



**ENNIS W. WRIGHT, SHERIFF
CUMBERLAND COUNTY SHERIFF'S OFFICE**



*An Internationally Accredited Law Enforcement Agency
An Equal Opportunity Employer*

EMPLOYMENT APPLICATION PACKET CIVILIAN POSITIONS

THE POSITION YOU ARE APPLYING FOR IS: _____

COMPLETE AND SUBMIT THE ATTACHED DOCUMENTS:

- Cumberland County Application for Employment
- CCSO Preliminary Application /
Authorization for Release of Personal Information (must be notarized)

SUBMIT THE REQUIRED ADDITIONAL INFORMATION:

- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of High School Diploma/GED/College Transcript
- Copy of NC Driver's License

The attached forms must be completed and returned to the Human Resources Office for processing. Every question must be answered. For additional information on completion of the Employment Application Packet, please do not hesitate to contact the Cumberland County Sheriff's Human Resources Office at (910) 677-5406 or (910) 321-6760.

www.ccsonc.org

**APPLICATIONS THAT ARE NOT COMPLETED AS PER INSTRUCTIONS WILL NOT BE
PROCESSED. ADDITIONAL INFORMATION MAY BE REQUESTED.**

**131 DICK STREET • FAYETTEVILLE, NORTH CAROLINA • 28301-5793
(910) 323-1500**

CUMBERLAND COUNTY SHERIFF'S OFFICE

AN INTERNATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY

AN EQUAL OPPORTUNITY EMPLOYER

Summary of the Selection Process

It is the policy of the Cumberland County Sheriff's Office to recruit, hire, train and promote employees without discrimination because of age, color, national origin, physical ability, political affiliation, race, religion or sex.

- 1. Applicants may go to the Sheriff's Human Resources Office to obtain an application for employment.**
- 2. Applicants must return the completed Employment Application Packet to the Sheriff's Human Resources Office.**
 - Human Resources may acknowledge receipt of the completed Employment Application Packet in writing via US Postal mail or at the time application is received.
- 3. The Human Resources Office will initiate a background investigation.**
 - This investigation may take several days/weeks to be completed depending upon the applicant's history and/or the number of applications received.
 - Applicants may be requested (at a later date, but prior to employment) to obtain additional record checks at their own expense.
- 4. The Human Resources Office may schedule the applicant to appear for an Oral Interview.**
 - The interview will be facing an Interview Committee.
- 5. The entire selection process may take up to 30 days or more to complete.**
 - If at ANY POINT a decision is made to decline the applicant's request for hire, the individual will be notified in writing within 30 days of the decision
- 6. Time to allow:**
 - Background investigation – This phase may take several days or weeks to be completed.
 - Oral interview – If selected, applicants should allow at least one (1) hour for the oral interview.
 - Drug screen – Applicants given a drug screen should allow at least two (2) hours for completion.
- 7. Areas of Inquiry and /or examination:**
 - Applicants selected for background investigation will be investigated by member(s) of the Cumberland County Sheriff's Office who may inquire into the applicant's education record, personal conduct, criminal history, military history, prior employment performance and relationships with other people before a final offer of employment is made.
 - Applicants selected for an oral interview will be questioned by members of the Cumberland County Sheriff's Office. General areas of questioning include, but are not limited to, the applicant's employment application responses, job specific scenario based questions and law enforcement interests.
 - Applicants should advise references and past employers that they will be contacted by the Cumberland County Sheriff's Office and to respond to the inquiries in a timely fashion.
 - Applicants selected will be fingerprinted and a thorough search of fingerprint records will be conducted.

The Cumberland County Sheriff's Office Reserves The Right to Modify This Selection Process At Any time Without Prior Notice. Applications That Are Not Completed As Per Instructions Will Not Be Processed. Further Information May Be Requested.

ENNIS W. WRIGHT
Sheriff, County of Cumberland
 An Equal Opportunity Employer

Date Received	Applicant ID#
---------------	---------------

APPLICATION FOR EMPLOYMENT

PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETION	All applicants are considered for positions without regard to race, color, sex, age, national origin, religion, disability or political affiliation
---	---

Please Print or Type. Please note that this form is available in portable document format (pdf) and can be downloaded and filled using any PDF application. Please answer all questions and insure that your application is complete so that we may fully and accurately evaluate your qualifications. You may attach a resume to supplement the requested information but it will not be accepted in lieu of a completed work history. "SEE RESUME" is NOT acceptable. List separately each job held and your duties for each position where you worked for one employer and held more than one position. Provide only the last 4 digits of your SSN. Review your application for accuracy. Read carefully the disclosure statement, sign and date before submitting your application to the Human Resources Office, Office of the Sheriff, 131 Dick Street, Room 126, or mail to: Human Resources, Office of the Sheriff, 131 Dick Street, Fayetteville, NC, 28301-5793. Our telephone number & website are: 910-677-5406, www.ccsonc.org.

Position You Are Applying For: (A separate application is required for each position applied for - legible photo copies are acceptable.)

Application Date	Position Title	Position Number	Position Closing Date
------------------	----------------	-----------------	-----------------------

Personal Data

Last 4 digits of SSN	Last Name	First Name	Middle Name
Address (Street number and name)		City	State
		Zip Code	
E-Mail Address	Contact Number (where you can be reached)	Alternate Contact Number	

Related by blood or marriage to any person now working for the Sheriff's Office or Cumberland County? Yes

(If yes, complete below)

<u>Name</u>	<u>Agency/Division/Department</u>	<u>Relationship</u>
-------------	-----------------------------------	---------------------

Are you a current or previous employee of the Sheriff's Office or Cumberland County? Yes (If yes, complete below)

<u>Agency/Division/Department</u>	<u>Service Began</u>	<u>Service Ended</u>
-----------------------------------	----------------------	----------------------

Eligibility for Veteran's Preference: Yes No

Referral Source: Employment Security Commission Job Line Internet Job Fair Walk-In
 Other _____

Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

Detail below your education as indicated above. Under "S/Q Hours", list hours completed and if they were Semester (S) or Quarter (Q).

Schools	Name & Location	Dates Attended (mo/yr) From: To:	Grad?	S/Q Hrs.	Major/Minor	Type Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Community / Tech College			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate/ Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional/relevant training, workshops, courses, etc.			
Course Title	Course(s) Given By	Course Duration	Credit Received

List fields in which you are licensed, registered or certified, give date, source of issuance (Use additional sheets if necessary)			
License/Registration/Certification	Number	Date	State

Indicate your skills, equipment operation, experiences, abilities, etc. (If additional space is needed, continue on separate sheet.)

Skill	# Years Experience	Skill	# Years Experience
Equipment/Machinery (List)		Computer Hardware (List)	
		Computer Software (List)	
Foreign Language (List)			

CDL # _____ **Class** _____ **State** _____ **Typing** _____ wpm

Appropriate required vehicle for use at work? Yes No

By signing below, I certify that all of the statements made on this application, in addition to any attached documents are true, complete and correct to the best of my knowledge and are made in good faith. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I agree that I will make and execute any further authorizations or consent to obtain information, data or documentation as may be required of me. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. I understand that I will be subject to drug screening and that based on job-related issues or business necessity may be subject to a social security verification, criminal conviction record check, credit history check, sex offender registry and motor vehicle records check. I understand and agree to these checks. I have read and understand the instructions for the completion of this application on the front of this form and understand that *incomplete or unsigned applications will not be considered*.

Signature of Applicant (Unsigned applications will not be processed) _____ Date _____

Last 4 digits of SSN		Last Name							
Work History (include volunteer experience). Begin with most current position. Use additional sheets as necessary.									
Job Title		Supervisor's Name		Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
						Full-Time			
						Part-Time			
Employer			Employer's Complete Address			Telephone Number			
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:									
Job Title		Supervisor's Name		Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
						Full-Time			
						Part-Time			
Employer			Employer's Complete Address			Telephone Number			
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:									
Job Title		Supervisor's Name		Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
						Full-Time			
						Part-Time			
Employer			Employer's Complete Address			Telephone Number			
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:									
Job Title		Supervisor's Name		Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
						Full-Time			
						Part-Time			
Employer			Employer's Complete Address			Telephone Number			
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:									
Job Title		Supervisor's Name		Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
						Full-Time			
						Part-Time			
Employer			Employer's Complete Address			Telephone Number			
Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties:									

Last 4 digits of SSN	Last Name
----------------------	-----------

Work History (include volunteer experience). Begin with most current position. Use additional sheets as necessary.

Job Title	Supervisor's Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
				Full-Time			
				Part-Time			

Employer	Employer's Complete Address	Telephone Number
----------	-----------------------------	------------------

Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	---------------	-------------------------------------	--------------------	---

Duties:

Job Title	Supervisor's Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
				Full-Time			
				Part-Time			

Employer	Employer's Complete Address	Telephone Number
----------	-----------------------------	------------------

Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	---------------	-------------------------------------	--------------------	---

Duties:

Job Title	Supervisor's Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
				Full-Time			
				Part-Time			

Employer	Employer's Complete Address	Telephone Number
----------	-----------------------------	------------------

Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	---------------	-------------------------------------	--------------------	---

Duties:

Job Title	Supervisor's Name	Date Started (mo/yr)	Date Separated (mo/yr)	Your Work Was	Years	Months	Hrs/Wk
				Full-Time			
				Part-Time			

Employer	Employer's Complete Address	Telephone Number
----------	-----------------------------	------------------

Starting Salary	Ending Salary	Number of Persons supervised by you	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	---------------	-------------------------------------	--------------------	---

Duties:

Cumberland County Sheriff's Office

An Equal Opportunity Employer

Preliminary Application

An Internationally Accredited Law Enforcement Agency

Honesty is the most important part of the applicant's selection process. There will be a thorough background investigation conducted to verify all information. Please be honest in all responses. Deception is the foremost reason for being rejected, not the content of what is reported. **Omit Nothing.** If in doubt, include the information with an explanation.

Date: _____
Position applying for: _____ Phone # _____ Alt. Phone # _____

Name: _____
First Middle Last (Maiden) Applicant's Signature

Have you ever applied with the Cumberland County Sheriff's Office before? Yes No Is so, when? _____

Have you ever been known by or used any other name? Yes No If so, what names? _____

Race: _____ Sex: _____ Date of Birth: _____ SSN: _____ Place of Birth: _____

Current Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

What other cities have you lived in since high school? _____ / _____ / _____

Driver's Lic. # _____ State: _____ List any previous states in which you had a driver's license: _____ / _____

Has your driver's license ever been Suspended or Revoked? Yes No Is so, when? _____

Education level completed: H/S Diploma/G.E.D.: BLET/DOCC: 2/4 Yr Degree: Other: _____

It is very important that the following questions be answered honestly. If a background investigation reveals different information, your application may be rejected. A Polygraph Examination may be required during the application process. Please, be honest. Have you ever, illegally used cocaine, crack hashish, LSD, marijuana, steroids or any other illegal drug in your life? Yes No If yes, please list below:

Drug: _____ # Times: _____ When: _____ Drug: _____ # Times: _____ When: _____
Drug: _____ # Times: _____ When: _____ Drug: _____ # Times: _____ When: _____

Have you ever been charged with or arrested for any criminal offense, even if it was dismissed? Yes No
If so, when? _____ What were the charges? _____
Explain what took place and where? _____

Have you ever been a suspect or been questioned by a law enforcement agency? Yes No
If so, please explain _____

Were you ever in the Military/Reserves? Yes No Branch: _____ Dates of Service: _____
Any disciplinary actions? Yes No If so, could you explain? _____
Military Discharge Type: Honorable General (UHC) Other Than Honorable Dishonorable BCD

Do you have a pending application at another law enforcement agency? Yes No Is so, where? _____

Are you currently employed? Yes No Have you ever been discharged or requested to resign due to rules violations or criminal misconduct? Yes No Is so, explain? _____

How did you hear about this job? Newspaper Ad: Career/Job Fair: ESC: Internet: Other: _____

Release Authorization on Next Page Must Be Notarized

Return This Application to:

Cumberland County Sheriff's Office • Attn: Human Resources • 131 Dick Street • Fayetteville, N.C. 28301-5793 • (910) 323-1500

View the Cumberland County Sheriff's Office website at www.ccsonc.org

10/2016 version, Page 3 of 9

Authorization for Release of Personal Information to **Cumberland County Sheriff's Office** for Law Enforcement - Certification - Employment Purposes

To Whom It May Concern:

I am an applicant for a position with the Cumberland County Sheriff's Office. In order to determine my suitability for employment, I understand that the Cumberland County Sheriff's Office of Fayetteville, North Carolina must make a thorough investigation of my personal records and personal background notwithstanding the provisions of G.S. 132-6 or any other general law or local act. It is in the public's interest that all relevant information concerning my personal and employment history up to and including my application, selection or nonselection, performance, promotions, demotions, transfers, suspension, internal affairs investigations, disciplinary actions, evaluation forms, leave, salary, and termination of employment be disclosed to the above agency.

Therefore I, 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, education 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 Cumberland County Sheriff's Office of Fayetteville, North Carolina regarding me whether of a privileged or confidential nature.

I understand that certain "identifying information", such as my social security number, is now afforded extraordinary protection from public release under the authority of NCGS 14-113.1 (and following). However, I waive such rights of protection in my social security number and voluntarily provide it to the Cumberland County Sheriff's Office of Fayetteville, North Carolina for use during my application process to accurately determine information about me in a background check. I understand that my social security number will be used only for such purpose and will not be published or released to the general public.

Moreover, I hereby release the Cumberland County Sheriff's Office of Fayetteville, 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 County of Cumberland. And, I hereby release the issuing agency and its agents, 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 waiver all rights to inspect or review any information compiled in reference to my application for employment. I do further hereby authorize the Cumberland County Sheriff's Office, 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 includes, but not limited to North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education and Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment process has been completed, whichever is later. A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Date	Applicant's Printed Name	Applicant's Signature	
Applicant's Complete Mailing Address			
Date of Birth	Operator's/Drivers License #	State	Phone #

STATE OF NORTH CAROLINA

Affix notary seal here →

COUNTY OF CUMBERLAND

Sworn to and subscribed before me this the
day of

20

By: Personal Knowledge Satisfactory Evidence Credible Witness

Notary Public's Official Signature

My Commission Expires: _____

Notary Public's Name (printed or typed)