

FPC _____ ID _____ DL _____
 JB _____ SC _____ KK _____
 GW _____ SO _____ SM _____

SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION

APPLICATION AND PERSONAL HISTORY STATEMENT

**MINIMUM STANDARDS
FOR EMPLOYMENT:**

Subsequent to October 1, 1971, a person may not be temporarily or permanently employed or certified as a law enforcement officer or continues to be employed or certified as a law enforcement officer unless he meets the following requirements:

- (1) Is a citizen of the United States;
- (2) Is at least 21 years of age at time of appointment;
- (3) Has his fingerprints taken by a qualified law enforcement officer;
- (4) Is of good moral character;
- (5) Is a graduate of an accredited high school or has a high school equivalency certificate acceptable to the commission;
- (6) Is examined by a licensed physician who certifies, on forms prescribed by the commission, that the applicant is able to perform the duties of a law enforcement officer;
- (7) Is interviewed in person by the hiring agency or its designated representative before employment. The interview shall include questions to determine applicant's general suitability for law enforcement service, appearance, personality, temperament, ability to communicate, and other characteristics reasonably necessary to the performance of the duties of a law enforcement officer;
- (8) Takes the oath of office as required by SDCL 9-14-7 or 3-1-5. The oath may be taken before the nearest available judge of a court of records;
- (9) Has not unlawfully used any prescribed drug, controlled substance, or marijuana within one year before the time of application for certification.
- (10) Is eligible to reapply for certification, if the person has for an reason failed to successfully complete the basic law enforcement training program and;
- (11) Has not had his certification revoked, voluntarily surrendered certification, had an application for certification refused, or been dismissed from the basic training program, unless the commission upon application declares eligible for employment or certification.
- (12) Has not become ineligible for employment or certification as a law enforcement officer in any other state, as a result of any proceedings involving any revocation, suspension, surrender of, or resignation or dismissal from certification, employment or training, unless the commission, upon application, declares the person eligible for employment or certification in South Dakota.

GENERAL INSTRUCTIONS:

Type or hand print an answer to every question. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block.

DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment, or certification. Any misstatement or omission can be used as grounds to deny your application and/or revoke or suspend any subsequent certification.

POSITION APPLIED FOR			DEPARTMENT			AGENCY HIRE DATE		
1. LAST NAME		FIRST NAME		MIDDLE NAME		2. Male ()		Female ()
3. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME						4. MARITAL STATUS ___ Single ___ Married		
5. PRESENT RESIDENT ADDRESS STREET OR RFD / CITY OR POST OFFICE / STATE						ZIP CODE		
6. DATE OF BIRTH (month, day, year)			7. PLACE OF BIRTH			8. TELEPHONE Home _____ Bus. _____		
9. HEIGHT	WEIGHT	COLOR OR HAIR	COLOR OF EYES	10. SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS TATTOOS.				
11. U.S. CITIZEN () Yes () No		IF NATURALIZED - CERTIFICATE NO: _____			12. SOCIAL SECURITY NUMBER _____			

13. EDUCATION:

A. List all high schools attended.

NAME LOCATION	CITY	DATES ATTENDED	YEARS COMPLETED		GRADUATED	
			Year	Month	Yes	No

B. If not a High School graduate, have you completed the General Educational Development (GED) tests. Yes ___ No ___
 If yes, when? _____ Where _____

C. Higher education. List information below for all colleges or universities attended.

Name and Location of College or University	Dates Attended		Credit Hours		Degree Rec'd	Year Rec'd
	From	To	Semester	Quarter		

Major and minor college courses.

D. Other schools or training (trade, vocational, business, or military). Give for each the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data.

14. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have held or now hold:

Kind of License	Place of Issue	Date of Expiration	Restrictions

15. Have you ever had your drivers license, in any state suspended or revoked?

() Yes () No If yes, give details, including reasons, state dates, etc.

16. Have you ever had your law enforcement certification suspended, revoked or voluntarily surrendered in South Dakota or any other state?

() Yes () No If yes, give details, including reasons, state dates, etc..

17. Have you ever voluntarily surrendered any professional/occupational certification or license or have you ever had any professional/occupational certification or license suspended or revoked?

() Yes () No If yes, give details, including reasons, names of companies dates, etc..

18. DETENTION, ARREST, CRIMINAL LITIGATION, CRIMINAL SUMMONS, CITATIONS, and/or CONVICTION. List ALL, including juvenile, and traffic tickets. Be advised that pursuant to SDCL 23-3-42, and not withstanding any legal advice you may have received to the contrary, you **MUST** list any suspended imposition or suspended execution of sentence. ***Failure to disclose all the required information may result in denial of your application. If your application is denied you must wait one year to reapply to the academy.***

A. Have you ever been arrested or detained by a law enforcement agency? () Yes () No

If the answer to the above question is YES, list below the date, place, and details of each incident.

19. MILITARY SERVICE *Submit copy of DD 214 with application*

Branch F	From	To	Type of Discharge

20. EMPLOYMENT (Last 5 yrs.)

Employer F	From	To	General Duties

21. REFERENCES (List 3 not relatives or employers)

Name Address	Occupation

22. EMERGENCY MEDICAL INFORMATION

Name - Primary Physician/Emergency Care Physician	Phone

AUTHORIZATION TO RELEASE INFORMATION AND ENDORSEMENT OF APPLICATION

As an applicant for a position as a law enforcement officer in the State of South Dakota, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, to include internal investigation files.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

I understand that a background investigation will be conducted to verify the authenticity and completeness of the information furnished by me.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentations of falsification or if any material information has been omitted.

_____ Date

_____ Signature of Applicant

**RELEASE/DISCLOSURE FOR EMPLOYMENT PURPOSES BACKGROUND
AND REFERENCE INVESTIGATION AUTHORIZATION**

As part of its due diligence procedures, the City of Chamberlain requires that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references, and identify any factors that might be inconsistent with the City of Chamberlain's employment requirements.

I, _____, give the City of Chamberlain permission and authority to conduct a due diligence investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, credit history, motor vehicle driving record, social security wage information, criminal records, and other information contained in public records. In addition, I grant permission and authority to the City of Chamberlain to obtain past employment information compliance with regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers.

I authorize and request Former Employers, Schools, Police Departments, States, Cities and Counties or any other Person to furnish the City of Chamberlain designees information concerning:

My Work Habits	Character	Criminal Records	Social Security Information
Reputation	Driving Record	Credit History	Reason for Termination
*Medical History	Salary History	Education History	Transcripts
Mental Health	Military Records & Reports		

And all other relevant information requested by the City of Chamberlain, including all information of confidential or privileged information and provide copies of the same requested.

I hereby release all Persons, Companies, Corporations, Schools, of Individuals from all liability and responsibility that may result from providing the City of Chamberlain with such information as requested. All released information shall become property of the City of Chamberlain. All such information will not be further released to anyone other than the City of Chamberlain and agents of the same, and all efforts will be directed at maintaining the confidentiality of the information received.

I understand that if hired, my employment is for no definite period of time, consistent, with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either the City of Chamberlain or myself. No employee representative, manager, official or supervisor of the City of Chamberlain, has any authority to enter into any agreement for employment for a specified period of time or make any agreement relative to employment that is contrary to the foregoing.

If I am not hired due to information contained in the background screen report, I will be notified in writing and if I requested a copy in writing of the said report will be supplied to me a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

Applicants Name (Printed)	Social Security Number	**Date of Birth
Current Street Address	City, State, ZIP Code	Driver's License Number
Signature	Date	

*Subject to the Americans with Disabilities Act of 1990 (ADA).

**The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.