

City of Wagner

Police Officer Job Description

Job Title: Police Officer
Department: Police
Reports To: Chief of Police

Summary

Police Officers are responsible for general daily police work in the protection of life and property. All Police Officers are accountable for appearance, productivity, and action on and off duty as to complete and fulfill the objectives of the Wagner Police Department. Police Officers are under the direct supervision of the Chief of Police.

Condition of Employment:

- Criminal Background Check.
- Physical by Medical Physician.
- Psychological Evaluation.
- Pre-work Screen.
- Must complete the South Dakota Law Enforcement Training Academy prior to one year of employment if offered a full-time position.
- Must sign a two-year contract with the Wagner Police Department prior to attending the law enforcement academy for certification.
- All officers are subject to a six-month probation at hire date for benefit purpose and one-year probation for performance. Within that time frame, if the Chief of Police or Council feels the Officer is not suitable for the position or is deemed a risk to the community, they may be terminated immediately.
- All of the above conditions must have final approval of the City Council.

Knowledge, Skills & Abilities:

- Must have and maintain a current South Dakota Driver's License.
- Must have High School diploma or GED equivalent.
- Must maintain current pistol (shooting range), radar gun and Breathalyzer qualifications or any other qualifications necessary for the performance of the job.
- Must be 21 years old.
- Must be able to pass the South Dakota Pension and Retirement System's medical standards and be State Certified.
- Ability to operate two-way radio, walkie-talkie in field situations, to operate effective radar, Breathalyzer, etc., to perform routine preventive maintenance on vehicle.
- Ability to read, understand and interpret ordinances, laws, and other operating procedures and communicate orally and in writing.
- Ability and willingness to maintain strict confidentiality.

- Must be able to respond to varying situations with tact and diplomacy and know how to deal with stressful, hostile or irrational persons, whether due to physical or mental disability, drugs, socioeconomic differences, or other factors.

Duties and Responsibilities:

- Works closely with other police agencies while under supervision of the chief of Police: States Attorney's Office, Charles Mix County Sheriffs Office, Bureau of Indian Affairs, Tribal Police, South Dakota Highway patrol, and any other federal agencies.
- Reviews department standard operating policies and procedures yearly.
- Police Officers are responsible and able to patrol Wagner, respond to calls, investigate traffic accidents, family disturbances, public disturbances, control traffic, arrest offenders of the law, serve warrants and subpoenas, investigate crime, renders assistance, mediate disturbances, and maintain good police-community relations.
- Ability to protect the public, self-protection and protection of other officers.
- Able to investigate crimes or offenses including interviewing individuals, collecting and preserving evidence/property and provide accurate testimony in court.
- Ability to safely operate police vehicles in accordance with traffic laws and police policies under a variety of conditions.
- Ability to monitor and control traffic and emergency situations and render assistance when necessary.
- Ability and stamina to physically apprehend and restrain criminals and suspects while resisting arrest and able to receive and send verbal communications.
- Maintain an accurate and acceptable level of report writing, investigations, and public relations; carry out the directives, policies and regulations governing their respective positions.
- Able to operate computers in the processing of reports, records and documents.
- Maintain acceptable knowledge of police procedures and performances of duties assigned.
- Seek and participate in additional training.
- Ability to maintain an acceptable level of physical fitness.
- Strive to increase police effectiveness.
- Able to deal effectively with offenders, witnesses and the general public.
- Maintain objective approaches to a problem under unfamiliar and unpleasant conditions.
- Able to enforce laws and to reason logically and make sound decisions in emergencies, work under pressure and public criticism tactfully and can obtain the skills in the use of firearm and equipment applicable to crime control and criminal apprehension.
- Accepts the philosophy and complies with the principles of community-oriented policing.
- Supports and enforces the laws of the State of South Dakota and the City of Wagner and upholds the Constitution of the State of South Dakota and the United States of America.
- Perform other related work as assigned.

Physical Demands:

- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable

accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Hand-eye coordination is necessary to operate computer and various pieces of office equipment, occasional lifting up to 20 pounds. Some outdoor work is required.
- While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel and talk or hear. The employee is frequently required to stand. The employee is occasionally required to walk; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl and taste or smell. The employee must occasionally lift and/or move more than 100 pounds.
- Specific vision abilities required by this job include close vision and the ability to adjust focus.
- Requires some travel to business meetings, conferences or worksites.
- While performing the duties of this job, the employee is regularly exposed to outside weather conditions.
- Ability to work in an occasionally stressful work environment.

The duties listed above are intended only as illustrations of the various types of work that may be performed and, furthermore, include all duties as assigned by the supervisor. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

This job description does not constitute an employment agreement between the employer, City of Wagner, and the employee and is subject to change by employer as the needs of the employer and requirements of the job change.

I have read and understand this job description.

Employee Signature _____

Date _____

BACKGROUND CHECK AUTHORIZATION

The undersigned applicant has applied for employment with the City of Wagner and hereby authorizes the City of Wagner to conduct a background check. I hereby certify that my date of birth is

_____ and my driver's license number is:

State _____ # _____.

Dated this _____ day of _____, 20____.

Applicant



SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION
**LAW ENFORCEMENT OFFICER CERTIFICATION APPLICANT
AUTHORIZATION TO RELEASE INFORMATION**

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 the 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 including the Military National Personnel Records Center/National Archives Administration 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 acknowledge that the fingerprints obtained during this background investigation will be used to check the criminal history records of the State of South Dakota and Federal Bureau of Investigation and will be retained in the AFIS system for comparison purposes.

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.

Applicant Printed Name

Applicant Signature

Date

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018, the FBI Privacy Act Statement can be found at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

APPLICANT NOTIFICATION OF PROCEDURES FOR OBTAINING AN AMENDMENT TO AN FBI RECORD

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, creed, sex (including pregnancy), ancestry, religion, national origin, disability, age, genetic information, or any other basis protected by federal, state, and/or local law. In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
Last First Middle
 Address _____
Street City State ZIP Code
 Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____
 Position(s) applied for _____ Date of application ____/____/____
 Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is _____ : AM PM
☐ Home ☐ Cellular/Other

May we contact you at work? _____ ☐ Yes ☐ No

If yes, work number and best time to call:
 () _____ : AM PM

If you are under 18 and it is required,
 can you furnish a work permit? _____ ☐ N/A ☐ Yes ☐ No

If no, please explain: _____

Have you submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give dates: From ____/____/____ To ____/____/____

Is this application a request for reemployment
 following an extended military leave of absence
 from this company? ☐ Yes ☐ No

If yes, additional information may be requested.

Are you lawfully authorized to work in
 the United States? ☐ Yes ☐ No

Date available for work _____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the
 attendance requirements of the position? ... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

If no, please explain: _____

Are you able to perform the "essential functions" of the job
 for which you are applying (with or without reasonable
 accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the
 job's "essential functions" to respond

Driver's license number required if driving may be required in the
 job for which you are applying:

_____ State _____

Have you ever been bonded? ☐ Yes ☐ No

Have you ever pleaded "guilty" or "no contest" to or been convicted
 of a crime? NOTE: Answering "yes" to this question does not constitute an automatic
 bar to employment. Factors such as date of the offense, seriousness and nature
 of the violation, rehabilitation and position applied for will be taken
 into account. ☐ Yes ☐ No

If yes, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or
 other party (such as a noncompetition agreement) that might, in any
 way, restrict your ability to work for our company? ☐ Yes ☐ No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting)
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	Compensation (Final)
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

<input type="checkbox"/> Word Processing _____ Level: _____	<input type="checkbox"/> Internet _____ Level: _____
<input type="checkbox"/> Spreadsheet _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> Presentation _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> E-mail _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.
If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal race, color, creed, sex (including pregnancy), ancestry, religion, national origin, disability, age, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, creed, sex (including pregnancy), ancestry, religion, national origin, disability, age, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



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