(Include any explanation or additional information about any "Yes" answers above and identify by number)*

Penalty

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

Certification

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Applicant (Use Ink)

Date Signed

Qualified Medical Professional Review:

Signature of Qualified Medical Professional (Use Ink)

Date Reviewed

Name, Title and Address of qualified medical professional completing review – **Please Type.**

Medical License Number

Appendix

The following are examples of medical conditions that should be reported. This list is to be used as a reference, but does not include all possible medical conditions. The candidate is required to report all current and prior medical conditions.

1. **Eye Conditions**: color blindness, poor night vision (night blindness), glaucoma, retinal detachment, blindness in one or both eyes, very poor vision when not corrected
2. **Ear, Nose and Throat Conditions**: chronic ringing (tinnitus), moderate to severe hearing loss, assistive devices (i.e. hearing aids and cochlear implants), Meniere's disease, loss of sense of smell or taste, speech defect, abnormality of the face, nose, mouth or throat that would limit the ability to wear a respirator
3. **Cardiovascular Conditions**: high blood pressure (hypertension), high cholesterol, familial hypertriglyceridemia, heart disease, heart attack, abnormal heart rhythm (i.e. atrial fibrillation and supraventricular tachycardia), passing out (syncope), Wolf-Parkinson-White syndrome, automatic internal cardioverter defibrillator (AICD) or pacemaker, stents, coronary artery bypass graft (CABG), heart murmur, hypertrophic cardiomyopathy, situs inversus, peripheral vascular disease, Raynaud's disease, blood clot (DVT or pulmonary embolism/PE), Marfan syndrome
4. **Hormone, Endocrine, or Metabolic Conditions**: diabetes, hypoglycemia, hypothyroidism, hyperthyroidism, Cushing's syndrome, polycystic ovarian syndrome, adrenal insufficiency, Addison's disease, inborn errors of metabolism
5. **Gastrointestinal Conditions or Hernias**: irritable bowel syndrome, Crohn's disease, ulcerative colitis, ostomy, diverticulitis, pancreatitis, gallstones, weight loss surgery, cirrhosis, non-alcoholic steatohepatitis, Gilbert's syndrome, hernias (hiatal, ventral, inguinal, femoral), bowel obstruction
6. **Hematology Conditions**: sickle cell disease, sickle cell trait, hemophilia or other bleeding disorder, anemia, polycythemia vera, white blood cell disorders
7. **Infectious Diseases**: Hepatitis B, Hepatitis C, HIV/AIDS, tuberculosis, malaria
8. **Musculoskeletal Conditions**: amputation, congenital limb loss or deformity, ACL injury, meniscus injury, rotator cuff injury, labrum injury, chronic back or joint pain, broken bones (fractures), muscular dystrophy, carpal tunnel syndrome, fibromyalgia, osteomyelitis
9. **Neurological or Neurosurgical Conditions**: seizures, stroke, concussion, traumatic brain injury (TBI), recurrent headaches (i.e. migraines or cluster headaches), recurrent vertigo, brain tumors (benign or cancerous), MS (multiple sclerosis), cerebral palsy, Huntington's disease, ALS (amyotrophic lateral sclerosis), meningitis, encephalitis, degenerative disc disease, osteoporosis, arterio-venous malformation (AVM), Parkinson's disease, dementia, neuropathy
10. **Cancers or Oncology Conditions**: leukemia, lymphoma, skin cancer, lung cancer, sarcoma, colon cancer, pancreatic cancer, breast cancer, ovarian cancer, cervical cancer, kidney cancer
11. **Pulmonary Conditions**: cystic fibrosis, asthma, emphysema, chronic bronchitis, COPD, lung abscess, pneumonia, long COVID-19, obstructive sleep apnea, lung abscess, lung resection
12. **Renal Conditions**: solitary kidney, chronic kidney disease, kidney stones, acute tubular necrosis (ATN), kidney transplant, polycystic kidney disease
13. **Autoimmune Conditions**: lupus, psoriasis, rheumatoid arthritis, dermatomyositis, myasthenia gravis
14. **Psychological Conditions**: depression, anxiety, post-traumatic stress disorder, bipolar disorder, other mood disorder, substance use disorder

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



Criminal Justice Standards Division
Telephone: (919) 661-5980

Sheriffs' Standards Division
Telephone: (919) 779-8213



MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 08-2026)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Sheriffs' or Criminal Justice Standards Division is **NOT** responsible for payment.

Mail form to hiring agency or individual

DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Vitals

Height: _____ Weight: _____ BMI Calculation: _____

Blood Pressure: _____ Heart Rate: _____ SP02: _____ RR: _____

ECG: _____

Vision

Visual Acuity (If applicant wears glasses or contacts, test and record acuity with and without glasses/contacts)

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Guidelines Does Not Meet Guidelines

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Guidelines Does Not Meet Guidelines

With contacts: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Guidelines Does Not Meet Guidelines

Color Perception

Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Visual Fields

Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Hearing

Hearing Acuity Audiogram OR 15' Whispered Conversation Check if Assisted Device Used by Patient Yes No

Right Ear Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Left Ear Normal Abnormal: _____ Meets Guidelines Does Not Meet Guidelines

Examination

HEENT:	Normal	Abnormal	_____
Cardiovascular Exam:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen/Hernia:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

Screening

Urine Dip Test or Urinalysis	Normal	Abnormal	_____
Urine Drug Screen	Positive	Negative	_____
Tuberculosis Questionnaire (F-2A) Administered:	Yes	No	Additional Screening Required: Yes No (Specify)
Additional Screening:	_____		
Sickle Cell Disease Screening	Sickle Cell Disease	Sickle Cell Trait	Negative
Hepatitis B Titers	Immune	Not Immune	

Certification

Are there any conditions which, in your opinion, suggest further examination?

No Yes: _____

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes: _____

Meets Guidelines - Cleared

Does Not Meet Guidelines - Further Evaluation Required

Does Not Meet Guidelines - Disqualified

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Name of Qualified Medical Professional (*Please Print*)

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



Post Office Drawer 149
Raleigh, NC 27602
Telephone: (919) 661-5980

Post Office Drawer 629
Raleigh, NC 27602
Telephone: (919) 779-8213



Tuberculosis Questionnaire

Form F-2A
(Rev. 10-2025)

This information is for official use only and will not be released to unauthorized persons.

Attach to Form F-2 (Medical Examination Report)

DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Tuberculosis Risk Questions

- | | | |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, or resided in jail or prison? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |
| 6) Have you ever done one of the following: worked or resided at a homeless shelter, worked in a jail or prison, worked as a healthcare worker (including in a hospital or clinic), or worked as an Emergency Medical Responder or Emergency Medical Technician? | Yes | No |

Tuberculosis Symptom Questions

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



Criminal Justice Standards Division
Telephone: (919) 661-5980

Sheriffs' Standards Division
Telephone: (919) 779-8213



Medical Examination Report Addendum

Form F-2B
(Rev. 05-2026)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Sheriffs' or Criminal Justice Standards Division is **NOT** responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____		
Name: _____	_____	_____
_____	_____	_____
Date of Birth: _____ Last 4 Digits of SSN: _____		
Employing Agency: _____		

Additional Exam Notes

Certification

Meets Guidelines - Cleared

Does Not Meet Guidelines - Further Evaluation Required

Does Not Meet Guidelines - Disqualified

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Name of Qualified Medical Professional (*Please Print*)

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____



**NORTH CAROLINA CRIMINAL JUSTICE
EDUCATION AND TRAINING STANDARDS COMMISSION**

PERSONAL HISTORY STATEMENT

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.

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.

Agency: _____ Month: _____ Day: _____ Year: _____

Position(s) applied for: ☐ Law Enforcement Officer ☐ Correctional Officer ☐ Local Confinement Personnel
☐ Probation/Parole Officer ☐ Juvenile Justice Officer ☐ Juvenile Court Counselor

PERSONAL

1. Name: _____ 2. Social Security Number: _____
First Middle Last

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name ever legally changed? ☐ 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: _____ Place of Birth: _____

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify

6. Do you possess a valid driver's license from the state of North Carolina? ☐ Yes ☐ No

Driver's License Number: _____ Year Issued: _____

7. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina?

If yes, give state and number: _____

Applicant Name: _____

Agency Applied: _____

8. Was your driver's license ever suspended or revoked? ☐ Yes ☐ No

If yes, state which and give reasons:

9. Was your driver's license ever restored? ☐ Yes ☐ No

When? _____

10. Have you previously submitted an application for employment with this agency?

☐ Yes ☐ No Approximate Date: _____

EDUCATIONAL

11. 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 or Equivalent						
Universities or Colleges						

12. 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?

13. Have you ever attended, in part or in whole, a Basic Law Enforcement Training Program?

☐ Yes ☐ No If yes, when and where did the program take place?

Applicant Name: _____

Agency Applied: _____

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

14. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

15. Name of Spouse: _____

Name of Former Spouse(s):

FAMILY HISTORY

16. 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:

17. 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

18. List every city/county in which you have lived, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State

Applicant Name: _____

Agency Applied: _____

FINANCIAL

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

20. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**):

21. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

☐ Yes ☐ No ☐ N/A

22. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? If yes, give name and details: ☐ Yes ☐ No ☐ N/A

23. 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:

24. Are you currently more than 90 days delinquent in any payment or debt?

☐ Yes ☐ No ☐ Not sure (explain) If yes, give details:

Applicant Name: _____

Agency Applied: _____

WORK HISTORY

25. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

☐ Yes ☐ No

If yes, list agency name and give details:

26. 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

26a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority (including Written Reprimands with or without Probation, Written Warnings, or Oral Warnings)? ☐ Yes ☐ No

26b. If such certification or license was ever surrendered, 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.

Agency Applied: _____

☐ Yes ☐ No

If yes, list organization name and give details:

[illegible]

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:

--

Applicant Name: _____ Agency Applied: _____

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:

Applicant Name: _____

Agency Applied: _____

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 _____

Applicant Name: _____

Agency Applied: _____

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 (3) months or more.

Applicant Name: _____

Agency Applied: _____

MILITARY SERVICE

29. Were you ever in the U.S. Military Service or any other military organization?

☐ Yes☐ NoWere you ever denied entrance into the military? ☐ Yes ☐ No If yes, why?

--

30. What was the highest rank that you held? _____

31. What was the last rank that you held? _____

32. What was the date and location of your first enlistment or commission? Date: _____

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

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

34. List all duty stations: _____

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

35. Have you ever received any of the following types of discharge:

Type of Discharge	Yes	No
Uncharacterized		
Honorable		
General (under honorable conditions)		
Under other than honorable conditions		
Bad Conduct Charge		
Dishonorable Discharge		
Dismissal		

Applicant Name: _____ Agency Applied: _____

36. 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:

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

38. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF DRUGS

NOTE: In questions 39 and 40, 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.)

39. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, 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?

40. 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?

41. 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)

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 offenses and convictions regardless of whether or not the offenses/convictions were expunged. 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.**

42. 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).

☐ No-Applicant's Initials _____

☐ Yes, please list below

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

43. Have you ever had a criminal offense or criminal conviction expunged?

☐ No - Applicant's Initials _____

☐ Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: _____

Agency Applied: _____

44. Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year. Yes No
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored. Yes No
- (c) are a fugitive from justice. Yes No
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance. Yes No
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution. Yes No
- (f) have been discharged from the Armed Forces under dishonorable conditions. Yes No
- (g) are illegally in the United States. Yes No
- (h) have renounced your citizenship, having previously been a citizen of the United States. Yes No
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child. Yes No
- (j) have been convicted in any court of a misdemeanor crime of domestic violence. Yes No

NOTE: If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

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

45. Have you ever had a Domestic Violence Protection Order or Civil No Contact Order issued against you?(Include both ex-parte orders and those entered subsequent to a hearing.)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

Applicant Name: _____

Agency Applied: _____

46. 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 _____

REFERENCES

47. Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Phone	Email

STATE OF: ☐ NORTH CAROLINA

☐ Other: _____

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 ____

(Applicant Signature in Full)

(Applicant Print Name 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 (3 rd 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 51.

INFORMATION SHEET

Today's Date: _____

Name: _____

Home Address: _____

City, State, Zip: _____

Place of Employment: _____

Phone: _____ Email: _____

Date of Birth: _____

Highest Education (high school, college, etc) _____

Where you in the military? _____

List every County/State of residence since the age of 18:

(This includes college locations where you did not commute from home on a daily basis and any

military duty station locations): _____

(May continue list on back of paper if needed)

Emergency Contact Person: _____

Phone Number: _____

Relationship: _____

Sponsor: _____



GASTON
COLLEGE

Basic Law Enforcement
Training

Contacts & CASAS or TABE Testing

For more information, contact:

Erin Long
Facilitator-BLET/Criminal Justice Academy
PH: 704-922-6531
Email: long.erin@gaston.edu

OR

Steve Lynch
Assistant Director-BLET/Criminal Justice Academy
PH: 704-922-6595
Email: lynch.steve@gaston.edu

To Schedule the CASAS or TABE 11/12 Reading Placement Test:

1. You may contact Sheryl Brown, testing coordinator, at 704-922-6321 to schedule your test. This is the preferred way she would like to be contacted.
2. As a last resort you may email Sheryl Brown at brown.sheryl@gaston.edu



Right to Review Process

Instructions for Reviewing Your North Carolina Criminal History Record

SBI – Criminal Information and Identification Section

11/2024

This informational packet includes all the necessary documentation and requirements needed to obtain a copy of your North Carolina criminal history record. Packet also includes instruction for the local law enforcement agency to assist in this process.

RIGHT TO REVIEW PROCESS

The Right to Review Process enables you to receive a copy of your North Carolina criminal history record from the NC State Bureau of Investigation (SBI). This record check consists of a search for previous arrest(s) and associated disposition(s), if available, for which the SBI received a fingerprint card from an arresting agency in North Carolina. The process does not include any criminal history information that may be maintained at the national level or by another state.

There is a \$14.00 fee to process each request for the Right to Review. Each process is a biometric (fingerprint-based) search of the SBI's computerized criminal history file.

A complete set of legible fingerprints, including all ten fingers, is required to conduct your request. Exceptions are made for finger amputations and other deformities. If the fingerprints are of insufficient quality to conduct the search—or if the fingerprint card is not completely and accurately filled out—the fingerprint card will be returned to you. Another set of fingerprints would then be required to continue your request.

You will receive a formal response on SBI letterhead by US Mail about the findings of the Right to Review Process. If a criminal history record matches the fingerprint card you provide, a copy of that record will be attached to your SBI response letter.

Read these guidelines on the following pages to request the Right to Review Process:

- Legal Authorization for Right to Review
- Instructions for Law Enforcement Officer (LEO) or Authorized Official at Local Fingerprint Service Taking Fingerprints
- Request Form Instructions

Requests are accepted only by US Mail. In-person direct delivery is **NOT** permitted. Results of the search are sent to you by first-class US Mail. **The SBI does not use shipping alternatives such as FedEx or UPS.** Upon receipt of the results, you are free to share the information with whomever you choose. However, **the SBI is not legally authorized to send search results to a third party.**

For further questions, please call the SBI at (919) 582-8660.

LEGAL AUTHORIZATION FOR RIGHT TO REVIEW

NC Administrative Code
Title 14B Chapter 18
Subchapter 18B.0404

INDIVIDUAL'S RIGHT TO REVIEW HIS OR HER OWN CRIMINAL HISTORY RECORD

- (a) An individual may obtain a copy of his or her own criminal history record by submitting a written request to the NC State Bureau of Investigation, Criminal Information and Identification Section, Attention: Applicant Unit—Right to Review, 3320 Garner Road, Raleigh NC 27610.

The written request must be accompanied by a **Certified Check OR Money Order in the amount of \$14.00 payable to the NC State Bureau of Investigation is the only acceptable form of payment. Cash or personal checks are NOT accepted.** Written request must contain proof of identity* to include:

1. Complete name and address
2. Race
3. Sex
4. Date of birth
5. Social security number — *Optional* **
6. Legible set of fingerprint impressions

* Proof of identity will be required when you get fingerprinted at your local law enforcement agency.

** Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be only used to assist with accurate identification/exclusion of possible criminal history records.

- (b) The response shall be submitted only to the individual. Copies of the response shall not be provided to a third party.
- (c) The accuracy or completeness of an individual's record may be challenged by submitting the "Right to Review Request Criminal History Written Exception" form.
- (d) Upon receipt of the "Right to Review Request Criminal History Written Exception," the Criminal Information and Identification Section (CIIS) shall initiate an internal record audit of the challenger's record to determine its accuracy. If any potential inaccuracies or omissions are discovered, CIIS shall coordinate with the arresting agency to review the charge information previously submitted by that agency. Appropriate action shall be taken based on, in part, information provided by the arresting agency. CIIS shall inform the challenger in writing of the results of the audit.
- (e) If the audit fails to disclose any inaccuracies, or if the challenger wishes to contest the results of the audit, he or she is entitled to an administrative hearing pursuant to G.S.150B-23.

History Note: Statutory Authority G.S. §§ 114-10, 114-10.1, and 114-19.1 were recodified as G.S. §§ 143B-902 through 143B-905 effective July 1, 2014 by Session Law 2014-100. North Carolina Administrative Code 12 NCAC 04I.0404 effective August 1, 2014 was recodified to 14B NCAC 18B.0404 effective November 1, 2015.

FINGERPRINTING FOR THE PURPOSES OF A RIGHT TO REVIEW

Instructions for Law Enforcement Officer (LEO) or Authorized Official Taking Fingerprints

The bearer of this letter is seeking to obtain a copy of his or her criminal history record information through the Right to Review Process. Authorization for this process is found in 14B NCAC 18B.0404 of the NC Administrative Code. In order to complete the Right to Review Process, the requestor must be fingerprinted by a law enforcement official. Then the requestor must mail those fingerprints to the NC State Bureau of Investigation. **The following necessary steps are done by law enforcement officer.**

Step 1 — Identity Verification

Verify the identity of the bearer of this letter by requesting a driver's license or another government-issued picture identification card. Ensure the identifying data on the ID card corresponds to the identifying data provided by the requestor.

Step 2 — Completing Fingerprint Process

The fingerprints must be collected using a FD-258 Applicant Fingerprint Card.

The following is required information to be included on the fingerprint card:

1. Name of person requesting the Right to Review
 - ▶ Include all married and maiden names if the requestor is a female
2. Race, sex, and date of birth
3. Date, address, and signature of requestor
4. Reason fingerprinted: Right to Review
5. Date and signature of the LEO or authorized official taking the fingerprints. The LEO or authorized official signature indicates that he/she has verified the proof of identity of the bearer of this letter.
6. Social Security Number – *Optional **

** Disclosure of social security number is entirely voluntary and not required.
If disclosed, the social security number will be only used to assist with accurate identification or exclusion of possible criminal history records.*

Step 3 — Provide Fingerprint Card

Upon completion of the fingerprinting process, provide individual with the completed fingerprint card. The requestor must include the fingerprint card with other required documentation and fee in mailed packet to the NC State Bureau of Investigation.

*Thank you for your assistance in this matter.
For further questions or clarification, contact the SBI at (919) 582-8660.*



JOSH STEIN
GOVERNOR

NORTH CAROLINA STATE BUREAU OF INVESTIGATION

3320 Garner Road
Raleigh, NC 27610



R. E. "CHIP" HAWLEY
DIRECTOR

INSTRUCTIONS

MAIL all required items below (1-3) to the SBI at the address shown — **US Mail only is accepted.**

▶ NO PERSONAL DELIVERY PERMITTED

1. **Obtain a set of your fingerprints** at your local law enforcement agency (police department or sheriff's office) on a FD-258 Applicant Fingerprint Card. Give page 4 of this packet to the law enforcement officer who takes your fingerprints. **▶ DO NOT FOLD FINGERPRINT CARD into mailing envelope**
2. **Include Certified Check OR Money Order (\$14.00 fee for each request)** payable to the NC State Bureau of Investigation. Do not endorse the back of certified check or money order. Multiple requests may be submitted in one envelope. **▶ CASH AND PERSONAL CHECKS ARE NOT ACCEPTED**
3. **Complete Request Form** below. Make a copy for your personal records and mail original form to the SBI.
▶ If any required items (1-3) are missing or incomplete, your request will be returned to you. ◀

SEND BY US MAIL to:

**NC State Bureau of Investigation
Criminal Information and Identification Section
Attention: Applicant Unit — Right to Review
3320 Garner Road
Raleigh, NC 27610**

Request Form – Right to Review

TYPE FILLABLE FORM BELOW -OR- PRINT COPY & CLEARLY PRINT



No Cash or Personal
Checks Accepted

Applicant's Full Name: _____ Date: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female Race: _____ Email: _____
(Check **X** one)

Reason for Request: ☐ Employment ☐ Travel Visa ☐ Name Change
☐ Other: (describe) _____

The results are sent directly to you by first-class US Mail.
The SBI does not use companies such as Federal Express-Overnight or UPS Shipping.

> THE SBI CANNOT SEND RESULTS TO A THIRD PARTY <

For further questions, please call the SBI at (919) 582-8660 or email us at CIIShelp@ncsbi.gov.



SPONSORSHIP FORM

VERIFICATION OF SPONSORSHIP FOR BASIC LAW ENFORCEMENT TRAINING

_____ agrees to sponsor _____
(Sponsoring Agency Name) (Sponsored Student – Print Full Name)

in Gaston College's Basic Law Enforcement Training Program. This sponsorship does not constitute any agreement by the sponsoring agency to hire the sponsored student upon completion of the BLET Program or to provide financial assistance for enrollment.

STUDENT ACKNOWLEDGEMENT

I, the undersigned sponsored student, understand that the sponsoring agency has undertaken no obligation to provide financial support or assistance for such training.

I, the undersigned sponsored student, understand that the sponsoring agency has made no commitment to employment upon completion of the BLET Program or at any time in the future.

I, the undersigned sponsored student, verify that I am a high school or GED graduate.

I, the undersigned sponsored student, accept responsibility for the nature and inherent risk incident to Basic Law Enforcement Training and do hereby release and discharge the sponsoring agency, its agents and employees, from any and all claims, damages, or causes of actions resulting from or arising out of participation in the BLET Program.

I, the undersigned sponsored student, understand that the sponsoring agency can revoke this sponsorship at any time, for any reason which will result in my immediate dismissal from the BLET Program.

SPONSORING AGENCY ACKNOWLEDGMENT

I, the representative of the Sponsoring Agency, understand that the sponsored student has no obligation to accept employment with the Agency should it be offered.

I, the representative of the Sponsoring Agency, certify that this agency has completed a background and criminal history investigation of the sponsored student in accordance with The North Carolina Administrative Code, Title 12, Chapter 9, Subchapter 9B, Section .0102, and that, according to my investigation, the sponsored student is eligible for certification as a law enforcement officer in North Carolina.

Signatures:

Sponsoring Agency Representative

Date

Sponsored Student

Date



NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE EDUCATION & TRAINING COMMISSION
Criminal Justice Standards Division



Certification Prerequisites for Law Enforcement Officers

In addition to successful completion of a Commission-accredited basic law enforcement training program, to become eligible for certification as a law enforcement officer, each applicant must be able to truthfully answer “No” to each of the following statements. Please carefully review each of these statements. If you are unable to answer “No” in each case, you may wish to consult with the appropriate Standards Division listed on page 6 regarding your eligibility for certification as a law enforcement officer.

I. An applicant is ineligible for certification as a law enforcement officer if:

You have ever committed or been convicted of:

- (a) A felony.
- (b) A crime for which the punishment could have been imprisonment for more than two (2) years.
- (c) A crime or unlawful act for which the punishment could have been imprisonment for more than six (6) months but less than two (2) years and the crime or unlawful act occurred within five (5) years of your application for certification. (This prohibition applies to all NC offenses before October 1, 1994, and all out of state or federal offenses regardless of the date.)
- (d) A crime or unlawful act listed in the North Carolina Class B Misdemeanor Manual. (This prohibition applies to all NC offenses after October 1, 1994.)
- (e) Four (4) or more crimes or unlawful acts described in (c) above, regardless of the date of occurrence.
- (f) Four (4) or more crimes or unlawful acts for which the punishment could have been imprisonment for less than six (6) months.

Note: An applicant may be certified if the last conviction or commission date in (f) occurred more than two (2) years before the date of application for certification.

- (g) Any combination of four (4) or more crimes described in (c) and (e) regardless of the date of conviction or commission. (Applicable to Sheriffs' Commission only.)

Turn to reverse side, complete “Acknowledgment of Certification Prerequisites.”

II. **ACKNOWLEDGMENT OF CERTIFICATION PREREQUISITES**

I, _____,
(TRAINEE'S NAME – PRINT OR TYPE)

currently employed/sponsored by _____
(SPONSORING AGENCY)

and attending the North Carolina Criminal Justice Education and Training Standards/ North Carolina Sheriffs' Education and Training Standards Commission accredited Basic Law Enforcement Training Program conducted at

(COMMISSION-ACCREDITED SCHOOL)

commencing on this _____ day of _____, _____, do hereby
acknowledge receipt of this **CERTIFICATION REQUIREMENTS FOR LAW
ENFORCEMENT OFFICERS**. I understand the requirements for certification as laid out
in the Course Orientation block of instruction. I further understand that this form will remain
a permanent part of my training file.

Executed this the _____ day of _____, _____.

(SIGNATURE OF TRAINEE)

Received by: _____
(SCHOOL DIRECTOR/DESIGNATED REPRESENTATIVE)



NORTH CAROLINA DEPARTMENT OF JUSTICE
CRIMINAL JUSTICE EDUCATION & TRAINING COMMISSION
Criminal Justice Standards Division



Request for Accommodation

I. Accommodation Policy

It is the policy of _____ (hereinafter the "school"), and the North Carolina Criminal Justice Education and Training Standards Commission to provide students needing accommodation every reasonable opportunity to participate in Commission sanctioned courses and to meet course requirements. In accordance with guidelines established by the Commission, requests for accommodation in meeting Commission mandated course requirements will be reviewed by the Commission staff and medical personnel, which will assist the school in determining whether the proposed accommodation will reasonably allow the student to achieve credit from the Commission for course completion. The recommendation of the Commission staff will be based upon the student's demonstrated ability to fulfill the essential job functions of a law enforcement officer.

Evaluations and opinions rendered by the Commission staff and medical personnel are for the purpose of determining whether an applicant for certification as a law enforcement officer should receive credit for the Commission-mandated courses undertaken at the school. The school will similarly need the information requested to make a determination of whether the requested accommodation will allow the student to safely and fully comply with the course requirements.

II. Instructions

If you believe you will require an accommodation by the school to assist you in meeting any Commission-mandated course requirements or essential job functions, please complete this form, including as much information as you think will be helpful to the school and the Commission staff in making a determination, and submit it to your course instructor. The school will forward this form and any additional requests for accommodations of to the Commission staff for approval.

Because of the high risk of harm to the public and the officer, the essential job functions must be accomplished without deviating from the minimum standards. However, all requests for accommodation will be considered and evaluated to determine if the proposed accommodation is reasonable and, with the accommodation, you can perform the essential job functions of a law enforcement officer.

III. Student Information

Name _____
Last First Middle
Last Four of SSN _____ Date of Birth _____ Phone # _____
MM/DD/YYYY

IV. School/Agency Information

Accredited School/Agency Name _____
School Director Name _____ Email _____

V. Reason for Accommodation

1. Please describe your reason for accommodation needs and how you think it may limit your course participation: The student shall submit signed documentation from a physician or other qualified professional no more than 3 years old confirming the need for the accommodation.

VI. Proposed Accommodation

2. Please provide the information requested below for each course requirement for which you believe you will require an accommodation. You should consult with your school director if you have any questions about course requirements or schedule testing dates. Course objectives will be provided to the student by the school director upon request. (If necessary, use additional pages.)

VII. Acknowledgment & Consent

I understand and acknowledge that the determination of whether these proposed accommodations meet the minimum standards of this course, as illustrated by the essential job functions, will be made after the Commission reviews the materials I submit. In order to assist the school and Commission staff in making its determination, I hereby consent to the release of information to the school and Commission staff all information contained on this form and any other information I have provided to the school concerning my request for accommodation.

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I **do not** request/require an accommodation.

Date _____

Student _____
Print Full Name

Student _____
Signature

NOTICE TO STUDENTS: THE COMMISSIONS' GUIDELINES STATE THAT REQUEST FOR REVIEW OF PROPOSED ACCOMMODATIONS MUST BE SUBMITTED TO THE COMMISSION NO LATER THAN THE SECOND DAY AFTER THE COURSE ORIENTATION BLOCK OF INSTRUCTION. THEREFORE, YOU SHOULD MAKE SURE THAT THIS FORM IS COMPLETED AND SUBMITTED TO THE SCHOOL DIRECTOR AS SOON AS POSSIBLE, SO THAT THE SCHOOL DIRECTOR CAN FORWARD IT TO THE COMMISSION STAFF IN A TIMELY MANNER.

Division Use (DO NOT WRITE IN THIS BOX)

Reviewed By _____

Received Date _____

Approved Date _____

State Exam Location _____ State Exam Date _____