LAKE ROYALE COMPANY POLICE DEPARTMENT

EMPLOYMENT APPLICATION - NORTH CAROLINA

1. POSITION AND APPLICANT INFORMATION

Lake Royale Company Police Department is an equal opportunity employer. Information requested on this form is used only for legitimate employment and public-safety screening purposes.

POSITION APPLIED FOR

DATE AVAILABLE

☐ Full-time ☐ Part-time ☐ Reserve / Auxiliary

FULL LEGAL NAME (LAST, FIRST, MIDDLE)

OTHER NAMES PREVIOUSLY USED (for record verification only)

CURRENT STREET ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

EMAIL ADDRESS

PREFERRED CONTACT ☐ Phone ☐ Email ☐ Text

ARE YOU AT LEAST 21 YEARS OLD? ☐ Yes ☐ No

LEGALLY AUTHORIZED TO WORK IN THE U.S.? ☐ Yes ☐ No

HOW DID YOU LEARN OF THIS OPENING?

RELATIVES / HOUSEHOLD MEMBERS EMPLOYED BY LAKE ROYALE (NAME AND RELATIONSHIP, OR N/A)

2. EDUCATION, TRAINING, AND CERTIFICATIONS

List education and training relevant to the position. Do not provide graduation dates if doing so would reveal age and you prefer not to disclose them.

HIGH SCHOOL / GED

SCHOOL / INSTITUTION

CITY / STATE

COURSE OF STUDY

DIPLOMA / DEGREE / CREDENTIAL

COLLEGE / UNIVERSITY

SCHOOL / INSTITUTION

CITY / STATE

COURSE OF STUDY

DIPLOMA / DEGREE / CREDENTIAL

OTHER SCHOOL / ACADEMY / TRAINING

SCHOOL / INSTITUTION

CITY / STATE

COURSE OF STUDY

DIPLOMA / DEGREE / CREDENTIAL

CURRENT NORTH CAROLINA LAW ENFORCEMENT CERTIFICATION

- ☐ Full / General
- ☐ Probationary
- ☐ None

BLET SCHOOL, LOCATION, AND COMPLETION DATE

SPECIALIZED TRAINING, CERTIFICATIONS, OR SKILLS (include firearms, first aid/CPR, instructor, language, technology)

3. EMPLOYMENT HISTORY

List your present or most recent employer first. Account for the work history requested by the Department. Attach additional pages if needed. May we contact your current employer?

☐ Yes ☐ No

EMPLOYER 1

EMPLOYER NAME

PHONE

ADDRESS / CITY / STATE

JOB TITLE

SUPERVISOR

FROM (MM/YYYY)

TO (MM/YYYY)

FINAL SALARY / RATE

REASON FOR LEAVING

EMPLOYER 2

EMPLOYER NAME

PHONE

ADDRESS / CITY / STATE

JOB TITLE

SUPERVISOR

FROM (MM/YYYY)

TO (MM/YYYY)

FINAL SALARY / RATE

REASON FOR LEAVING

EMPLOYER 3

EMPLOYER NAME

PHONE

ADDRESS / CITY / STATE

JOB TITLE

SUPERVISOR

FROM (MM/YYYY)

TO (MM/YYYY)

FINAL SALARY / RATE

REASON FOR LEAVING

3. EMPLOYMENT HISTORY - CONTINUED

Continue listing employers in reverse chronological order. Attach additional pages if more space is needed.

EMPLOYER 4

EMPLOYER NAME

PHONE

ADDRESS / CITY / STATE

JOB TITLE

SUPERVISOR

FROM (MM/YYYY)

TO (MM/YYYY)

FINAL SALARY / RATE

REASON FOR LEAVING

EMPLOYER 5

EMPLOYER NAME

PHONE

ADDRESS / CITY / STATE

JOB TITLE

SUPERVISOR

FROM (MM/YYYY)

TO (MM/YYYY)

FINAL SALARY / RATE

REASON FOR LEAVING

EMPLOYER 6

EMPLOYER NAME

PHONE

ADDRESS / CITY / STATE

JOB TITLE

SUPERVISOR

FROM (MM/YYYY)

TO (MM/YYYY)

FINAL SALARY / RATE

REASON FOR LEAVING

4. MILITARY SERVICE

HAVE YOU SERVED IN THE U.S. ARMED FORCES? ☐ Yes ☐ No

BRANCH

HIGHEST RANK

DATES OF SERVICE

TYPE OF DISCHARGE / SEPARATION (optional until documentation is requested)

5. PROFESSIONAL REFERENCES

Provide three professional references who are not relatives and who can speak to your qualifications, judgment, reliability, or character.

REFERENCE 1

NAME

RELATIONSHIP / YEARS KNOWN

PHONE

EMAIL

ADDRESS / CITY / STATE

REFERENCE 2

NAME

RELATIONSHIP / YEARS KNOWN

PHONE

EMAIL

ADDRESS / CITY / STATE

REFERENCE 3

NAME

RELATIONSHIP / YEARS KNOWN

PHONE

EMAIL

ADDRESS / CITY / STATE

MAY WE CONTACT THESE REFERENCES? ☐ Yes ☐ No

6. DRIVING RECORD AND JOB-RELATED ELIGIBILITY

Answer completely. A 'Yes' response does not automatically disqualify you. The Department will consider job relevance, circumstances, accuracy, and applicable law.

DRIVER LICENSE STATE

CLASS

EXPIRATION

IS YOUR LICENSE CURRENTLY VALID? ☐ Yes ☐ No

HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED? ☐ Yes ☐ No

IF YES, EXPLAIN DATES, JURISDICTION, AND DISPOSITION

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION, WITH OR WITHOUT REASONABLE ACCOMMODATION?

☐ Yes ☐ No

ARE YOU WILLING AND ABLE TO WORK ROTATING SHIFTS, NIGHTS, WEEKENDS, HOLIDAYS, AND EMERGENCIES?

☐ Yes ☐ No

HAVE YOU EVER BEEN TERMINATED, ASKED TO RESIGN, OR SUBJECT TO SUSTAINED SERIOUS DISCIPLINE?

☐ Yes ☐ No

IF YES, EXPLAIN (employer, date, circumstances, and outcome)

HAVE YOU EVER BEEN DENIED, SUSPENDED, OR REVOKED A LAW ENFORCEMENT CERTIFICATION?

☐ Yes ☐ No

IF YES, EXPLAIN

7. CRIMINAL HISTORY AND INTEGRITY DISCLOSURES

Do not disclose arrests, charges, or convictions that have been expunged, sealed, pardoned, or otherwise protected from disclosure by law. Follow any supplemental instructions provided by the Department.

Have you ever been convicted of, pled guilty or no contest to, or received a prayer for judgment continued for a criminal offense other than a minor traffic infraction?	☐ Yes	☐ No
Are criminal charges currently pending against you?	☐ Yes	☐ No
Are you currently subject to a domestic violence protective order or other court order that may restrict possession of a firearm?	☐ Yes	☐ No
Are you prohibited by state or federal law from possessing a firearm?	☐ Yes	☐ No
Have you ever knowingly made a false statement or omitted material information in an employment, licensing, or certification process?	☐ Yes	☐ No

FOR EACH YES RESPONSE, EXPLAIN DATE, LOCATION, OFFENSE / MATTER, CIRCUMSTANCES, AND DISPOSITION

NOTICE: Any background check or consumer report will be obtained only after separate disclosures and authorizations required by applicable law. Additional agency-specific personal history statements, releases, fingerprinting, medical or psychological examinations, drug screening, and certification forms may be required later in the selection process.

DRUG USE DISCLOSURES

Within the past 12 months, have you illegally used a controlled substance or used prescription medication that was not prescribed to you?	☐ Yes	☐ No
Have you ever unlawfully sold, manufactured, cultivated, or distributed a controlled substance?	☐ Yes	☐ No
Have you ever illegally used a controlled substance while employed in a law enforcement or public-safety position?	☐ Yes	☐ No

FOR EACH YES RESPONSE, EXPLAIN SUBSTANCE, APPROXIMATE DATE(S), FREQUENCY, AND CIRCUMSTANCES

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8. APPLICANT CERTIFICATION AND AUTHORIZATION

Read carefully before signing. An electronic typed signature is intended as the applicant's signature when submitted electronically, subject to Department acceptance procedures.

I certify that the information I have provided in this application and any attachments is true, complete, and accurate to the best of my knowledge. I understand that a material misstatement, falsification, or omission may result in removal from consideration or termination of employment, subject to applicable law.

I authorize Lake Royale Company Police Department and its authorized representatives to verify information relevant to my qualifications and suitability for employment, including education, employment, references, driving history, law enforcement certification, and other job-related records, as permitted by law. I authorize persons and organizations contacted for these purposes to provide responsive information, subject to applicable law.

I understand that this application is not a contract or guarantee of employment. If hired, I agree to comply with lawful policies, procedures, standards of conduct, training requirements, and conditions of employment. I understand that employment may be contingent upon successful completion of job-related screening and all requirements applicable to company police officers in North Carolina.

I understand that separate notices, consents, releases, or forms may be required before a consumer report, medical inquiry, drug test, psychological evaluation, fingerprint check, or other screening is conducted.

☐ I have read, understand, and agree to the certification and authorization above.

APPLICANT SIGNATURE (type full legal name)

DATE

PRINTED NAME

DEPARTMENT USE - RECEIVED BY / INITIALS

DEPARTMENT USE ONLY

DATE RECEIVED

APPLICATION NUMBER

POSITION / POSTING NUMBER

APPLICATION STATUS ☐ Under review ☐ Interview ☐ Closed

NOTES

SUBMISSION INSTRUCTIONS

Email the completed application to chief@lrcpd.com