**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** |