

# ABERDEEN POLICE DEPARTMENT



## POLICE OFFICER APPLICATION FOR EMPLOYMENT

123 S. Lincoln St.  
Aberdeen, SD 57401  
(605)626-7013  
Email – [hr@aberdeem.sd.us](mailto:hr@aberdeem.sd.us)  
[www.aberdeem.sd.us](http://www.aberdeem.sd.us)

Applications must be postmarked by closing date of Job Posting

Bulletin Number	Title of position applying for (use a new application for each job for which you apply)

**NOTE: Resumes will not be accepted in lieu of completion of any part of this application**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

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

E-mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Name and phone number of person who will know where you may be contacted.  
\_\_\_\_\_

Have you ever attended school or been employed under any other name(s) than the one used above?

Yes  No Name \_\_\_\_\_

Do you claim veteran's preference?  Yes  No If yes, attach a copy of DD214 (separation papers).

Are you legally eligible for employment in the United States?  Yes  No

**\*Proof of US citizenship will be required upon hire.**

Are you 21 years of age or older?  Yes  No

When could you begin employment? Date: \_\_\_\_\_ After \_\_\_\_\_ working days notice to present employer.

Have you ever been employed by the City of Aberdeen?  Yes  No

May we contact your current, most recent or past employers regarding your qualifications?  Yes  No

If no, explain: \_\_\_\_\_

Please list your Facebook and/or MySpace account:  
\_\_\_\_\_

Be as thorough as possible in describing your education and work experience. Vague or incomplete answers will not be interpreted in your favor. If you need more space, attach additional sheets or use the blank area on the back page.

**EDUCATION AND TRAINING**

Do you possess a high school diploma or GED?  Yes  No

High School Name/City/State \_\_\_\_\_

List formal education beginning with the most recent. Include college, vocational or business school, apprenticeships, military training, etc,

Name and Address of Post-Secondary School \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Name and Address of Post-Secondary School \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Type of degree \_\_\_\_\_

Use this space to identify any other educational experience you have had which is pertinent to this position. Include workshops, seminars, military or vocation training, etc. that are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below any violations for which you were convicted in a court of law. Convictions will not necessarily disqualify you from employment with the City of Aberdeen. The decision will be based on a number of factors such as the duties of the job for which you are being considered, the seriousness of the offense of which you were convicted, your age at the time of the offense, rehabilitation efforts, the recency of the offense, etc. Please be complete. All information is subject to verification.

Offense	Place	Date	Disposition (Sentence)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List motorized equipment you can operate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List occupational licenses/certifications in field of work. List office equipment you can operate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABERDEEN POLICE DEPARTMENT**  
**APPLICANT SCREENING CHECKLIST**

DATE \_\_\_\_\_

APPLICANT \_\_\_\_\_  
  (Last)  (First)  (Middle)

The attached applicant screening checklist is a questionnaire that you are required to complete and return to the Aberdeen Police Department, Detective Division. This is not a test, but rather a questionnaire covering the qualifications and requirements. Please read the following instructions before beginning the checklist.

**Read each question carefully and answer fully.** Any false statement or information knowingly given in this screening checklist is cause for disqualification. There are to be no "unknown" or unanswered questions when this checklist is completed. If a question does not apply, indicate this by the use of the symbol "N/A". If dates are called for, give month and year.

This checklist must be completed by the applicant. Type or print legibly in ink. If you find the space provided for any question to be insufficient, attach an additional sheet of paper (8 1/2" x 11"); give the answer on this attached sheet the same number as that given on the question being answered.

If, for any reason, you do not understand any question contained in this checklist, call the Aberdeen Police Department for further explanation and assistance.

**The attached packet must be completed and returned to the Aberdeen Police Department with all of the below listed, required documents and receipts by the test date or before.**

1.    **Copy of the certified birth certificate** from the Bureau of Vital Statistics in the State you were born, (the hospital Birth Certificate is not acceptable.)
  
2.    **Copy of Department of Defense form DD-214** (of ex-service personnel), for each term enlistment.
  
5.    **Copy of all active drivers' licenses in all states**
  
4.    **Copy of one (1) of the following:**
  - a.    High School Diploma;
  - b.    Letter from High School certifying graduation;
  - c.    Copy of valid G.E.D. certificate
  
5.    **Copy of all College or Trade School diplomas:**
  - a.    Associate of Arts,
  - b.    Bachelor of Arts, Science, etc.
  - c.    Masters
  - d.    Doctorate

**ABERDEEN POLICE DEPARTMENT**  
**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure and transmittal of all records concerning myself to any duly authorized agent of the City of Aberdeen Police Department, Detective Division, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records that pertain to my educational records, financial and credit records and institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

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 of information authorization will be considered in determining my suitability for employment by the City of Aberdeen Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

\_\_\_\_\_  
SIGNATURE (include maiden name)

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**APPLICANT EVALUATION**

**- CONFIDENTIAL -**

Date \_\_\_\_\_

Place \_\_\_\_\_

Examiner \_\_\_\_\_

**RELEASE AGREEMENT**

I, \_\_\_\_\_, hereby voluntarily submit to a polygraph (detection of deception technique) examination for the purpose of verifying my answers to questions regarding my background and health. I understood and agree that the results of this Polygraph examination may be made available to anyone properly authorized to receive it.

In consideration of my being given a polygraph examination without cost to me, I for myself, my heirs, personal representatives and assignees, hereby agree to hold harmless from any liability for any damage to me as a result of said examination, the City of Aberdeen, it's officers, employees, agents and the examiner administering this examination, and I hereby remise, release, waive and forever discharge and exonerate said City of Aberdeen, It's officers, agents and employees from any and all action or cause of action, claim or demand which I now have, or may ever have resulting directly, indirectly or remotely from said examination or from making known, as above, such reactions and incidental opinions.

In witness whereof I have hereunto set my hand and seal the day and date set forth above.

SIGNED \_\_\_\_\_

WITNESSED \_\_\_\_\_

DATE \_\_\_\_\_

**FAMILY RELATIONSHIPS**

Marital Status:  Married  Divorced  Separated  Single  
 Spouse: Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Maiden Name \_\_\_\_\_

List and specify your ex-spouse, children, parents, brothers and sisters:

Last Name	First Name	Middle Name	Relationship
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Street Address	City	State	Zip	Home Phone	Work Phone
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Last Name	First Name	Middle Name	Relationship
-----------	------------	-------------	--------------

Street Address	City	State	Zip	Home Phone	Work Phone
----------------	------	-------	-----	------------	------------

Last Name	First Name	Middle Name	Relationship
-----------	------------	-------------	--------------

Street Address	City	State	Zip	Home Phone	Work Phone
----------------	------	-------	-----	------------	------------

Last Name	First Name	Middle Name	Relationship
-----------	------------	-------------	--------------

Street Address	City	State	Zip	Home Phone	Work Phone
----------------	------	-------	-----	------------	------------

Last Name	First Name	Middle Name	Relationship
-----------	------------	-------------	--------------

Street Address	City	State	Zip	Home Phone	Work Phone
----------------	------	-------	-----	------------	------------

Last Name	First Name	Middle Name	Relationship
-----------	------------	-------------	--------------

Street Address	City	State	Zip	Home Phone	Work Phone
----------------	------	-------	-----	------------	------------

**EMPLOYMENT HISTORY**

1. Have you ever had your job terminated involuntarily? \_\_\_\_\_ Explain \_\_\_\_\_

When? \_\_\_\_\_ Employer \_\_\_\_\_

2. Have you ever been asked to resign? \_\_\_\_\_ Explain \_\_\_\_\_

When? \_\_\_\_\_ Employer \_\_\_\_\_

3. Have you ever quit a job without giving sufficient notice? \_\_\_\_\_ Explain \_\_\_\_\_

How many times? \_\_\_\_\_ When? \_\_\_\_\_ Employer \_\_\_\_\_

4. Have you ever received disciplinary action from an employer resulting in suspension, demotion or loss of pay? \_\_\_\_\_ Explain \_\_\_\_\_

**WORK HISTORY**

Begin with your current or most recent position and work backward. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position. If you need more space attach additional sheets using the same format.

**Current or most recent position:**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_

Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_ Average hours worked per week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Complete description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next previous position:**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_

Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_ Average hours worked per week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Complete description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Next previous position:**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_

Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_

Number of employees you supervised \_\_\_\_\_ Average hours worked per week \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Complete description of duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK HISTORY - continued**

**Next previous position:**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Number of employees you supervised \_\_\_\_\_ Average hours worked per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Complete description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next previous position:**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Number of employees you supervised \_\_\_\_\_ Average hours worked per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Complete description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Next previous position:**

Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_ Total Years/Months \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_  
Number of employees you supervised \_\_\_\_\_ Average hours worked per week \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Complete description of duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you need more space, attach additional sheets.**



**FINANCIAL HISTORY**

**Checking Account(s):**

Institution \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

Institution \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

**Savings Accounts(s):**

Institution \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

Institution \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

**List all financial obligations for which you are responsible:**

Creditor Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Funds were used for \_\_\_\_\_

Creditor Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Funds were used for \_\_\_\_\_

Creditor Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Funds were used for \_\_\_\_\_

Creditor Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Funds were used for \_\_\_\_\_

Creditor Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Funds were used for \_\_\_\_\_

### REFERENCES

**List three personal references. (Do not include relative, police officers or former employers)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

**If known, list three police officers with whom you are acquainted.**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Agency \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Agency \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Agency \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

### RESIDENCE

**In chronological order, list every place you have lived during the past ten (10) years. Start with your current address.**

Street Address \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Street Address \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**MILITARY SERVICE**

- 1. Have you ever been a member of a military organization of the United States? \_\_\_\_\_  
Branch: \_\_\_\_\_
- 2. Have you ever served in a military organization of a foreign government? \_\_\_\_\_  
Specify: \_\_\_\_\_
- 3. Have you ever applied for the military, but not been selected for service? \_\_\_\_\_  
Reason: \_\_\_\_\_
- 4. While in the military, have you ever been court-martialed, tried or charged, or the subject of any disciplinary action? \_\_\_\_\_ Specify: \_\_\_\_\_

**DRINKING HABITS**

- 1. Do you consider yourself a light, moderate or heavy drinker? \_\_\_\_\_
- 2. How much do you consume in an average week? \_\_\_\_\_
- 3. How many times have you been intoxicated in the last twelve months? \_\_\_\_\_
  - a. When were you last intoxicated? \_\_\_\_\_
  - b. How many times have you driven while intoxicated in the last twelve months? \_\_\_\_\_
- 4. Has your drinking resulted in any problems for you?
  - A. Missing work?  Yes  No
  - B. Arrests?  Yes  No
  - C. Domestic Disturbances?  Yes  No
  - D. Other?  Yes  No

Explain: \_\_\_\_\_

**DRUG USE**

**Have you "EVER" used or tried any of the following illegal drugs or substances?**

	Yes/No	Number of times in life	Last Time (Month/Year)
a. Marijuana	_____	_____	_____
b. Hashish	_____	_____	_____
c. Speed	_____	_____	_____
d. Heroin	_____	_____	_____
e. LSD	_____	_____	_____
f. Cocaine	_____	_____	_____
g. PCP	_____	_____	_____
h. Other (specify)	_____	_____	_____

**MOTOR VEHICLE AND DRIVER'S LICENSE HISTORY**

1. List all drivers' licenses you have now, or have had in the past:

State	Type	License #	Status

2. Have you at any time had your drivers' license restricted?  Yes  No
- Corrective Lenses  Yes  No
- Alcohol Use  Yes  No
- Work Only  Yes  No
- Time of Day  Yes  No
- Special Vehicle Equipment  Yes  No
- Other \_\_\_\_\_  Yes  No

3. Have you ever had a driver's license revoked, suspended or cancelled?  Yes  No  
 Which license? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_

4. As a driver, have you ever been involved in a motor vehicle accident?  Yes  No

Date	Location	Investigative Agency	Reported?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. List below the company which carries your auto insurance:

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

6. Has your auto insurance ever been revoked, refused, cancelled or non-renewed?  Yes  No

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Explain \_\_\_\_\_

7. List below all vehicles you own.

License	State	Make	Model	Color

8. Have you ever been the driver of a hit and run vehicle? \_\_\_\_\_

9. Have you ever been involved in an accident which resulted in a fatality or serious injury? \_\_\_\_\_  
 Explain \_\_\_\_\_

10. Were you drinking or under the influence of any controlled substance prior to the above listed accidents? \_\_\_\_\_

**LITIGATION**

1. Have you ever been charged with any non-traffic criminal violations?  Yes  No  
Date                      Charge                      Investigating Agency                      Disposition

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2. Have you ever been charged with any traffic law violations?  Yes  No  
Date                      Charge                      Investigating Agency                      Disposition

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3. Have you ever been named as a defendant in any civil action?  Yes  No  
Date                      Type of Action                      Cnty/ST of Record                      Disposition

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4. Have you ever been named as a respondent or petitioner in any court order?  Yes  No  
Date                      Type of Action                      Cnty/ST of Record                      Disposition

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5. Since adulthood, have you committed any unlawful sexual act? (i.e. Prostitution, Sexual Contact with Minor, Exhibitionist or Obscene Phone Calls)  Yes  No  
Explain \_\_\_\_\_

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6. List below any and all cash and/or items valued over \$10.00 that you have stolen. This includes any money or item that you took without permission or authorization from an individual, employment, business, store, military, etc. Include the item, quantity taken, when taken, approximate value, and from whom if known. \_\_\_\_\_

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7. Have you ever committed any crime that was not reported or discovered?  Yes  No  
Explain \_\_\_\_\_

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## **TASK RESPONSIBILITIES**

1. The position of Police Officer requires the physical ability to apprehend and restrain criminals and suspects while they are resisting. Can you perform this job related task?  Yes  No  
Explain \_\_\_\_\_
  
2. The position of Police Officer requires the ability to receive and send verbal communications. Can you perform this job related task?  Yes  No Explain \_\_\_\_\_
  
3. The position of Police Officer requires the physical ability to protect the public, other police officers and yourself. Can you perform this job related task?  Yes  No Explain \_\_\_\_\_
  
4. The position Police Officer requires the ability of riding in a police car for several hours a day Can you perform this job related task?  Yes  No Explain \_\_\_\_\_
  
5. The position of Police Officer requires the ability to complete several reports. Can you perform this job related task?  Yes  No Explain \_\_\_\_\_
  
6. The position of Police Officer requires the ability to work in stressful situations. Can you perform this job related task?  Yes  No Explain \_\_\_\_\_
  
7. The position of Police Officer requires the ability to make sound decisions and provide physical assistance in emergency situations. Can you perform this job related task?  Yes  No  
Explain \_\_\_\_\_
  
8. The position of Police Officer requires the physical stamina of standing, bending, stooping, sitting and lifting. Can you perform this job related task?  Yes  No Explain \_\_\_\_\_
  
9. The position of Police Officer requires the ability to work under unfamiliar and unpleasant conditions. Can you perform this job related task?  Yes  No Explain \_\_\_\_\_
  
10. The position of Police Officer requires the ability to use firearms and equipment applicable to crime control and criminal apprehension. Can you perform this job related task?  Yes  No  
Explain \_\_\_\_\_

**DRUG-FREE WORKPLACE ACT COMPLIANCE:** The City of Aberdeen complies with the Drug-Free Workplace Act. As a condition of your employment, you will be asked to participate in drug screening. If you refuse such screening or test positive (evidence of drug usage) you will not be offered employment or such offer will be withdrawn.

**AMERICANS WITH DISABILITIES ACT COMPLIANCE:** The City of Aberdeen fully subscribes to the provisions of the American With Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City at any time.

I authorize and release from liability all employers, persons, schools, law enforcement agencies and other organizations named in this application to provide information requested by the City of Aberdeen in its processing of this application.

I also understand that nothing in this application or in the granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Aberdeen. If an employment relationship is established, my employment is at-will and can be terminated at any time, with or without notice, for any reason. I understand that I have the right to terminate my employment at any time and that the City of Aberdeen has a similar right.

**YOU MUST SIGN THIS APPLICATION:  
UNSIGNED APPLICATIONS MAY BE DISQUALIFIED.**

Sign here in ink \_\_\_\_\_ Date \_\_\_\_\_