



# THE CITY OF **RALEIGH, NORTH CAROLINA**

6716 SIX FORK ROAD • RALEIGH, NORTH CAROLINA 27615 • 919-996-3385

Dear Applicant,

Thank you for your interest in the Raleigh Police Department. We look forward to assisting you with the application process.

Applicants are first screened through an initial interview process. Enclosed is the application package that needs to be completed for your initial interview. No prior appointments are necessary for your initial interview. You will be seen on a first come, first served basis. The hours of operation are Monday through Friday (except holidays), 9:00 a.m. to 12:00 noon, and 1:00 p.m. to 4:00 p.m. The location for your initial interview is the Police Personnel and Recruiting Office, located at 6716 Six Forks Road Raleigh, North Carolina 27615.

Due to the amount of paperwork involved, we do not accept resumes or applications through the mail. You should also keep in mind that the hiring process typically takes 3-5 months for most applicants who successfully become Raleigh Police recruits. However, there are numerous factors that can affect the duration, making it shorter or longer.

Professional business attire is required for the initial interview. A photograph is taken at this time and remains with your folder throughout the process. Applicants will also be asked to provide a writing sample by completing an impromptu short essay. At the time of the interview, applicants must present a valid driver's license with correct home address and original social security card with their application packet.

**Out-of-state applicants should call ahead of time and speak with a member of the recruiting staff prior to making your travel plans. If you are traveling from out-of-state, a stay of two days (Monday/Tuesday or Tuesday/Wednesday) will be required. All documentation and forms are required to be completed and brought with you at the time of your arrival in order to start the application process.**

For additional information or questions, please do not hesitate to contact a member of our recruiting staff at (919) 996-1343.

Sincerely,

Dana Knuckles, Personnel Sergeant  
Raleigh Police Department

**POLICE DEPARTMENT**

# RALEIGH POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT PROCEDURE

## 1) PRELIMINARY INTERVIEW

**Professional business attire** is required for the initial interview. This preliminary interview provides the applicants with an overview of the application process and your basic background information will be discussed. Each applicant's height & weight will be measured, a photo will be taken, and you will be asked to provide a writing sample during this interview. **The applicant will be required to provide the following list of documents at the time of application:**

1. Completed Personal History Statement with 10 personal references
2. Completed Physician's Waiver signed by a medical doctor
3. Original birth certificate
4. Original high school diploma or GED
5. Official transcript of high school grades (sealed in original envelope)
6. Original college diploma
7. Official transcript of college grades (sealed in original envelope)
8. Valid driver's license with correct current address
9. Original Social Security Card
10. Original DD-214 (Veterans Only)

**Please note:** Copies of original documents will be made at the time of application and the originals will be returned to the applicant. The Raleigh Police Department *does not* utilize the generic City of Raleigh employment application.

## 2a) PHYSICAL FITNESS ASSESSMENT

All applicants will be required to complete a physical fitness assessment designed by The Cooper Institute. Details regarding the assessment can be found following the physician's waiver form in this packet. This is not a pass/fail test. Applicant performance on the assessment will be taken into consideration in the hiring decision.

## PHYSICIAN'S WAIVER

This form must be signed by a physician stating that you are in adequate physical condition to take our physical fitness test. This may be your family doctor, military doctor, or physician from an urgent care facility.

## 2b) TRUTH VERIFICATION

As part of the selection process, applicants are required to submit to a truth verification technique. This technique will utilize a Polygraph instrument. The Polygraph measures specific physiological changes in the body and records that data. By examining those changes, the examiner is able to determine physiological reactions to specific stimuli. For the purpose of this examination, certain physiological reactions to specific stimuli will equate to deception. Areas that will be scrutinized will include the following: traffic and criminal law violation, employment history, and general truthfulness.

## PERSONAL HISTORY STATEMENT

All applicants will be required to complete and return a Personal History Statement (Form F3). This document must be a thorough and accurate accounting of your history. Failure to disclose relevant information will likely result in your disqualification from the hiring process. You are responsible for having the F3 notarized PRIOR TO submitting it on the day you apply.

### 3) BACKGROUND INVESTIGATION

Applicants who successfully complete both steps of part 2) will be entered into a pool of applicants who are eligible for background investigation. *Not all of those who are eligible will proceed further in the process.* Applicants are selected for background based on overall qualifications and the needs of the Department. If you are selected, the Detective who is assigned your case will call you at the beginning of the investigation in order to schedule you for an additional interview with him/her.

### ADDITIONAL DOCUMENTATION

You will be required to provide additional documentation if selected for a background investigation. Original documents are required for the purpose of your background. **THE BACKGROUND INVESTIGATION WILL BE PUT ON HOLD UNTIL YOU HAVE PRODUCED ALL OF THE APPLICABLE DOCUMENTS.** If you have originals, we will make copies of them. Out of town applicants may return the documents by mail to the following address: Raleigh Police Department, Attn: Recruiting & Personnel Unit, 6716 Six Forks Road, Raleigh, NC 27615.

1. Certified copies of driving record, criminal record checks, and civil record checks for all counties you have resided in as an adult. This includes out of state records. Driving records can be obtained from the department of motor vehicles of each state a driver's license had been held. Criminal record checks can be obtained from the clerk of courts office of each county you have resided in as an adult or from the state police of each state you have resided in. (Military records will be obtained by the recruiter)
2. Certified copies of all citations, criminal summonses, and warrants for arrest that have been issued to or for you.

NOTE: Once the background has been completed, the file will be reviewed by the administrative major and chief of police. The applicant will then be contacted to schedule the following events.

### 4) ORAL INTERVIEW

The oral interview is a more formal, in-depth question and answer session conducted by a selected panel of police personnel. Applicants who successfully complete the background investigation stage will be scheduled for the Oral Board.

### 5a) PSYCHOLOGICAL EXAM, MEDICAL EXAM, & DRUG SCREENING

Those applicants who are given a conditional offer of employment following the Oral Board must successfully complete a psychological exam, medical exam, and drug screening. These exams are scheduled and paid for by the Police Department.

### 5b) FINGERPRINTING

At some point in the application process you are required to be fingerprinted. You will be notified to go to Room C-295 (CCBI) of the Wake County Public Safety Center to be fingerprinted. Live scan prints will be made and you must return one card to us on the **same day**. CCBI conducts fingerprinting Monday through Friday, from 0830–1130 and 1300–1600 hours (except holidays).

## 6) RECRUIT TRAINING

Recruit training requires considerable home study and physical exercise on a daily basis. During the probationary period recruits **will not** be allowed to engage in **any** off-duty employment or attend other educational institutions.

**Each phase of the application process requires departmental approval and the applicant will be notified upon approval.** In the event you are not selected for appointment to the Raleigh Police Academy, you will be notified by mail. You may inquire as to whether or not you would be eligible to re-apply. If you re-apply, you will be required to complete all phases of the application process again.

## LATERAL APPLICANTS

A law enforcement officer with general certification may transfer from one law enforcement agency in North Carolina to another law enforcement agency in the state, provided he or she has less than a 12-month break in service.

Out-of-state transferees will be evaluated to determine the amount and quality of their training and experience. At a minimum, out-of-state candidates must have two years of full-time, sworn law enforcement experience and have successfully completed a basic law enforcement training course accredited by the state from which they are transferring in order to be considered for transfer to a North Carolina law enforcement agency. Out-of-state transferees cannot have a break in service exceeding one year.

Out-of-state transferees must successfully complete an eight week lateral academy class. They must also complete the Legal Unit (minimum of 96 hours) of the Commission-accredited BLET and successfully pass the entire state comprehensive examination within their 12-month probationary period.

The following documents are required of all lateral applicants:

1. Completed Lateral Resume
2. Letter on departmental letterhead detailing your employment dates as a full-time sworn police officer or deputy sheriff.
3. Supporting documents to include:
  - a. Copy of certification
  - b. Training records (Academy records and in-service records)
  - c. Certificates and awards
  - d. Firearm qualification scores
4. Copies of your previous two performance evaluations

# RALEIGH POLICE DEPARTMENT

## Pre-Employment / Polygraph Questionnaire



Applicant Name: \_\_\_\_\_

Status:



THE CITY OF  
**RALEIGH, NORTH CAROLINA**

6716 SIX FORKS ROAD\*RALEIGH, NORTH CAROLINA 27615

Dear Applicant:

Thank you for applying to be a police officer with the Raleigh Police Department. We want to take this opportunity to tell you that we are proud of our agency and the good work we do. We maintain high ethical standards at our Department always stressing honesty and integrity.

During the course of the hiring process you will be asked to answer many questions and to provide much information about your life. We expect you to tell the truth at all times. We expect you to maintain a high level of integrity. If you lie, provide false information, or engage in deception during the process, you will be eliminated from further consideration immediately.

By signing this notice you acknowledge that you understand the expectations of our Department for honesty and integrity.

Again, thank you for your interest in our Department and good luck.

Recruiting and Personnel  
Raleigh Police Department

Applicant  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**POLICE DEPARTMENT**

*Preservation of Life\*Compassion\*Fairness\*Integrity\*Commitment\*Accountability\*Inovative Leadership\*High-Caliber Service*

**Raleigh Police Department  
Pre-Employment/Polygraph QUESTIONNAIRE**

Exam #	
--------	--

**Instructions to Applicant**

Each applicant is hereby advised the contents of this booklet are held strictly **CONFIDENTIAL** and no information is disseminated to any person except when essential to the conduct of official law enforcement activities or hiring practices. Every answer herein entered will be checked during the polygraph examination. For any lengthy explanations, a continuation page or pages may be attached.

LAST NAME	FIRST	MIDDLE	DATE	TIME
ADDRESS			HEIGHT	WEIGHT
CITY	STATE	ZIP	RELATIVES ON DEPARTMENT	
HOME#	WORK#	CELL#		
AREA CODE/#	AREA CODE/#	AREA CODE/#		
E-MAIL ADDRESS:	SOURCE/ REFERRAL:			
DATE OF BIRTH:	SSN#:	MARITAL STATUS:		
CURRENT DRIVER'S LICENSE#:	PREVIOUS STATE(S):	LICENSE EVER SUSPENDED/ REVOKED:		
HIGH SCHOOL OR GED	SCHOOL	GRAD. DATE	CLASS RANK/GPA	
COLLEGE OR UNIVERSITY:	COLLEGE	STATE	DATE	GPA
MILITARY:	BRANCH	# OF YEARS	HIGHEST RANK	HONORABLE DISCHARGE
ETS/EAS				

ANY PROBLEMS IN MILITARY (*Article 15, reprimands, etc*):

## Name and Address

1	List your full name	
2	List your current address	
3	Have you ever gone by a different name?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
4	Has your name ever been changed by court order?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
5	Have you ever used an alias?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

## Employment

1	Did you list all the jobs you have ever held for the past ten years, both part-time and full-time, on your Personal History Statement (F-3)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If no, explain:	
2	Have you ever been fired from a job?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
3	Have you ever quit a job before you were about to be fired?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
4	Have you ever been reprimanded for being late or absent?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
5	Have you ever been reprimanded for misconduct or poor job performance?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
6	Have you ever falsified or altered any official document?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
7	Have you ever been asked to resign en lieu of being fired?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

## Credit

1	Do you have any outstanding civil judgments?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
2	Do you have any outstanding credit accounts that are delinquent?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
3	Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

## Arrests and/or Undetected Crimes

1 Have you ever committed/participated in or been the victim of any of the following crimes?				
Murder (1 <sup>st</sup> , 2 <sup>nd</sup> Degree Manslaughter, Vehicular, etc...)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Robbery (From Person or Business, with or without a weapon)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Burglary (Residential or Commercial)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Arson	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Rape [1 <sup>st</sup> , 2 <sup>nd</sup> Degree, use of impairing substance (i.e.: "date-rape drug") or with a handicap person, etc...]	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Forcible Sex Offense (any other sex act with someone against that person's will or without their consent)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Any Sex Crime Involving Minors (Statutory Rape, Statutory Sex Offense, Indecent Liberties with a minor, Possession or Distribution of Child Pornography)	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Other Sexual Related Crimes [Crimes Against Nature (i.e.: bestiality, necrophilia, etc...), Incest, Indecent Exposure, Peeping Tom, Prostitution or Solicitation of a Prostitute, etc...]	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Explain any yes answer:				
2 Have you ever been charged or convicted of any crime? (either arrested, given a summons or a citation; including any charge still pending or dismissed)			<input type="checkbox"/> Yes / <input type="checkbox"/> No	
If yes, explain (please include dates, city or county and state of offense, and disposition of case):				
3 Have you ever been in jail, prison or attended any training school?			<input type="checkbox"/> Yes / <input type="checkbox"/> No	
If yes, explain:				
4 Did you ever steal anything (to include the following)				
Shoplifting	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Money from Employer	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Money	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Merchandise or Property from Employer	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Merchandise or Property	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Items from Persons	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Receive stolen merchandise	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Items from Residence	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Explain any yes answer(s):				
5 Have you ever committed a crime that you were not charged?			<input type="checkbox"/> Yes / <input type="checkbox"/> No	
If yes, explain:				
6 Have you ever been involved in any criminal enterprise? (Conspiracy to commit any crime, blackmail, racketeering or extortion, manufacture or sale of illegal drugs, gangs, or any involvement in any extremist or terrorist organization, etc.)			<input type="checkbox"/> Yes / <input type="checkbox"/> No	
If yes, explain:				

7	Have you ever been investigated for any criminal offense even if you were not charged or convicted?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
8	Have you ever committed any type of fraud (i.e.: credit card fraud, identity theft, filed false insurance claims, phishing, forgery, counterfeiting – currency or goods.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
9	Have you ever been so angry that you caused physical harm to anyone?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

### Traffic Violations

1	Has your driver's license ever been revoked or suspended in this state or any other state?	<input type="checkbox"/> Yes / <input type="checkbox"/> No																														
	If yes, explain:																															
2	Have you ever been involved in a hit & run?	<input type="checkbox"/> Yes / <input type="checkbox"/> No																														
	If yes, explain:																															
3	List all traffic charges you have ever received. This includes citations, summons, and physical arrests.																															
	<table border="1"> <thead> <tr> <th></th> <th><u>Charge</u></th> <th><u>Date</u></th> <th><u>County/State</u></th> <th><u>Disposition</u></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Charge</u>	<u>Date</u>	<u>County/State</u>	<u>Disposition</u>	1.					2.					3.					4.					5.				
	<u>Charge</u>	<u>Date</u>	<u>County/State</u>	<u>Disposition</u>																												
1.																																
2.																																
3.																																
4.																																
5.																																
	Please write on the back to include any additional charges:																															

### Illegal Substances

1	Have you ever used Marijuana (includes all forms of marijuana or cannabis, such as hash, hashish, oil, leaf, etc...)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
2	When was the last time you used Marijuana?	
3	Have you ever used any other illegal drugs including but not limited to cocaine, LSD, MDMA (ecstasy), heroin, psilocybin (mushrooms), methamphetamine (crank, crystal), steroids, GHB (or any analogue form), ketamine (Special K), PCP (angel dust), or chemical inhalants (paint, air dusters, gasoline, etc), etc.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

4	When was the last time you used any illegal drugs?	
5	When was the last time you were around any illegal drugs?	
6	Have you ever used any prescription drugs other than those prescribed to you by a physician?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

### Police Experience

1	Have you previously applied with the Raleigh Police Department? (If yes when)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2	What other law enforcement agencies have you applied with, to include corrections departments?	
3	Have you ever been employed by another law enforcement agency?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, what agency (ies)?	
4	Why did you leave that agency?	
5	Have you ever received any disciplinary action while employed with any law enforcement agency?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

### For Prior Law Enforcement Only *(Complete only if you have been a certified law enforcement officer)*

1	Have you ever been interviewed by Internal Affairs? (Professional Standards)	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
2	Have you ever been investigated for unnecessary or excessive force?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
3	Have you ever abused your authority as a police officer?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
4	Have you ever damaged any city/county property without reporting it?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
5	Have you ever lied in court to convict someone?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	
6	Have you ever received a complaint that was sustained or unfounded?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, explain:	

*For Office use only:*

JOB SKILLS: \_\_\_\_\_

CURRENT OCCUPATION: \_\_\_\_\_

ETHICAL SCENARIO: \_\_\_\_\_

POLY DATE:

PHYS DATE:

\_\_\_\_\_  
INTERVIEWER (POLICE USE)

COMMENTS:



## MANAGEMENT POLICY

### TITLE      EMPLOYMENT OF RELATIVES

No person shall be employed, promoted, demoted, transferred or otherwise appointed to a position supervised directly by a relative. Department heads may make transfers or reassignments, when possible, that will allow the appointment to take place but avoid supervision or other situations where influence over a relative's employment conditions could be exercised.

No person serving as evaluator of applicants for employment (interviewer, selection panel member, assessor, etc.) may be a relative of any applicant for that position.

This policy applies to all employment actions, including new hires, promotions, demotions and transfers effective this date and following. Department heads are responsible for compliance with this policy and ensuring that favoritism does not occur.

Every new hire and candidate for promotion will sign a statement acknowledging an understanding of this policy and its potential effect on their employment with the City of Raleigh.

DEFINITION OF RELATIVE: For the purposes of this policy, relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, including such relationships by marriage, and first cousin.

J. Russell Allen  
City Manager

I have read this policy and understand that my employment and promotional opportunities with the City of Raleigh may be affected if I have relatives also employed by the City.

Are you related by blood or marriage to any person now employed by the City of Raleigh?

YES    NO

NAME OF RELATIVE	RELATIONSHIP	DEPT/DIV EMPLOYED
------------------	--------------	-------------------

---

---

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE



THE CITY OF  
**RALEIGH, NORTH CAROLINA**

POST OFFICE BOX 590 • RALEIGH, NORTH CAROLINA 27602 • 919-996-3385

Authorization for Release of Personal Information to Law  
Enforcement Agencies for Certification/Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Raleigh Police Department. In order to determine my suitability for employment, I understand that the Raleigh Police Department, City of Raleigh, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_, Operator's License # \_\_\_\_\_, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Raleigh Police Department, City of Raleigh, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Raleigh Police Department, City of Raleigh, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the City of Raleigh. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law. I do further authorize the Raleigh Police Department, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but no limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

I  do  do not give consent for the Raleigh Police Department to contact my present employer prior to a conditional offer of employment being tendered (sworn personnel only). I understand that information obtained from my current employer could result in the conditional offer being rescinded.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

\_\_\_\_\_  
(Applicant/Officer Signature)

\_\_\_\_\_  
(Printed Name)

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

**STATE OF NORTH CAROLINA**  
COUNTY OF

Subscribed and sworn to before me.  
This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

My Commission Expires:



THE CITY OF  
**RALEIGH, NORTH CAROLINA**

POST OFFICE BOX 590 • RALEIGH, NORTH CAROLINA 27602 • 919-996-3385

**Raleigh Police Department**

NOTE: This form is a part of your application for employment, promotion or lateral transfer with the City of Raleigh. It must be signed and dated in order for your application to be processed.

**AUTHORIZATION FOR CREDIT CHECK**

As a part of the normal hiring process for applicants to the Raleigh Police Department, a consumer credit report will be obtained on each applicant. The Consumer Credit Reporting Act of 1996 (CCRA) requires that the applicant/employee be notified in a document consisting solely of the notice that a consumer report may be used, and the applicant/employee must authorize this use in writing before the consumer report is obtained.

If you are applying for a position in the Public Health and Safety (PHS) category, and under certain circumstances, non-PHS categories, you will be required to consent to a check of your credit history prior to employment, a promotion, or lateral transfer.

Your signature on this form indicates that you are aware of our policy, which follows the guidelines set forth in the Consumer Credit Reporting Act of 1996 (CCRA), concerning credit checks and that you consent to our obtaining information about your credit history as part of the selection process.

Your signature also indicates that you are aware that confirmed negative results of your credit history can be cause for your disqualification from the application process. However, if a negative consumer credit report is the sole reason for an applicant being eliminated from the selection process for employment, promotion, or lateral transfer, then, according to the Consumer Credit Reporting Act of 1996 (CCRA), the applicant must be provided with a copy of the credit report and a copy of their rights under the Fair Credit Reporting Act (FCRA).

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Rev. 6/09

**POLICE DEPARTMENT**

Preservation of Life\*Compassion\*Fairness\*Integrity\*Commitment\*Accountability\*Innovative Leadership\*High-Caliber Service



THE CITY OF  
**RALEIGH, NORTH CAROLINA**

POST OFFICE BOX 590 • RALEIGH, NORTH CAROLINA 27602 • 919-890-3385

**RALEIGH POLICE PRE-EMPLOYMENT PHYSICIAN STATEMENT**

I, \_\_\_\_\_, as a physician for  
**(Physician)**

\_\_\_\_\_, a police applicant wishing  
to  
**(Applicant)**

participate in the Pre-Employment Physical Fitness Assessment and Polygraph Examination, sponsored by the City of Raleigh, do hereby state that the aforementioned individual can safely perform these procedures. I have reviewed the attached physical fitness requirements, and I understand that the polygraph examination may result in an increased level of physiological stress to the applicant.

\_\_\_\_\_  
Print/Type Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

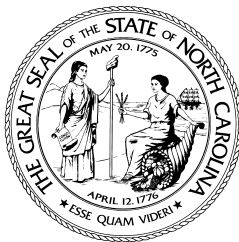
**Raleigh Police Department**

## Pre-Employment Physical Fitness Assessment

All applicants that are approved to proceed in the application process beyond the initial interview will be required to participate in a physical fitness assessment. This physical fitness evaluation is designed by The Cooper Institute. The assessment will be administered by Raleigh Police Department Specialized Physical Fitness Instructor(s). All events will be completed in the order shown below. All events will be clearly described and or demonstrated by a physical fitness instructor before the event is performed by the applicant.

- **Body composition testing – skin fold measurements**  
Skin fold testing is used to determine the total body fat percentage. Skin fold calipers are utilized for this measurement.
- **Height and weight measurement**
- **Flexibility testing – sit and reach**  
The applicant is given time to warm up. The applicant will remove their shoes and sit on the floor or mat with their legs extended at right angles from the hip joints and their knees down. The heels of the applicant will be pressed flat against a box and 8 inches apart. A yardstick will be taped to the top of the box with the 15 inch mark on the edge of the box.  
The applicant will slowly reach forward with both hands (overlapped and even) and reach down the yardstick and hold the position momentarily. The best of three attempts is considered the final flexibility score.
- **Absolute strength testing – 1 maximum repetition bench press**  
The applicant will be given time to warm up with light weight to prevent muscle injury. The weights will be loaded based on the following criteria, one half the estimated maximum weight or 2/3 the body weight for males and ½ the body weight for females. Weight will be added to the weight bar based on the ease or difficulty of the lifts. The maximum lift will be attempted on the 5<sup>th</sup> or 6<sup>th</sup> lift or when the applicant feels he/she is ready for the maximum attempt.
- **One minute sit up test**  
The applicant will perform as many sit ups as possible in a 60 second time frame. The applicant must maintain the proper position of lying flat on their back, knees bent at a 90 degree angle and arms crossed at the chest. The repetition will not be counted unless the applicant touches their knees with their elbows.
- **One minute push-up test**  
Each applicant will complete as many push-ups as possible without breaking form in a one minute time period. A push up repetition is successful when the applicant lowers their body down to where their chin touches an instructor's fist that is placed on the floor under the chin.
- **Vertical jump test**  
Each applicant will stand with one side towards a flat wall. The applicant will reach as high as possible with their feet remaining on the floor and touch a slap stick device to mark his/her standard reach. The applicant will then jump as high as possible and touch the slap stick device as high as possible above the standard reach. One foot must remain stationary on the floor while preparing to jump. No running starts will be allowed.
- **Aerobic power testing – 1.5 mile test**  
Each applicant will complete a 1.5 mile test. Applicants must complete this task by either running or walking. The course for this event will include 6 laps around a 440 yard track or the equivalent.

All applicants should be prepared to complete all tests in the physical fitness assessment to the best of their ability. The assessment is not a pass/fail evaluation, but rather a fitness profile as compared to data compiled by The Cooper Institute from a national test group based on similar age and same gender.



## NORTH CAROLINA

### CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

#### CRIMINAL JUSTICE STANDARDS DIVISION

TELEPHONE: (919) 716-6470

*It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.*

## PERSONAL HISTORY STATEMENT

**NOTE:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.



**EDUCATIONAL**

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

Name Address (City and State)		No. Full Yrs. 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?

A. Yes     B. 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:

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**FAMILY HISTORY**

15. Are you related by blood or marriage to any person(s) now employed by this agency?

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		TO		ADDRESS OF RESIDENCE (Include COUNTY of Residence)	CITY & STATE (Include ZIP CODE)	LANDLORD
MO.	YR.	MO.	YR.			

**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 and details:

---

---





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

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week:	Duties: _____	

Reason for Leaving: \_\_\_\_\_

B. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: \_\_\_\_\_

C. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: \_\_\_\_\_

D. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: \_\_\_\_\_

E. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed:	Name and title of supervisor: _____	No. employees supervised by you: _____
Date separated:	Employer _____	Phone Number ( ) _____
Full-time Yrs. Mos.	Address _____	
Part-time Yrs. Mos.	Street _____	City _____ State _____ Zip Code _____
If part-time, number of hours worked per week :	Duties: _____	

Reason for Leaving: \_\_\_\_\_

F. Explain Periods of unemployment of three months or more. \_\_\_\_\_

**MILITARY SERVICE**

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

**QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS**

33. What is your service number? \_\_\_\_\_

34. What was 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 your last discharge honorable?  Yes  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, or non-judicial punishment (Captain's mast, company punishment, Article 15, etc.) **or any other disciplinary action** while a member of the armed forces?

Yes  No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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**

**NOTE:** In questions 43, 44, 45 and 46, the words drink or used mean “one time or more, including experimentation.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

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

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

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

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

When was the last time? \_\_\_\_\_

45. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

Yes  No If yes, under what circumstances?

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

When was the last time? \_\_\_\_\_

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: \_\_\_\_\_

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

**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), duty to stop in the event of an accident, driving while license permanently revoked, and speeding to elude arrest.

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 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 offense?

(The term “charged” as used in this question includes being issued a citation or criminal summons.)

Yes  No If “Yes”, give details below:

A. Offense Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

B. Offense Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

C. Offense Charged: \_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_

Date: \_\_\_\_\_ Disposition of Case: \_\_\_\_\_

(ATTACH EXTRA SHEETS, IF NECESSARY)

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 conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (c) Are a fugitive from justice.
- (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) Have been discharged from the Armed Forces under dishonorable conditions.
- (g) Are illegally in the United States.
- (h) Have renounced 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 you disqualified to receive or possess firearms under any of the above provisions of federal law?  A. Yes  B. No If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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 who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or 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 or convicted of a felony?  A. Yes  B. No If yes, give details:

\_\_\_\_\_

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

\_\_\_\_\_

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

A. Yes  B. No If yes, give details: \_\_\_\_\_

\_\_\_\_\_

54. Can you operate a motor vehicle?  A. Yes  B. No

55. Do you possess a valid driver's license from the State of North Carolina?  A. Yes  B. No

Driver's License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

56. Do you possess a driver's license issued by any state other than the State of North Carolina?  A. Yes  B. No  
If yes, give the state and number: \_\_\_\_\_
57. Was your license ever suspended or revoked?  A. Yes  B. No If yes, state which and give reasons: \_\_\_\_\_  
\_\_\_\_\_
58. Was your license ever restored?  A. Yes  B. No When? \_\_\_\_\_
59. Have your driving privileges ever been restricted?  A. Yes  B. No If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**CAREER OBJECTIVES**

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

**REFERENCES**

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

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

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

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

\_\_\_\_\_  
Notary Public (Official Seal)  
My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_

**References**

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

**References**

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

Name:	
Address:	
Work Phone	
Home Phone	
Cell Phone	
E-Mail Address	

## LATERAL ENTRY RESUME

FULL NAME: \_\_\_\_\_

(For Internal Use Only)

Years of RPD Equivalent Service (total of boxes below)	
Lateral Entry Salary	\$

### LAW ENFORCEMENT EMPLOYMENT ASSIGNMENTS

**Note: You should provide a detailed description of the duties of each rank and assignment on your City application. This information will be used in assessing your equivalent service.**

DEPARTMENT NAME CITY, STATE _____ RANK, ASSIGNMENT, DUTIES _____	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____ MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE _____ RANK, ASSIGNMENT, DUTIES _____	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____ MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE _____ RANK, ASSIGNMENT, DUTIES _____	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____ MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE _____ RANK, ASSIGNMENT, DUTIES _____	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____ MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE
DEPARTMENT NAME CITY, STATE _____ RANK, ASSIGNMENT, DUTIES _____	DATES OF ASSIGNMENT FROM: ____/____/____ TO: ____/____/____ YEARS:____ MONTHS:____	(For Internal Use Only) RPD EQUIVALENT YEARS OF SERVICE

## LATERAL ENTRY RESUME

FULL NAME: \_\_\_\_\_

### PROFESSIONAL SPECIALIZED TRAINING, SPECIAL SKILLS AND ASSIGNMENTS

DATES: FROM - TO	LOCATION	HRS	DESCRIPTION

### EDUCATIONAL RECORD

DATES: FROM - TO	MAJOR	NAME OF INSTITUTION LOCATION: CITY, STATE	HRS	DEGREE EARNED

### ATTACHMENTS

In-State Transfers should attach:

- In-service training records
- Copies of educational certificates and/or diplomas

Out-of-State Transfers should attach:

- In-service training records
- Copies of educational certificates and/or diplomas
- Letter from previous law enforcement agency detailing dates of full-time, sworn service
- Copy of Basic Law Enforcement Training (BLET) course certificate of successful completion
- Topical breakdown/syllabus of the courses completed in BLET

## LATERAL ENTRY RESUME

FULL NAME: \_\_\_\_\_

### **Past Firearms Experience**

1. What weapon system did you have at your prior agency? Please include the make, model and caliber.
2. How long were you assigned to this weapon?
3. What shooting distances and positions was part of your qualification courses of fire?
4. How many times a year did you qualify?
5. Did your qualification courses mandate night fire?  
 YES  NO
6. Was the use of a flashlight required during this night fire course?  
 YES  NO
7. Have you had any training with a shotgun as part of your past Police experience?  
 YES  NO  
  
If so, please explain.
8. Have you ever trained with "Simunitions" or any other force on force training system?
9. Have you had any prior training in Rapid Deployment or Active Shooter situations?
10. Please detail any other firearms experience that you may have.