



Durham Police Department
Recruiting Unit
919.560.4575 | 888.808.1250 (fax)
dpdrecruiting@durhamnc.gov
www.durhampolice.com/recruiting

Application Checklist

Complete the attached forms and start collecting the following documents. Bring as many as you can with you to a test date, mail them to the address below, or schedule an appointment with the recruiting specialist.

- Waiver of Liability
- Talent Release Form
- Social Security Number Notice and Collection Form
- Notification of Change Requirement Form
- Copy of Driver's License (must be in black and white)
- Copy of Social Security Card (must be in black and white)
- Copy of Birth Certificate
- Certified** High School transcript and copy of the diploma
- Certified** driver's history from every state where you currently hold or have ever held a driver's license

If applicable:

- Original Naturalization Papers (We must see original naturalization papers)
- Copy of military discharge form (DD-214)
- Copy of the marriage license and/or divorce decree
- Certified** transcripts of any academic record above high school, such as college, business, or technical school, and copy of degree or certificate
- Certified copy of Disposition** of ANY criminal charges or motor vehicle charges even if they were dismissed
- Certified** copies of all paperwork confirming any crime that has been expunged from your record

Recruiting Specialist

Jean Miller
919-560-4575 ext. 29170
Jean.thibodeaux-miller@durhamnc.gov

Mailing Address:

DPD Recruiting Unit
602 E. Main St.
Durham, NC 27701





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WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

I, the undersigned, am interested in pursuing employment opportunities with the City of Durham as a police recruit. As part of the application process, I hereby agree to participate in a physical fitness assessment in order to identify areas of physical fitness that may require improvement in order to successfully complete basic law enforcement training and to perform the essential functions of a police officer. I have read a description of the physical fitness assessment and understand the requirements and tasks involved which will test my strength, endurance, and physical fitness. By signing this Agreement, I represent that I am qualified, in good health, and in proper physical condition to participate in the physical fitness assessment. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the assessment.

I understand that the physical fitness assessment involves the risk of injury, including serious bodily injury and death, which may be caused by my own or others' actions or inactions. In consideration for allowing me the opportunity to participate in the assessment, I hereby knowingly and voluntarily assume any and all risks, of whatever nature, whether foreseeable or not, which may attend or arise from participating in the physical fitness assessment. I, individually, and on behalf of my heirs, successors, assigns, and personal representatives do hereby release, waive, discharge and covenant not to sue the City of Durham, its employees, officials, officers, and agents from any and all liabilities, claims, demands, and causes of action, including those which may arise from the negligence of the City of Durham, its employees, officials, officers, agents, and representatives, for injury, accident, illness, impairment, disability, death, property damage, and any and all losses of whatever nature, resulting from or related in any way to my participation in the physical fitness assessment.

Further, I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, further agree to indemnify and hold harmless the City of Durham, its employees, officials, officers, agents, and representatives from any and all liabilities, claims, demands, causes of action, costs, expenses, and damages, including attorneys' fees, resulting from or related in any way to my participation in the physical fitness assessment.

I expressly agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement (hereinafter "Agreement") shall be deemed made in Durham, North Carolina, and shall be

governed by and construed in accordance with the law of North Carolina. The exclusive forum and venue for all actions arising out of this Agreement shall be the North Carolina General Court of Justice in Durham County. I further expressly agree that this Agreement is intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Agreement, I understand its terms, and I also understand that I am giving up substantial rights, including my, and others on my behalf, right to sue. I acknowledge that I am signing this Agreement, and agree to be bound by its terms, freely and voluntarily.

This the _____ day of _____, 20_____.

Applicant Printed Name

Applicant Signature

Witness Printed Name

Witness Signature

Emergency Contact

Name

Relationship

Primary Telephone Number

Secondary Telephone Number

Address City State Zip Code



City of Durham Release for Photographic, Video and/or Audio Recording Participation

The City of Durham documents its various services and activities via still photography, video, and audio recordings. Such documentation is taken by staff members, City officials, and their designees or representatives. The images and/or audio captured become the property of the City of Durham and may be used as informational/educational/promotional/advertising tools for departmental events, programs, and services. Images and/or audio captured may, in whole or in part, be displayed in public or private facilities, and/or published, broadcast or disseminated publicly via any means of communication including, but not limited to, printed materials, television, film, websites, and social media.

I, _____ do hereby give the City of Durham, its employees, officials, officers, agents, (Print Full Legal Name) Assigns, and representatives the irrevocable right to use my (or, as applicable, my child's) name or a fictional name, and/or my (or, as applicable, my child's) image and/or voice in all forms and media, and in all manners, including composite or distorted representations, for informational, educational, promotional, advertising, or any other lawful purposes, and I waive any right to inspect or approve the finished product that may be created in connection therewith. I understand that I shall receive no compensation for my (or, as applicable, my child's) appearance, representation or participation.

In consideration of having my (or, as applicable, my child's) name or a fictional name, and/or my (or, as applicable, my child's) image and/or voice used in the City of Durham's informational/educational/promotional/advertising events, programs, and services, I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge, and covenant not to sue the City of Durham, its employees, officials, officers, agents, assigns, and representatives from any and all claims, damages, injuries or causes of action arising out of or related in any way to the use of my (or, as applicable, my child's) image and/or voice. I also agree to defend, indemnify, and hold harmless the City of Durham, its employees, officials, officers, agents, assigns, and representatives from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, arising out of or related in any way to the use of my (or, as applicable, my child's) image and/or voice.

I represent that I am of full legal age. I have read this release and understand its contents. I am signing this agreement.

On my own behalf As the parent or legal guardian of _____, a minor child.
(Print Full Name of Child Under Age 18)

Signature:
Address:
Date:
Witness:



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CITY OF DURHAM SOCIAL SECURITY NOTICE

The City of Durham collects Social Security Numbers only as authorized by State and Federal law and for the imperative performance of the City of Durham's duties and responsibilities as prescribed by law. Social Security Numbers shall be collected from applicants on a form that is separate from the City of Durham application for employment form. The City will redact the Social Security Number on any valid public information requests that are made for information concerning any employee.

When the Social Security Number is collected, a copy of this notice shall be provided to the applicant/employee or this notice will be supplied in the New Employee Orientation program. The Social Security Number will not be used for any purpose by the City of Durham other than those stated in this notice.

The Social Security number or other identifying information will not be communicated or otherwise made available to the general public. Identifying information is that described in G.S. 14-113.20(b). Identifying information does not include electronic identification numbers, electronic mail names or addresses, Internet account numbers, Internet identification names, parent's legal surname prior to marriage, or driver's license numbers appearing on law enforcement records.

The City of Durham will not intentionally print or imbed an individual's social security number on any card required for the individual to access government services.

The City of Durham shall not require an individual to transmit the individual's social security number over the Internet unless the connection is secure or the social security number is encrypted.

The City of Durham shall not require an individual to use the individual's social security number to access an Internet Website unless a password or unique personal identification or other authentication device is also required to access the Internet Website.

The City of Durham shall not print an individual's social security number on any materials that are mailed to the individual unless state or federal law required that the social security number be on the document to be mailed. A social security number that is permitted to be mailed may not be printed in whole or in part on a postcard or other mailer not requiring an envelope or be visible on the envelope or without the envelope having been opened.

The City of Durham will collect social security numbers for:

- Background investigations (including verification of education, credit, driver's license, and related) with release from the applicant, entry on payroll, and pre-employment medical testing
- Federal and state taxes, Retirement system application, and other required governmental purposes
- Pre-tax flexible spending accounts
- Provision of certain benefits to the employee and/or dependents (though the identifying information on any card will not be the social security number)

The City of Durham may disclose social security numbers or other identifying information

- Provision of payroll and benefits offered by the City of Durham; the providers of benefits must maintain the confidential and exempt status of such numbers
- To another governmental entity or its agents, employees, or contractors if disclosure is necessary for the receiving entity to perform its duties and responsibilities. The receiving governmental entity and its agents, employees, and contractors shall maintain the confidential and exempt status of such numbers.
- Pursuant to a court order, warrant, or subpoena
- For public health purposes pursuant to and in compliance with Chapter 130A of the General Statutes





SOCIAL SECURITY NUMBER COLLECTION FORM

The Durham Police Department will require your social security account number to facilitate the completion of your background investigation. Furnishing your social security account number is voluntary. However, failure to do so may prevent completion of State mandated portions of the background investigation which will prohibit the consideration of your employment application.

I have received a Use of Social Security Number Notice. I have read and understood it. The Social Security number provided is my correct number as assigned by the government of the United States. I release this number for use by the City of Durham for the purposes stated in the Use of Social Security Number Notice.

§ 143-64.60. State Privacy Act.

- (a) It is unlawful for any State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number.

The provisions of this subsection shall not apply with respect to:

- (1) Any disclosure which is required or permitted by federal statute, or
 - (2) The disclosure of a social security number to any State or local agency maintaining a system of records in existence and operating before January 1, 1975, if such disclosure was required under statute or regulation adopted prior to such date to verify the identity of an individual.
- (b) Any State or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it. (2001-256, s. 1; 2001-487, s. 87.)

Applicant Printed Name

Social Security Number

Applicant Signature

Date



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**DURHAM POLICE DEPARTMENT
 NOTIFICATION OF CHANGE REQUIREMENT**

All applicants are required to notify the Recruiting Sergeant of any change(s) in circumstances reported on any document submitted during the application process. This includes, but is not limited to, changes in name, address, telephone number, marital status, and any other responses to questions contained in the City of Durham Application and Personal History Statement (F-3).

SPECIFICALLY REQUIRED TO BE REPORTED ARE: change(s) in current employment status; telephone number; marital status; any disciplinary action while a member of the armed forces; any usage of alcohol or drugs not reported in response to questions 45, 46, 47 and 48 on the Personal History Statement (F-3); **ANY CRIMINAL OFFENSE(S) INCLUDING MINOR TRAFFIC OFFENSES** which the applicant is **CHARGED OR CONVICTED** between the date of application and the date of employment; and any change in driver’s license status.

All changes must be reported to the Recruiting Sergeant **IN WRITING WITHIN 5 BUSINESS DAYS** of the occurrence. Failure to notify the Recruiting Sergeant of any change in status will be treated as a willful omission of information and is grounds for rejection. Changes in those areas specifically required to be reported could affect the applicant’s suitability for employment. Should the applicant be rejected because of failure to notify the Recruiting Sergeant of a change in status, the applicant will be notified in writing.

I understand my duty and obligation to respond truthfully to all questions on any document submitted during the hiring process. I have been advised that I am obligated to report any changes in my current status to the Recruiting Sergeant in writing within 5 business days of such change. I understand that my failure to make this notification in writing may result in my rejection from consideration for employment at the Durham Police Department.

Print Name

Signature

Date/Time

