

WHITEWOOD POLICE

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/her 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 this 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.

							HIRE DATE			
1. LAST NAME				RST NA	AME	MIDDLE NAME		2. Male	Female	
					No.			()	1!	()
3. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME 4. MARITAL STATUS							AL STATUS			
Single						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	WEIGH	ľ.	COLOR OR HA	AIR	COLOR OF EYES	 SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS TATTOOS. 				HING
11. U.S. CITIZEN		IF NA	ATURALIZED - (O - CERTIFICATE NO: 12. SOCIAL SE			IRITY NUM	BER		
() Yes () No									

13. EDUCATION:

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).	Other schools or tra	ining (trade, vocation	onal, business, or milita	ry). Give for ea	ach the name	and location of s	chool. dat	es	
	attended, subjects s	studied, certificate,	and any other pertinent	data.			51		
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14.			Priver's, Chauffeur's, etc	.) Give the foll	owing informa	ation concerning a	any vehicl	e	
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15.	Type of Lice Have you ever had Yes () No	your drivers license	w hold: State of Issue are	ed or revoked?	Date	e of Expiration	Restri	ctions	
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have received to the	e contrary, you MUS	advised that إ S list anv susp	oursuant ended im	to SDCL 23-3-42,	and not withstanding	VICTION. List ALL, g any legal advice you may entence. <u>Failure to disclose</u> st wait one year to reapply to	
A. Have you ever beer	n arrested or detaine	d bv a law enf	orcemen	t agency? () Yes () No	·	
If the answer to the above					, , , ,		
The district to the decree	9 4466461116 1 26, 115	t below the da	te, place	, and details of eac	or incident.		
					ATTENDANCE.		
19. MILITARY SERVIC	E *Submit copy of [D 214 with ar	nlication				
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Name	Ac	ddress & Phor	ne Numbe	er	Occupation		
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				P. Carley	T IV		
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22. EMERGENCY MED	ICAL INFORMATION	1					
Name - Primary Physician/Emergency Care Physician					Phone		
			708				
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AUTHORIZATION TO RELE				NAME OF STREET			
	ualifications. In this co	nnection, I auth	orize relea	ase of any and all inf		nation for use in determining n y have concerning me, includir	
I hereby release you, your org	ganization, or others fro	m any liability o	r damage	which may result fro	m furnishing the inforr	nation requested.	
	srepresentations, omis	sions, or falsific	ations in	the foregoing statem	nents and answers, a	tion furnished by me. nd that the entries made by m	
above are true, complete, and I further agree and consent misrepresentations of falsifica	t in advance to being	summarily dis-	charged v	without cause or he		above information contains ar	
D	ate	 x			Signature	of Applicant	

Document check list for submission to Whitewood Police Department:

Completed LES Form
DD 214 containing separation/character of service information
Fingerprint cards / Check for \$26.75 to DCI of SD
Credit Report provided by Applicant
Copy of Driver's License TH DANS EST. 1888