**North Carolina Department of Public Safety**

**General Instructor Training**

**Pre-Qualification Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Qualification Standards** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Acquired four years of practical experience in North Carolina as a criminal justice officer or as an administrator or specialist in a field directly related to the criminal justice system.** 2. **No active or pending disciplinary action** 3. **Must pass Reading Comprehension Test with a minimum score of 10th Grade equivalency.** 4. **Must successfully complete 8 hours of Microsoft Word and 8 hours of PowerPoint training** 5. **Must agree to seek/attend Specialty Instructor Training within two (2) years of General Instructor Certification.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LAST NAME:** | | | |  | | | | | | | | | | | | | | | **FIRST NAME:** | | | |  | | | | | | | **MI:** | |  |
| **PERSONNEL#:** | | | | |  | | | | | | | | **DOB:** | | |  | | | **GENDER:** | | **MALE**  **FEMALE** | | | | | | | | | | | |
| **location:** | | |  | | | | | | | | | | | | | | | | **JOB TITLE:** | | |  | | | | | | | | | | |
| **MAILING ADDRESS:** | | | | | | |  | | | | | | | | | | | | **CITY:** |  | | | | | | | | | | | | |
| **STATE:** |  | | | | | | | **ZIP CODE:** | | | **-** | | | | | | | | **COUNTY:** | |  | | | | | | **PHONE NO.:** | | **(****)** **-** | | | |
| **FAX NO.:** | | **(   )     -** | | | | | | | **E-MAIL ADDRESS:** | | | | | |  | | | | | | | | | | | | | | | | | |
| **l.e./criminal Justice Experience:** | | | | | | | | | | | | | | | | | | **specialized instructor interests:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | **YEARS** | | | | **MONTHS** | | | | **you may check more than one!** | | | | | | | | | | | | | | |
| **LAW ENFORCEMENT EXP.:** | | | | | | | | | |  | | | |  | | | | **BATON** | | | | | | | **CELL EXTRACTION** | | | | | | **CRDT** | |
| **ADULT CORRECTIONS EXP.:** | | | | | | | | | |  | | | |  | | | | **FIREARMS** | | | | | | | **OC PEPPER SPRAY** | | | | | | **RCDT** | |
| **JUVENILE JUSTICE EXP.:** | | | | | | | | | |  | | | |  | | | | **STAFF & OFFENDER** | | | | | | | **UNLAWFUL WPH** | | | | | | **WELLNESS** | |
| **OTHER CJ EXPERIENCE (LIST)** | | | | | | | | | |  | | | |  | | | | **EXPLANATION:** | | | | | | | | | | | | | | |
| **APPLICATION APPROVALS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. WORK LOCATION TRAINING COORDINATOR/TRAINING SPECIALIST:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I ATTEST THAT THE INFORMATION ABOVE IS ACCURATE AND THE CANDIDATE MEETS ALL GENERAL INSTRUCTOR STANDARDS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-SIGNATURE:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **DATE:** | |  | | | | |
| **2. LOCATION MANAGER (FACILITY HEAD/JDM/OTHER):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I ATTEST THAT THE INFORMATION ABOVE IS ACCURATE AND THE CANDIDATE MEETS ALL GENERAL INSTRUCTOR STANDARDS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-SIGNATURE:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **DATE:** | |  | | | | |
| **3. DIVISION COORDINATOR:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I ATTEST THAT THE INFORMATION ABOVE IS ACCURATE AND THE CANDIDATE MEETS ALL GENERAL INSTRUCTOR STANDARDS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-SIGNATURE:** | | | | | |  | | | | | | | | | | | | | | | | | | | | **DATE:** | |  | | | | |
| **Return correspondence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NCDPS - Office of Staff Development and Training: Attn: Michael Lamonds, GI QUALIFIED ASSISTANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICAL ADDRESS:** | | | | **2211 SCHIEFFELIN ROAD**  **APEX, NC 27502**  **DIRECT: (910) 466-4312** | | | | | | | | **MAILING**  **ADDRESS:** | | | | | **SAMARCAND CAMPUS**  **JACKSON SPRINGS, NC**  **CS# 03-53-02** | | | | | | | **E-MAIL:** [**michael.lamonds@ncdps.gov**](mailto:michael.lamonds@ncdps.gov) | | | | | | | | |