



North Carolina Department of Public Safety

Human Resources

Roy Cooper, Governor
Erik A. Hooks, Secretary

Erica L. Zendt, Acting Director
Human Resources

Rev-10/11/2018

Dear Applicant:

Thank you for your interest in a career opportunity with the North Carolina Department of Public Safety, Division of Adult Correction and Juvenile Justice. You will need to successfully complete the Criminal Justice pre-employment requirements in order to continue the employment process for the certified position for which you applied.

You will be contacted by a Criminal Justice Hiring Specialist at the Piedmont Triad Regional Employment Office (PTREO) to schedule an appointment for further pre-employment testing and completion of employment paperwork.

Please read the attached *Applicant Instructions* carefully, as some forms must be started or completed prior to your appointment date. In addition, you must bring required documents to your appointment.

Your appointment at the Regional Employment Office will take the majority of the day. Please plan accordingly. Also, please wear appropriate workplace attire. Shorts, blue jeans or revealing attire are not appropriate.

For additional information regarding your appointment or the employment process, please contact the Regional Employment Office at (336)308-4745.

Sincerely,

Criminal Justice Hiring Specialist
Piedmont Triad Regional Employment Office

Attachments:

1. CJ Pre-Employment Processing, Applicant Instructions
2. Employment Application Addendum
3. Form I-9 List of Acceptable Documents
4. Form F-5A Report of Appointment/Application for Certification; and Applicant Guide
5. NC-4 Employee Withholding Allowance Certificate
6. W-4 Employee Withholding Allowance Certificate
7. Mandatory Direct Deposit Notification
8. Direct Deposit Enrollment And Change Form
9. Directions to REO

DPS Internal Use Only:

Candidate Name: _____

Work Location: _____

Agency Representative: _____

Date: _____

ADDRESS:
157-A Dublin Square Road
Asheboro, NC 27203

www.ncdps.gov



Telephone: (336) 308-4745
Fax: (336) 318-4872

An Equal Opportunity Employer

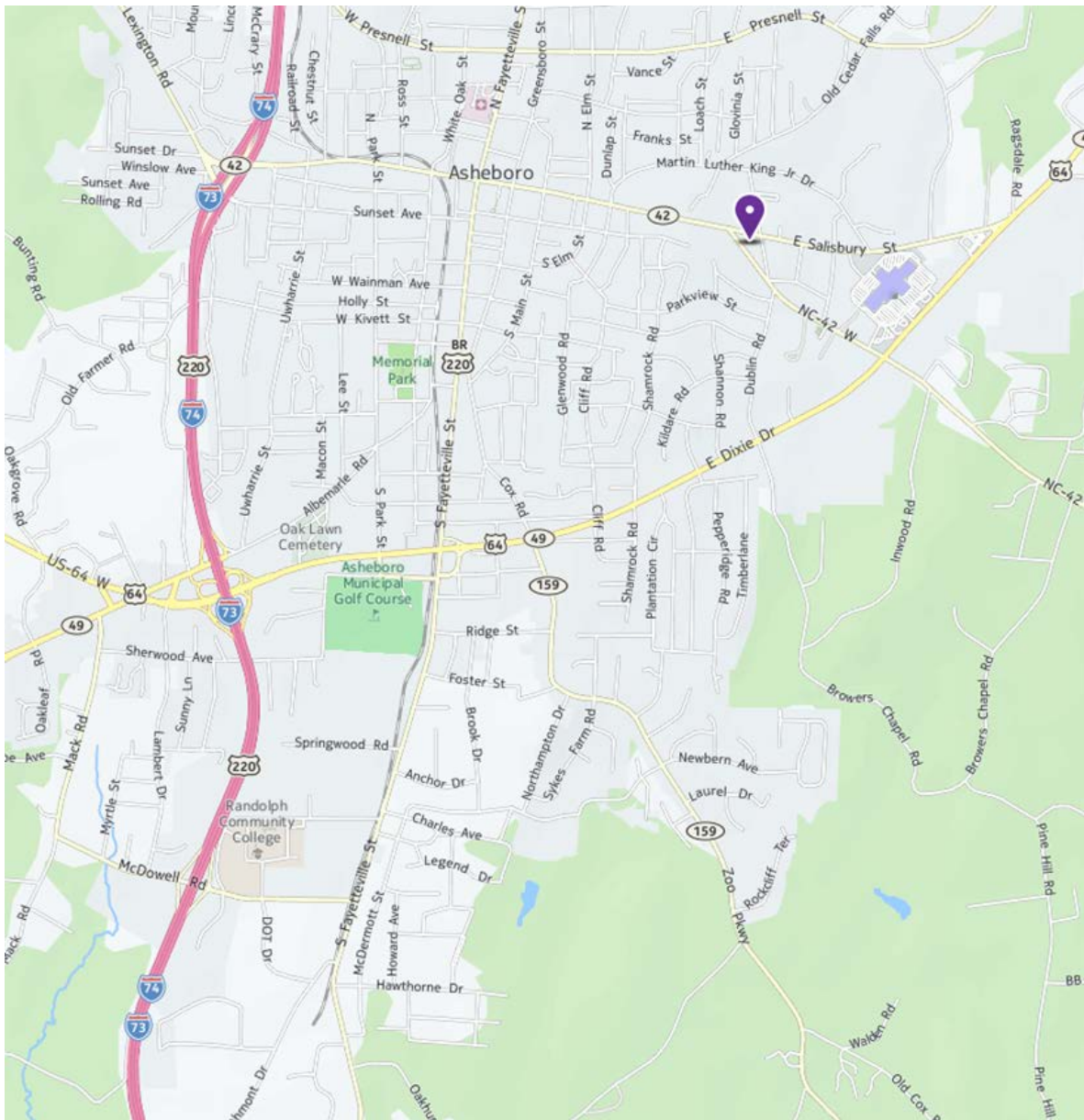


Piedmont Triad Regional Employment Office

157-A Dublin Square Road • Asheboro, NC 27203

Phone: (336) 308-4745 • (336) 318-4872

From I-73/74 (Hwy 220) take Exit 72 for US 64 (Dixie Drive) EAST towards Raleigh. Turn Left onto NC Hwy 42 West. Turn Right onto **Dublin Square Road**. Turn into the 2nd driveway on the Left.





APPLICANT INSTRUCTIONS

STEP 1. SCHEDULE AN APPOINTMENT AT THE REGIONAL EMPLOYMENT OFFICE

The CJ Hiring Specialist at the Regional Employment Office will contact you to schedule a pre-employment processing appointment.

STEP 2. COMPLETE FORM F-5A, REPORT OF APPOINTMENT/APPLICATION FOR CERTIFICATION FORM

Read the instructions carefully for proper completion of Form F-5A. Do not complete or sign page 5 of the F-5A. Your signature will be witnessed and notarized at the Regional Employment Office.

All convictions other than minor traffic violations must be reported on the F-5A form in the applicant’s own handwriting. Please note that “*DWI/DUI (alcohol/drugs),*” “*Duty to Stop in the Event of an Accident (Hit and Run),*” and “*Speeding to Elude Arrest*” are **NOT** minor traffic violations and therefore, **MUST** be reported. **Additionally, please review page 6 of the F-5A for a listing of traffic offenses that you must include.** Provide all information completely and accurately.

PLEASE READ THIS FORM CAREFULLY. Any falsifications, omissions, or misstatements of fact may be sufficient to disqualify you. ‘Convicted’ or ‘Conviction’ includes a plea of guilty; a plea of no contest, nolo contendere, or the equivalent; or a verdict or finding of guilt by a jury, judge, magistrate, or other duly constituted, established adjudicating body, tribunal, or official, either civilian or military. You must list any and all convictions regardless of the date of offense and the disposition to include “Prayer for Judgment (PJC)” or any other disposition where you entered a **plea of guilty**. If any doubt exists as to whether or not a plea of guilty was entered, you should list the charge(s) to ensure full disclosure. You must include convictions regardless of whether or not the convictions were expunged, pursuant to NCGS 15A-145.4 and 15A-145.5. Juvenile convictions must be listed.

STEP 3. EMPLOYMENT APPLICATION

Applicants should provide up-to-date personal, education, and work history information to be included as part of the original Employment Application. If your name, address, phone, e-mail, education and/or work history information has changed since your original application, please complete the Employment Application Addendum enclosed and bring this form to your appointment. Work experience should include the number of hours per week so that appropriate credit is given for full time and/or part time work.

STEP 4. REQUIRED DOCUMENTS TO BRING TO YOUR APPOINTMENT

This does not represent an offer of employment. If a conditional offer of employment is extended to you during your appointment, the following documentation must be provided as a condition of employment. **Bring the following documents to your appointment:**

1. Driver’s License. A picture ID is required for security and testing purposes.
2. Proof of U.S. citizenship (birth certificate, naturalization papers, etc.). U.S. citizenship is a CJ Standards requirement.
3. Social Security Card. Your social security card must be provided for proof of legal name.
4. Proof of high school graduation or GED and proof of degree(s) completed (if applicable). Original documents are required.
 - For proof of high school graduation: the high school diploma or an official transcript or letter from the school is acceptable. (*Proof of high school is not required if college degree was obtained from an appropriately accredited college.*)
 - If you have completed college, bring the official sealed transcript to verify your degree. If you are unable to obtain the official transcript in time for your appointment, you may bring the original college diploma as unofficial proof of education and the official degree verification will be required within 90 days of employment.
 - If you obtained education outside the US and its territories, official validation of the equivalent US education level is required.
 - Proof of education must be provided in the English language.
5. I-9 Employment Eligibility Documents. See attached Form I-9 for a list for acceptable Government issued photo IDs and Employment Authorization documents.
6. Completed Tax Forms (NC-4 and W-4)
7. Completed Mandatory Direct Deposit Notification *and* Direct Deposit Enrollment And Change Form
8. All military veterans must provide an undeleted copy of a DD214, Report of Separation (long form). If you received infractions, charges or convictions while in the military, contact the Regional Employment Office for additional instructions.
9. Completed Form F-5A (unsigned).
10. Employment Application Addendum (if applicable)
11. Be prepared to provide medical history information to include a list of medications taken within the last 12 months, as you may be required to complete a medical history statement for review by a physician during the pre-employment medical examination.

USE BLACK INK TO COMPLETE ALL FORMS

Employment Application Addendum

(Accepted for Continuous Posting positions ONLY)

Use additional addendum pages if necessary.

**STATE OF NORTH CAROLINA**An Equal Opportunity Employer
North Carolina State Government

HR Use Only:

Date Rec'd: _____

HR Initials: _____

PERSONAL INFORMATION

POSITION TITLE:

EXAM ID #:

NAME: (Last, First, Middle)

SOCIAL SECURITY NUMBER (last 4 digits):

ADDRESS: (Street, City, State, Zip Code) No change Change per below:PHONE NUMBER: No change Change per below:EMAIL ADDRESS: No change Change per below:**EDUCATION** No change Add per below:

DATES:

SCHOOL NAME:

LOCATION: (City, State)

DID YOU GRADUATE?

 Yes No

DEGREE RECEIVED:

MAJOR:

UNITS COMPLETED:

WORK EXPERIENCE No change Add per below:

DATES:

EMPLOYER:

POSITION TITLE:

ADDRESS:

COMPANY URL:

POSITION TITLE::

SUPERVISOR:

MAY WE CONTACT THIS EMPLOYER?

 Yes No

HOURS PER WEEK:

SALARY:

OF EMPLOYEES SUPERVISED:

DUTIES:

REASON FOR LEAVING:

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. 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 authorize investigation of all statements made in this application and 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 further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

Applicant Signature:

Date:



North Carolina
Office of the State Controller

Mandatory Direct Deposit Notification

(To be signed by all new hires, and rehires on and after August 1, 2007)

In accordance with the State Controller's Policy issued July 1, 2007, as a condition of employment, a person hired or appointed to a position in a state agency on or after August 1, 2007, and who is serviced by a payroll center administered by the Office of the State Controller, shall be required to accept all payroll related payments by direct deposit. The policy may be viewed at the State Controller's Website - http://www.ncosc.net/sigdocs/sig_docs/payroll/Payroll_Forms.html.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the policy and enroll in the direct deposit feature within 30 days of being hired or rehired, and remain enrolled in the direct deposit feature during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Applicant Name (Please Print) _____

Applicant Signature: _____ Date: _____

To be completed by employing agency:

Advertised Position #: _____ Position Title: _____

Hiring Agency Name: _____

Hiring Supervisor or HR Official: _____

Copy 1 - Agency Human Resources Office; Copy 2 – Employee



**DIRECT DEPOSIT
ENROLLMENT AND CHANGE FORM
BEACON HR/Payroll System**

Bi-Weekly Payroll

Monthly Payroll

Personnel Area # _____
(to be completed by Payroll Office)

| | | | |
|---|----------------------|--|------------|
| <input type="checkbox"/> ENROLL me in direct deposit | | <input type="checkbox"/> CHANGE my direct deposit | |
| <input type="checkbox"/> for my Main Bank | | <input type="checkbox"/> for my Other Bank | |
| EMPLOYEE ID NUMBER: | FIRST NAME: | MI: | LAST NAME: |
| AGENCY: | WORK E-MAIL ADDRESS: | WORK PHONE NUMBER: | |

NAME OF BANK OR FINANCIAL INSTITUTION:

Deposit to my **CHECKING** or **MONEY MARKET** account *(my name is on this account)*

Deposit to my **SAVINGS** account *(my name is on this account)*

I am ATTACHING *(check one and STAPLE HERE)*

a **PHOTOCOPY** of a **CHECK** with my preprinted name and current address

a **CHECK** marked "**VOID**" with my preprinted name and current address

an official **BANK FORM**, certified and stamped by a banking official, which provides my account number and the bank routing number

a **DEPOSIT SLIP** for my savings account **PLUS** the bank routing number shown below:

PLEASE NOTE:

The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment **AFTER** a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office **immediately** if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.

This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next pay date for the direct deposit to be effective for the next pay period.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Check one of the following:

*I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is not** subject to being transferred to a foreign bank account.*

*I affirm that, regarding electronic payments the State of North Carolina may remit to the financial institution for credit to the account that I have designated, the entire payment amount **is** subject to being transferred to a foreign bank account. I understand that any electronic payments that may be remitted to me may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds credited to the account will be subject to my receiving financial institution's policies and procedures.*

I authorize the Office of the State Controller to initiate direct deposit entries each pay period, and if necessary, adjustments for any direct deposit entries in error, to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. This authority will remain in effect until I cancel it in writing.

| | |
|-------------------|--------------|
| SIGNATURE: | DATE: |
|-------------------|--------------|

Adult Correction-CJ Certified: Pre-Employment package to Selected Candidate

Links to Forms/Documents that must be printed and given to applicant

The forms/documents listed below must be printed and given to the applicant; most forms can be found on the DPS forms page. To ensure the most current version of the forms/documents listed is always used, please do not save them to your hard drive. The links should be accessed and forms/documents printed via the links for each applicant.

Required forms/documents are listed in Step 4 of the [Applicant Instructions](#) document. Links to applicable forms/documents are provided below. These are direct links to the form owner's website to ensure the most current version is always available.

- [List of Acceptable I-9 documents](#): This link is to the I-9 form. Please **print the last page of this form** for a **List of Acceptable I-9 documents**.

- [Form F-5A\(AC\)](#): Report of Appointment/Application for Certification

- NC Department of Revenue Employee's Withholding Allowance Certificates
 1. [NC-4](#)
 2. [NC-4 EZ](#)

- [W-4](#): Internal Revenue Service Employee's Withholding Allowance Certificate



INSTRUCTIONS:

- Please read instructions on Form F-5A carefully!
- Applicants must answer ALL questions in their own handwriting.
- If YES answer to any question, applicant must provide a statement to explain the specific details.
- The question number must be included next to each explanation provided.
- Below are details that must be included in your statement for each YES answer.

Question Number

1(a).

- List complete name of Agency – DO NOT USE ABBREVIATIONS
- List complete address for each Agency
- List position held and dates of employment for each Agency

1(b).

- List complete name and address of Agency, date and detailed reason why your certification was revoked or suspended

1(c).

- List complete name of Agency – DO NOT USE ABBREVIATIONS
- List complete address for each Agency
- List date and detailed reason for denial

2.

- List name of relative and relationship to you
- Specify whether relative is in prison, jail, probation or parole
- Provide name and location of prison, jail , probation or parole

3(a).

- List name of drug(s) used
- List date(s) drug(s) used and explain the situation when usage occurred

3(b).

- List name of drug(s) used
- List person that you received drug(s) from
- List date you used drug(s)

3(c).

- List details, drugs involved and date for each occurrence

3(d).

- List details, drugs involved and date for each occurrence

IMPORTANT NOTE TO APPLICANT: Regardless of your answer to question #3 on the F-5A form - If you were previously **CHARGED or CONVICTED of a drug offense**, you must provide a separate statement explaining the circumstances surrounding the drug charge(s). The statement **MUST** include if the drugs or drug paraphernalia belonged to you, the final outcome of the case and **whether or not** you used or possessed illegal drugs.

Question Number

4. ****Please read instructions on Form F-5A carefully!****

- List name and your relationship to each person involved
- List complete address where it occurred
- List details explaining each conviction and outcome of case
- **Offense Charged:** List actual offense charged at the time of arrest; and check box (Misdemeanor or Felony)
- **Offense Convicted:** List actual offense convicted of; and check box (Misdemeanor or Felony)
- List offenses where you pled guilty to get the case dismissed

5.

- List name of offense and date charged
- List court docket number, and check appropriate box (Misdemeanor, Felony , or Traffic Violation)
- List County/State where charge occurred, and next scheduled court date
- Provide details surrounding charge and court documentation

6.

- List name of offense, date charged, type of probation (supervised or unsupervised)
- List complete address where charge occurred and agencies involved
- List details surrounding charge, final outcome, name and location of court

7.

- List date issued and expiration, circumstances involved, relationship to person involved, county and state where it occurred

8.

- All questions and appropriate boxes must be completed
- If served on active duty for more than one occasion, must provide and list all active duty periods where a DD-214 was issued

9.

- List all dates, circumstances, charges and agencies involved for any disciplinary actions taken against you while serving in the military.
- Documentation from the military will need to be provided.
- If convicted, the conviction will also need to be listed for Question #4.

IMPORTANT NOTE TO APPLICANT:

The North Carolina Criminal Justice Education and Training Standards Commission shall review all answers included on your Application for Certification (Form F-5A) against all previous forms you completed in North Carolina for a law enforcement, corrections, or security agency monitored by the North Carolina Department of Justice. Additionally, a full background investigation is conducted for verification of all information included and not included on your Application for Certification. **Any omissions, falsifications, or misrepresentations of fact may result in denial, suspension or revocation of certification at any time.**

Please be prepared to provide any supporting court records, military records (if applicable), employment references, and other supporting documentation for consideration with your Application for Certification.