



Alamance County Sheriff's Office

Terry S. Johnson
Sheriff

Tim Britt
Chief Deputy

Shelton Brown
Major

Alan Miles
Major

INFORMATION REQUIREMENTS FOR APPLICANT

- Applicant must be twenty-one (21) years of age and a U.S. citizen.
- Copy of High School Diploma or GED certificate or certified school transcript.
- Copies of transcripts from any/all schools attended.
- Copy of Law Enforcement Certification (if applicable).
- Copy of certified birth certificate from Register of Deeds (from county in which you were born)
- Photostatic copy of Driver's License.
- Photostatic copy of Social Security Card.
- Copy of criminal history record from the Clerk of Court's office where you have resided within the preceding ten (10) years and the county where you went to high school.*
- Copy of criminal history record from any other territory, state, or country you have lived in. **Every criminal history record is required.***

* = Record checks should include maiden, married, adoptive, nick names and any other names. Advise Clerk of Court that you are an applicant for the Alamance County Sheriff's Office.

- Copy of DD214 military discharge papers (member 4 copy) (if applicable).

Applicant must have Authorization for Release of Information notarized as well as Page 16 notarized.

Each item must be included and/or completed for this application to be processed.

This application will be kept on file for one (1) year.

Street & Mailing Address
109 South Maple Street
Graham, NC 27253

Office: (336) 570-6311
Fax: (336) 227-0614

Applicant

Date

THIS SIDE MUST BE COMPLETED
EVEN IF YOU ATTACH A RESUME

Thank You

PREVIOUS EMPLOYMENT:

Last employer first - If never employed, list three personal references.

NOTE: It is Alamance County policy to contact present employers without express permission.

Name of Last Employer: _____

Address: _____ Phone: _____

Name of Last Supervisor: _____ Phone: _____

Position Held _____ Full-time Part-time Number of hours per week: _____

Dates employed From: _____ To: _____ Rate of Pay: _____

Describe duties in detail: _____

Reason for Leaving: _____

Name of Last Employer: _____

Address: _____ Phone: _____

Name of Last Supervisor: _____ Phone: _____

Position Held: _____ Full-time Part-time Number of hours per week: _____

Dates employed From: _____ To: _____ Rate of Pay: _____

Describe duties in detail: _____

Reason for Leaving: _____

Name of Last Employer: _____

Address: _____ Phone: _____

Name of Last Supervisor: _____ Phone: _____

Position Held: _____ Full-time Part-time Number of hours per week: _____

Dates employed From: _____ To: _____ Rate of Pay: _____

Describe duties in detail: _____

Reason for Leaving: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.
 Yes No (If yes, explain fully on an additional sheet.)

REFERENCES: References should include people who can attest to your skills/knowledge as they relate to the position in which you are applying.

NAME	POSITION	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION OF APPLICANT:

I hereby certify that all answers and statements in this application are true and given of my own free will. I am aware that should investigation disclose misrepresentation or falsification, I may be dismissed.

Signature _____ Date _____

Authorization for Release of Information

I am an applicant for a justice officer position with the _____ .

In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that both the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission 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 _____, Operators 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 named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. 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 certification as allowed by law. I do further authorize the named hiring Agency and the North Carolina Sheriffs' Education & Training Standards Commission, 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 not 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 for Release of Information shall remain valid for the duration of the application process through the North Carolina Sheriffs' Education and Training Standards Commission and shall not expire until such time as my application for certification is ultimately denied. In the event that I am issued certification, I further acknowledge that this Authorization for Release of Information shall remain valid until such time as my certification expires, is permanently surrendered to the Commission, or is revoked by entry of a Final Agency Decision.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA

COUNTY OF _____

Subscribed and sworn to before me, this is the
_____ day of _____, 20 _____

Notary Public Seal

My Commission Expires _____

Applicant Signature:

Printed Name:

Address:

Phone Number:
