



Town of Wrightsville Beach Police Department

3 Bob Sawyer Drive,
PO Box 452
Wrightsville Beach, NC 28480
Telephone: (910) 256-7945



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Position Title applied for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address or PO Box) (city) (state & zip)

Telephone: _____ Business: _____

Email address: _____
(The majority of correspondence during the hiring process will be handled through email, please provide a valid email address that you regularly monitor)

Driver's License No: _____ Class: _____

Issued in what state? _____ Expiration Date: _____

NC SWORN LAW ENFORCEMENT OFFICER CERTIFICATION INFORMATION

Are you a citizen of the United States? Yes No

Type: US Born US Naturalized Other _____

Are at least 20 years old? Yes No

Have you graduated from high school or have you passed the General Education Development Test (GED) indicating high school equivalency? Yes No

Have you successfully completed NC Basic Law Enforcement Training (BLET)? Yes No

Where did you complete BLET? _____

When did you complete BLET? _____

Are you presently employed as a Sworn Law Enforcement Officer? Yes No

Have you ever committed or been convicted of a felony? Yes No Date: _____

Have you ever committed or been convicted of a crime which the punishment could have been imprisonment for more than two (2) years? Yes No Date: _____

NC SWORN LAW ENFORCEMENT OFFICER CERTIFICATION INFORMATION (CONT)

Have you ever committed or been convicted of a crime or unlawful act defined as a misdemeanor (including DUI/DWI)? Yes No

Have you committed or been convicted of four (4) or more criminal or unlawful acts? Yes No

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 _____

North Carolina administrative code requires that candidates for the position of police officer must be fingerprinted, must submit to a physical examination (medical exam) performed by a licensed physician, submit to a psychological screening examination performed by a licensed psychologist or psychiatrist, by interviewed by the agencies department head or designee and are required to notify the NC Criminal Justice Education and Training Standards Division of all criminal offenses that the candidate has been charged (other than minor traffic offenses such as an infraction), regardless of case disposition. Do you agree to these conditions? Yes No

NORTH CAROLINA LATERAL TRANSFERS (ONLY)

(Sworn Law Enforcement Officers moving from one North Carolina law enforcement agency to another North Carolina law enforcement agency)

Are you trying to transfer from one North Carolina agency to another? Yes No

Do you possess your general law enforcement certificate? (Non-probationary) Yes No

How long have you been employed with the North Carolina agency you are transferring from?
Years: _____ Months: _____

Have you had more than a twelve month break in service from the agency you are transferring from? Yes No

OUT OF STATE TRANSFERS (ONLY)

(Sworn Law Enforcement Officer moving into North Carolina from out of state)

Are you trying to transfer into North Carolina from and out of state agency? Yes No What state? _____

Do you have at least two years of full time, sworn law enforcement experience in the state you are transferring from? Yes No

Did you successfully complete a basic law enforcement training course (Police Academy/BLET/POST) accredited by the state from which you are transferring from? Yes No Date: _____

Note: At minimum, an out of state candidate must complete the legal unit (96 hours) of additional training and pass the state exam in its entirety.

EXPERIENCE

List your most recent experience first. Experience may be paid or unpaid, full-time, part-time, or military. Include MONTH and YEAR of your beginning and ending dates of employment or experience.

(1) Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
Employer Name: _____
Employer Address: _____
Employer Telephone Number: _____
Supervisor's Name: _____
Job Title: _____ Hours Worked: _____
Reason for Leaving: _____

(2) Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
Employer Name: _____
Employer Address: _____
Employer Telephone Number: _____
Supervisor's Name: _____
Job Title: _____ Hours Worked: _____
Reason for Leaving: _____

(3) Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
Employer Name: _____
Employer Address: _____
Employer Telephone Number: _____
Supervisor's Name: _____
Job Title: _____ Hours Worked: _____
Reason for Leaving: _____

(4) Starting Date: _____ Ending Date: _____
Starting Salary: _____ Ending Salary: _____
Employer Name: _____
Employer Address: _____
Employer Telephone Number: _____
Supervisor's Name: _____
Job Title: _____ Hours Worked: _____
Reason for Leaving: _____

(5) Starting Date: _____ Ending Date: _____
 Starting Salary: _____ Ending Salary: _____
 Employer Name: _____
 Employer Address: _____
 Employer Telephone Number: _____
 Supervisor's Name: _____
 Job Title: _____ Hours Worked: _____
 Reason for Leaving: _____

(6) Starting Date: _____ Ending Date: _____
 Starting Salary: _____ Ending Salary: _____
 Employer Name: _____
 Employer Address: _____
 Employer Telephone Number: _____
 Supervisor's Name: _____
 Job Title: _____ Hours Worked: _____
 Reason for Leaving: _____

EDUCATION

Address (City & State)		No. Full Yrs. Work Completed	Completed Credit/Hours	Graduated (Yes/No)	Major/Field
High Schools					
Universities or Colleges					
Extension or Correspondence Courses					

SPECIALIZED TRAINING

Course	Institution	Dates Attended	Total Class Hours	License/Certificate Issued

CONDITIONS OF EMPLOYMENT

Thank you for completing this application. You are urged to carefully read the following certification.

All the information provided by me, in this application or otherwise, is accurate and complete. I hereby give the Wrightsville Beach Police Department permission to investigate any and all information contained herein or otherwise provided during the selection process. In addition, I (A) authorize the Wrightsville Beach Police Department to obtain a copy of my driving record from the Department of Motor Vehicles; (B) agree to undergo drug screening; (C) agree to undergo a polygraph examination; and (D) agree to undergo a physical and/or psychological examination and (E) agree to undergo a complete background investigation to determine my suitability as a police officer candidate and (F) agree to any other process required of me to be certified as a law enforcement officer in the State of North Carolina.

I fully understand that this application will be used only in conjunction with the position for which I am applying and that its completion neither assures me a position with the Wrightsville Beach Police Department nor obligates the department to me in any way.

I further understand that the failure to complete this application may render it void and that any misleading, incorrect statements, or omissions of material facts made during the selection process will subject me to disqualification, or if employed, result in my suspension or immediate discharge from employment with the Town of Wrightsville Beach. If employed, I will provide documentation establishing my identity and right to work in the United States. I agree to conform to the rules and regulations of the Wrightsville Beach Police Department and Town of Wrightsville Beach.

I certify that I have read the foregoing statements and agree to the conditions stated therein.

Signed _____ Date _____