

City of Elk Point Employment Application

Please Print all
Information Requested
Except Signature

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE: _____

Name: _____
Last First Middle

Present Address: _____
Street or PO Box City SD Zip

How Long at address: _____ Social Security No.: _____ - _____ - _____

Phone Number: (____) _____ If under 18, please list age: _____

Are you a U.S. citizen? Yes No

Position applying for (1): _____ (2): _____

Employment desired Full-Time only Part-time only Full or Part-time Summer employment

Have you ever worked for the City of Elk Point before: _____ If so, where: _____ &
 When: _____

Date you can start work: _____ Referred by: _____

Type of School	Name of School	Number of Years Completed	Major & Degree
High School			
College			
Business or Trade School			

Have you ever received a citation for, been arrested for, charged with, convicted of, or pled guilty, no contest, nolo contendere, entered an Alford plea, otherwise accepted responsibility for a crime, or have you received a deferred prosecution or suspended imposition of sentence, for any criminal charge other than a minor traffic violation (parking or speeding under 10 mph over the speed limit)? This includes any charges of driving under the influence or any other drug or alcohol-related offenses. No Yes

If yes, please include an attachment explaining the circumstances. *All information is subject to verification. Failure to disclose all the required information may result in denial of your application.*

Please Print all
Information Requested
Except Signature

Application for employment

Have you ever been in the Armed Forces? ___ Yes ___ No

Are you now a member of the National Guard? ___ Yes ___ No

Work Experience: Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give company name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates: From: _____ To: _____	Pay (per/hr) or Salary Start: _____ Final: _____
	Your last job title: _____	

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates: From: _____ To: _____	Pay (per/hr) or Salary Start: _____ Final: _____
	Your last job title: _____	

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.

Please Print all
Information Requested
Except Signature

Application for employment

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates: From: _____ To: _____	Pay (per/hr) or Salary Start: _____ Final: _____
	Your last job title: _____	
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.		

Name of Employer Address City, State, Zip Code Phone Number	Employment Dates: From: _____ To: _____	Pay (per/hr) or Salary Start: _____ Final: _____
	Your last job title: _____	
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company.		

May we contact your present employer? Yes No If so, whom should we contact? _____

Office Use Only

Skills-circle one:
Typing: Yes No N/A 10-key: Yes No N/A
Computer Skills: list different programs used: Word Excel Power point Others:

Please Print all
Information Requested
Except Signature

Application for employment

Please list two references other than relatives:

Name: _____

Name: _____

Company: _____

Company: _____

Position: _____

Position: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time at either my or the City's option. I also understand and agree that the City may change the terms and conditions of my employment, with or without cause, and with or without notice at any time.

Date: _____ Signature of applicant: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status.

SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION

APPLICATION AND PERSONAL HISTORY STATEMENT

FPC _____	ID _____	DL _____
BG _____	SC _____	KK _____
CW _____	TO _____	SM _____

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

13. EDUCATION:

A. List all high schools attended.

NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED	GRADUATED	
				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/occupation 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

Branch	From	To	Type of Discharge

20. EMPLOYMENT (Last 5 yrs.)

Employer	From	To	General Duties

21. REFERENCES (List 3 not relatives or employers)

Name	Address	Occupation

2. 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

Elk Point Police Department
106 West Pleasant Street, PO Box 956
Elk Point, SD 57025-0956
Phone: (605)356-2184 Fax: (605)761-2373

**Personal Inquiry Waiver
Authority for Release of Information**

To: Concerned Person of Authorized Representative of any Organization, Institution or Repository of records.

I, understand by signing this document, I authorize the City of Elk Point or its agents to verify any and all information that I may have concerning my work record, personal history, criminal record, civil process record, school record, driving record, reputation, financial and credit status. This information is to be used to assist the City of Elk Point or its agents in determining my qualifications and fitness for the position I am seeking with the City of Elk Point.

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

Please Print

Applicants Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Applicants Signature: _____ Date: _____

Witness Name (Print): _____

Witness Signature: _____ Date: _____