

## Applicant Check List

- Commission Form F-3, Personal History Statement, completed, signed, and notarized
- Copy of Driver's License
- Copy of Birth Certificate and/or Certificate of Naturalization
- Copy of High School Diploma or certified copy of transcript, GED Equivalency, and College Transcript if applicable
- Copy of Military discharge, DD 214 (if applicable)
- Copy of Social Security card
- Photograph
- WPD Authorization for Release of Personal Information form signed and notarized
- Copy of NC BLET Certification
- Completed and signed Winterville Town Application

**Physical Fitness Assessment-** After the closing date for the position, applicants will receive an invitation letter to attend a Pre-Employment physical fitness assessment. This assessment will consist of the current testing standard for BLET graduates and must be completed within the required state standard to proceed in the employment process.

## **Town of Winterville Police Officer Applicant Fact Sheet**

### Minimum Employment Standards for Law Enforcement Officers in NC

To qualify for law enforcement certification in North Carolina, an applicant must:

- Be a citizen of the United States;
- Be at least twenty (20) years of age;
- Be a high school graduate or have passed the General Education Development Test (GED);
- Be a good moral character with no disqualifying criminal offense conviction(s);
- Have completed or near completion of BLET Certification in North Carolina;
- Meet any agency's minimum requirements.

### Winterville, North Carolina – Police Officer Selection Process

Step 1 – Complete and return all application forms to the Town of Winterville Human Resources Department

Step 2 – Physical Fitness Assessment (applicants will receive an invitation to attend)

Step 3 – A thorough background investigation (F-8)

Step 4 – Interview with Chief of Police (Conditional Offer)

Step 5 – Complete psychological testing, interview with psychologist, physical examination, weapons qualification and drug screening

Step 6 – Background investigator finalizes applicant packet and makes recommendation

Step 7 – Final interview with Chief of Police and Administrative Lieutenant

\*\*Applicants will be notified of specific dates and times of testing and interviews.

You must include the necessary copies or true certified copies listed on the Applicant Check List provided. The Winterville Police Department, nor the Human Resources Department, is responsible for providing the needed photocopies.

**Application packets must be completed (including attachments, signed and notarized if applicable) and be received by the Town of Winterville's Human Resource Department before the closing date to be considered part of the application process.**

For further information contact one of the following:

Lt. Scott Raby

Winterville Police Department  
PO Box 1459  
Winterville NC 28590  
252-756-1105



# *Winterville Police Department*

PO Box 1459

2593 North Railroad Street

Winterville, NC 28590

Phone: (252) 756-1105 Fax: (252) 756-3458



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## **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 Winterville Police Department. In order to determine my suitability for employment, I understand that the Police Department, Town of Winterville, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, \_\_\_\_\_, DOB, \_\_\_\_\_,

Driver's License # \_\_\_\_\_, do hereby request and authorize the Town of Winterville to obtain from a third party company, any bank, 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 Winterville Police Department, Town of Winterville, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Winterville Police Department, Town of Winterville, 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 Town of Winterville. 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 the authorization and request.

(Continued on back)

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 Winterville 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 not limited to: North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Officer, 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.

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

I have read and fully understand the above statements.

Assigned Investigator:

\_\_\_\_\_ Lt. Raby

\_\_\_\_\_  
Applicant/Officer Signature

\_\_\_\_\_  
Printed Name

Address \_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF PITT

Subscribed and sworn to before me, this

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature & Seal

My Commission Expires: \_\_\_\_\_



# Town of Winterville Employment Application

PO Box 1459  
Winterville, NC 28590  
humanresources@wintervillenc.com

www.wintervillenc.com

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Present Address \_\_\_\_\_  
NO STREET CITY STATE ZIP

How long at present address? \_\_\_\_\_ Home Phone No \_\_\_\_\_ Office Phone No \_\_\_\_\_

Former Address \_\_\_\_\_  
NO STREET CITY STATE ZIP

Do you have a valid driver's license? Yes No Driver's License No \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Is this a Commercial Driver's License (CDL)? Yes No

Since turning 18 years of age, have you been convicted of a misdemeanor or felony, other than minor traffic violations?  
Yes No

**\*\* (NOTE: Each conviction will be judged in relation to time, seriousness and circumstances and may not bar you from employment.) \*\***

If yes, please list the conviction(s) and date(s) \_\_\_\_\_

Are you legally authorized to work in the U.S.? Yes No

## EMPLOYMENT DESIRED

Would you work full-time part-time Specify days and hours if part-time \_\_\_\_\_

Would you accept a position involving shift work? Yes No OR stand-by? Yes No

Job(s) applied for 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Are you employed now? Yes No If yes, may we contact your employer regarding your record of employment?  
Yes No

Have you worked for us before? Yes No If yes, when? \_\_\_\_\_

Have you ever been dismissed or forced to resign from any job held? Yes No If yes, please explain (a YES will not automatically disqualify you) \_\_\_\_\_

List any relatives working for us and their relationship to you \_\_\_\_\_  
(Names)

**REFERENCES:** List four persons who are not related to you and who have definite knowledge of your qualifications and fitness for the positions for which you are applying. Do not list names of supervisors you will list under employment record.

	NAME	ADDRESS	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**MILITARY INFORMATION**

If you are a male between the ages of 18 and 26, have you registered with Selective Services?    Yes    No

Veteran    Yes    No    Branch of Service \_\_\_\_\_

Date of Induction \_\_\_\_\_    Date of Discharge \_\_\_\_\_    Rank at Discharge \_\_\_\_\_

Duties while in service

**EDUCATION:** Give your complete history below

Last High School Attended \_\_\_\_\_    Circle highest school year completed  
 2 3 4 5 6 7 8 9 10 11 12

Name and Address \_\_\_\_\_  
 \_\_\_\_\_

Did you either graduate from high school or pass the High School Equivalency Test?    Yes    No

Education Beyond High School	Name and Address	Circle Years Completed	Credit Hours & Major	Did You Graduate	Degree or Diploma & Year Received
College or University		1 2 3 4			
Graduate or Professional		1 2 3 4			
Other Education Training, etc.		1 2 3 4			

Do you have keyboarding experience?    Yes    No

**EMPLOYMENT RECORD:** List below all employment, *beginning* with your most recent. Include military service in proper time sequence and temporary or part-time jobs. ("See attached resume" is **NOT** acceptable in the duties space)

**Title of position** \_\_\_\_\_ **Starting salary** \_\_\_\_\_ **Last salary** \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Name and title of supervisor \_\_\_\_\_ Business telephone \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**Title of position** \_\_\_\_\_ **Starting salary** \_\_\_\_\_ **Last salary** \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Name and title of supervisor \_\_\_\_\_ Business telephone \_\_\_\_\_

Date employed		
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Full-time	Years	Months
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Date separated		
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Date employed		
Date separated		
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DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_



**KNOWLEDGE, SKILLS & ABILITIES:** List any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying.

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

**REGISTRATIONS, LICENSES, CERTIFICATIONS:** List fields of work for which you have been registered, licensed or certified.

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other:

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**CERTIFICATION AND RELEASE: (*Must be signed and dated below*)**

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Winterville; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Winterville to conduct a Police, Court, Credit and/or Motor Vehicle Records investigation of my background.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Winterville, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The Town of Winterville is an Equal Employment Opportunity (EEO)/Affirmative Action (AA) Employer.

**\*Town of Winterville participates in E-Verify\***