

**HAND COUNTY-SOUTH DAKOTA
APPLICATION FOR EMPLOYMENT
Position: Deputy Sheriff / Investigator
Must be 21 years old to apply.**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the sheriff's office in advance.

(Please print *neatly* or type your responses.)

Date of application: ____/____/2018 Date you are eligible to begin employment? ____/____/2018

Last Name: _____, First Name: _____, Middle Name: _____
Maiden or Other Last Names: _____ Social Security No. ____/____/____

Current Street Address: _____, City: _____, State: _____
Zip code: _____ Telephone No. (_____) _____ - _____ Cellular Telephone No. (_____) _____ - _____
Primary email address: _____@_____.

What is the best time to reach you? _____
By what means did you learn of this position: _____
Have you applied with this agency in the past? Yes or No If yes, when? _____
Are you legally eligible for employment in this country? Yes or No
This position requires residence in the City of Miller or within 5 minutes. Are you able to comply? Yes or No
Are you willing to work overtime when needed? Yes or No
Has your privilege to drive ever been suspended or revoked? Yes or No Where and when? _____
Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)? 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 or No

What states have you lived in? _____, _____, _____, _____, _____, _____
Have you ever been charged with an assaultive behavior or felony charge? Yes or No Where? _____
Have you ever filed for or been the recipient of a temporary or permanent protective order? Yes or No Where? _____
Have you entered into an agreement with any former employer or other party (such as a noncompeting agreement) that might, in any way, restrict your ability to work for our agency? Yes or No
What special qualifications do you have? _____
Are you an registered Emergency Medical Technician / EMT? Yes or No
Are you basic first aid certified? Yes or No
Are you currently certified from the The National Career Readiness Certificate (NCRC™) program? Yes or No
If you answered "NO" to the question above, are you willing to take the course and become certified? Yes or No

On a scale of 1 to 10, please rank your skill level with each of the following:
(0 being no experience, 10 being daily experience.)

____ Windows based operating systems	____ FileMaker Pro	____ Printers (Ink, Laser, Dot Matrix)	
____ Microsoft Word	____ Microsoft Excel	____ Burn Video CD/DVDs	____ Body Cams
____ Microsoft Works	____ Microsoft Publisher	____ Microsoft InfoPath	____ Dash Cams
____ Adobe Photo Deluxe	____ Typewriter	____ Video Recorders	____ Copier
____ HP Photo Editor	____ Fax machine	____ Telephone systems	____ AED
____ Linksys Networks	____ Terminal Operator	____ Remote Desktop Programs	____ Game Cam
____ Two-Way Radio Equipment	____ Traffic RADAR	____ First Aid Equipment	____
____ Semi-Auto Handgun	____ High Power Rifle	____ Small Caliber Rifle	____ Shotgun
____ Motorcycle	____ Snowmobile	____ Four wheel drive vehicles	____ 10 Key

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height ____ ft. ____ in. Weight ____ lbs. Are you prevented from lawfully becoming employed in the U.S.? Yes No
 Have you been convicted of a felony or misdemeanor within the last five years?* Yes No Explain _____

* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

MILITARY SERVICE RECORD

Armed Forces Service Yes No Discharge Status: Honorable General Dishonorable Other

Branch of Service _____ Duties _____

Rating at time of discharge _____ Years of Service ____ / ____ / ____ to ____ / ____ / ____

Do you have any physical limitations that prohibit you from performing any work for which you are considered? Yes No

If yes, what can be done to accommodate your limitations? Describe _____

EDUCATION

	Years Attended	Name & Mailing Address of School	City, State & Zip code	Course / Program	Degree or Certification
HIGH SCHOOL 1	_____ To _____				
HIGH SCHOOL 2	_____ To _____				
COLLEGE 1	_____ To _____				
COLLEGE 2	_____ To _____				
OTHER SCHOOL	_____ To _____				

BUSINESS / CREDIT HISTORY REFERENCES

(Non-relatives who can validate your business behavior. This can be your banker, someone who you have a charge account with, or landlord)

NAME & TELEPHONE	COMPLETE ADDRESS	OCCUPATION

PERSONAL REFERENCES

(Non-relatives we can contact who can validate your personal / community behavior)
 (This could be neighbors, ministers, bank officer, former teachers, other non-relatives or co-workers)

NAME & TELEPHONE	COMPLETE ADDRESS	RELATIONSHIP

CONFIDENTIAL REFERENCES-WORK RELATED REFERENCES

In addition to the people you have listed above, you should have three professional references submit their references by mail directly to this agency within one week of submitting your application. These references are "confidential" in that you, as the applicant, will not be able to review what the reference writes to this agency. The idea is that the reference can write whatever they want without fear of retribution or consequence. You should choose the reference very carefully and ensure they are willing to provide such a reference and then actually send it. References of this nature that are provided to the applicant and then provided to us will not be accepted so be sure the reference sends the material directly to this office. Do not use relatives as references. It is very important that you explain this type of reference to the person so there is no confusion.

In this area you are to list those references above so that we know who to expect documentation from.

NAME & TITLE	AGENCY - PROFESSION	RELATIONSHIP TO APPLICANT

TRAFFIC ARREST or TICKET RECORD

OFFENSE	DATE OF OCCURANCE	COUNTY & STATE OF OFFENSE	FINE OR DISPOSITION
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		
	____/____/____		

If more space is needed, attach a second page.

EXPERIENCE UNRELATED TO LAW ENFORCEMENT OR PUBLIC SAFETY

(You do not need to list jobs held while a juvenile)

Name & Complete Address of previous employer	From	To	Summarize Your Duties	Starting Salary	Final Salary	Reason for Leaving

LAW ENFORCEMENT OR PUBLIC SAFETY EXPERIENCE

(You do not need to list jobs held while a juvenile)

Name & Complete Address of previous employer	From	To	Summarize Your Duties	Starting Salary	Final Salary	Reason for Leaving

In this area, explain any gaps in employment or additional reasons for termination or separation:

In this area please write the reason you are interested in living and working in Hand County and in particular the sheriff's office.

In this area please write what your goals, objectives, preferences or aspirations for becoming a deputy sheriff and investigator for the Hand County Sheriff's Office. Please be specific and detailed in your response.

In this area please write about your knowledge and thoughts of "community policing" in a small rural community like Hand County and the three municipalities therein (Miller, St. Lawrence and Ree Heights). Explain how or why you think it works or fails.

In this area please write about what you know about Hand County (either by experience or research) and what social problems we have and what problems you believe need to be answered by law enforcement. Please specify what you believe to be a priority for law enforcement in the county and our part of the state.

In this area please write about your what part of law enforcement fails (or you believe would fail) in Hand County or this part of South Dakota. This might be a lack of drug enforcement or resolution to property crimes or domestic violence.

In this area please write about your personal exposure to law enforcement and what you liked or disliked about the encounter. Also, write about what you believe would promote law enforcement in light of recent "black eyes" in the profession.

In this area please write about yourself and your history as it relates both favorably and unfavorably as you apply for a job in law enforcement. This might be an act you did which you are proud of and one you are embarrassed about and wish you could erase.

In this area please write about what you have for skills or abilities that would help this office provide effectively law enforcement and public safety in Hand County.

CERTIFICATIONS

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, my resume 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 90 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 the 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 forgoing express language are valid unless they are in writing and signed by the employers principal officer.

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.

This agency 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 sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state or local law. This agency likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibitive harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer).

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 (1) eliminate me from further consideration of employment, or (2) may result in my immediate discharge from employer's service, whenever it is discovered.

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

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

Signature of applicant _____ Date: ____/____/2018

Authorization and Release of Information

As an applicant for a position in public safety and law enforcement in the State of South Dakota and in Hand County, 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 or falsification or if any material information has been omitted.

Signature of Applicant (In presence of a Notary)

STATE OF SOUTH DAKOTA)
)
COUNTY OF HAND)

On this the _____ day of _____, 2018, before me, the undersigned officer, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that [s]he executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

(SEAL)

My commission expires: _____