

# 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.*

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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.

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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-cirete one:

Typing: Yes No N/A 10-key: Yes No N/A

Computer Skills: list different programs used:  Word  Excel  Power point  Others:

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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.

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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

22. EMERGENCY MEDICAL INFORMATION

Name - Primary Physician/Emergency Care Physician	Phone

AUTHORIZATION TO RELEASE INFORMATION AND ENDORSEMENT OF APPLICATION

I, 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**

I, authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Elk Point, whether the records are of a public, private or confidential nature. I authorize copies of these records to be given to the City of Elk Point or its agents.

The intent of this authorization is to give my consent for full and complete disclosure of the records of: educational institutions, financial or credit institutions, including credit reports and ratings, medical and psychiatric treatment or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration, and employment and pre-employment records, including background reports, social media accounts, performance evaluations, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have an interest and criminal and driving history.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered only in determining my suitability for employment by the City of Elk Point. I also certify that any person or organization who may furnish such information concerning me shall not be held accountable for giving truthful information, and I release the person or organization from any and all liability which incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original even though the photocopy does not contain an original writing of my signature.

**Please Print**

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_