

ABERDEEN POLICE DEPARTMENT



POLICE OFFICER APPLICATION

PO Box 53
123 S. Lincoln St.
Aberdeen, SD
57402-0053
(605)626-7000

Bulletin # _____

Name: Last _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Social Security Number _____

Home phone number _____

Cell phone number _____

Work 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 than the one used above? Yes _____ No _____

Name _____

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:

Are you 21 years of age or older? Yes _____ No _____

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

Please list your Facebook account and/or MySpace account:

Equal Employment Opportunity and Affirmative Action Statistics

The City of Aberdeen is an Equal Opportunity Employer. We comply with government regulations and affirmative action responsibilities. This attached information in no way influences employment prospects. It is separated from your application immediately and is part of our EEO Program. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Print Name _____

Social Security Number _____

Title of Position Applied For _____

Bulletin Number (from job posting) _____

Sex: _____ (1) Male
_____ (2) Female

Age Group:
_____ (1) Under 18
_____ (2) 18-22
_____ (3) 23-29
_____ (4) 30-39
_____ (5) 40-49
_____ (6) 50-59
_____ (7) 60-69
_____ (8) 70 or older

Racial/Ethnic Group

_____ (1) White (not of Hispanic origin): All persons having origins in of the original peoples of Europe, North Africa or the Middle East.

_____ (2) Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

_____ (3) Hispanic: All persons of Mexican Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ (4) American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ (5) Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

**Applicant Survey
VOLUNTARY**

How did you learn about this position?

- 1 City Bulletin Boards
- 2 State Job Service Center
- 3 City Departments
- 4 Present City Employee
- 5 School
- 6 Tribal or BIA Emp. Asst. Office
- 7 Friend
- 8 Radio
- 9 Television
- 10 Newspaper
- 11 Other _____

Were you treated courteously when requesting job information?

- Yes
- No

Was the job information readily available upon request?

- Yes
- No

Was the job information easily understood?

- Yes
- No

If you answered "no" to any of the above, please explain.

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

EDUCATION AND TRAINING

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

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.).

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

Do you have the legal right to live and work in the United States? Yes No

Are you a US Citizen? Yes No If a naturalized US Citizen, what is the country of your birth? _____

What is your naturalization certificate number? _____

If you are a resident alien, have you submitted a declaration of intent (form n-315)? Yes No

List below any violations, other than minor traffic offenses 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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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		
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

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 _____ Type of Business _____

Employer's address _____ Phone _____

Supervisor's name and title _____ Phone _____

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 _____ Type of Business _____

Employer's address _____ Phone _____

Supervisor's name and title _____ Phone _____

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 _____ Type of Business _____

Employer's address _____ Phone _____

Supervisor's name and title _____ Phone _____

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 _____ Type of Business _____

Employer's address _____ Phone _____

Supervisor's name and title _____ Phone _____

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.

List motorized equipment you can operate: _____

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

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

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

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

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

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 _____

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. _____

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

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 _____