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SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION

APPLICATION AND PERSONAL HISTORY STATEMENT

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 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 hiring 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.

TYPE OF APPLICATION <input type="radio"/> Reciprocity <input type="radio"/> Reserve <input type="radio"/> Basic				DEPARTMENT: POSITION APPLIED FOR:		AGENCY HIRE DATE		
1. LAST NAME			FIRST NAME		MIDDLE NAME		2. Male ()	Female ()
3. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME						4. MARITAL STATUS ___ 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 / EMAIL Home _____ Bus _____ Email _____		
9. HEIGHT	WEIGHT	COLOR OR HAIR	COLOR OF EYES	10. SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS TATTOOS.				
11. U.S. CITIZEN () Yes () No		IF NATURALIZED - CERTIFICATE NO: _____		12. SOCIAL SECURITY NUMBER _____				

13. EDUCATION:

A. List all high schools attended.

NAME	LOCATION	DATES ATTENDED		YEARS COMPLETED		GRADUATED	
						Yes	No

B. If not a High School graduate, have you completed the General Educational Development (GED) tests. Yes___ No___
 If yes, when? _____ Where _____

C. Higher education. List information below for all colleges or universities attended.

Name and Location of College or University	Dates Attended		Credit Hours		Degree Rec'd	Year Rec'd
	From	To	Semester	Quarter		

Major and minor college courses.

D. Other schools or training (trade, vocational, business, or military). Give for each the name and location of school, dates attended, subjects studied, certificate, and any other pertinent data.

14. VEHICLE OPERATOR'S LICENSE (Driver's, Chauffeur's, etc.) Give the following information concerning any vehicle operator's license you have held or now hold:

Kind of License	Place of Issue	License #	Expiration Date

15. Have you ever had your drivers license, in any state suspended or revoked?

() Yes () No If yes, give details, including reasons, state dates, etc.

16. Have you ever had your law enforcement certification suspended, revoked or voluntarily surrendered, OR have you ever been dismissed from a law enforcement certification course, employment or training in South Dakota or any other state.

() Yes () No If yes, give details, including reasons, state dates, etc..

17. Have you unlawfully used any prescribed drug, controlled substance, or marijuana within in the past 365 days?

() Yes () No If yes, give details, including reasons, dates, etc.

18. Have you ever voluntarily surrendered any professional/occupational certification or license or have you ever had any professional/occupation certification or license suspended or revoked?

() Yes () No If yes, give details, including reasons, names of companies, dates, etc..

19. DETENTION, ARREST, CRIMINAL LITIGATION, CRIMINAL SUMMONS, CITATIONS, and/or CONVICTION. List **ALL**, including juvenile, and traffic tickets. Be advised that pursuant to SDCL 23-3-42, and not withstanding any legal advice you may have received to the contrary, you **MUST** list any suspended imposition or suspended execution of sentence. **Failure to disclose all the required information may result in denial of your application. If your application is denied you must wait one year to reapply to the academy.**

A. Have you ever been arrested or detained by a law enforcement agency? () Yes () No

If the answer to the above question is YES, list below the date, place, and details of each incident.

20. MILITARY SERVICE *Submit copy of DD 214 with application*

Branch	From	To	Type of Discharge

21. EMPLOYMENT (Last 5 yrs.)

Employer	From	To	Supervisor Name and Number	General Duties

22. REFERENCES (List 3 not relatives or employers)

Name	Address	Occupation

23. EMERGENCY MEDICAL INFORMATION

Name - Primary Physician/Emergency Care Physician	Phone

AUTHORIZATION TO RELEASE INFORMATION AND ENDORSEMENT OF APPLICATION

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 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 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.

_____ Date

_____ Signature of Applicant

STATE OF SOUTH DAKOTA)
) SS.
COUNTY OF _____)

I, _____, do solemnly swear that I will support the Constitution and the laws of the United States, the Constitution and the laws of the State of South Dakota, and that I will faithfully discharge the duties of the office of _____

Signature

Subscribed and sworn to before me this _____ day of _____ A.D., 20_____

(SEAL)

Signature

TITLE (Judge Of a Court of Record)

The above named applicant was employed by the _____ on _____
Name of Department Date and Year

I certify applicant was selected according to the South Dakota Law Enforcement Officers Standards program and to the best of my knowledge meets all of the requirements of this program.

/s/ _____
Mayor, Commissioner or Agency Administrator

City of County

Must Provide Department Employment/Hire Date

Document check list for submission to Law Enforcement Training (submit all original documents):

- Will complete - state firearms qualification course and agency's Use of Force Response to Resistance training (cannot perform law enforcement duties until completed)**
- Has completed - the state firearms qualification course and agency's Use of Force or Response to Resistance training (is able to perform law enforcement duties)**
- Previous employer has been contacted regarding any possible Brady/Giglio issue(s). Applies to anyone who has previous law enforcement, corrections, or dispatching experience.**
- Completed LES Form; (Form is due within 10 days after officer is hired)**
- DD 214 - Member 4 form containing separation/character of service information**
- Medical Verification of Physical Ability; (Form is due within 10 days after officer is hired)**
- Agency Oath of Office (Form is due within 10 days after officer is hired)**
- Fingerprint cards (Due within 10 days after officer is hired)**

**South Dakota Law Enforcement Training Center
Pierre, South Dakota**

MEDICAL VERIFICATION OF PHYSICAL ABILITY

This form is designed to assist the administration of the South Dakota Law Enforcement Training Center in determining whether a student is physically able to perform the duties of a law enforcement officer and complete the required activities in the Basic Training Program. This form is a required part of the student's certification to become a law enforcement officer and application to attend the Basic Academy. Unless this form is signed by the student's physician and submitted with the application, a student will not be allowed to participate in a Basic Training Program. Examining Physician's signature and initials are required on all three pages, 5-7. All three Medical form pages, 5-7, are to be returned to Law Enforcement Training.

Student Information	Box 1
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First MI Last </div>	
Agency Name: _____	
I hereby request and authorize my examining physician to release the information contained in _____ this form. I further agree to release and hold harmless my examining physician from any and all liability that might arise from the disclosure of such information.	
_____ Student Signature	_____ Date

Examining Physician Information	Box 2
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First MI Last </div>	
Type of Medical Practice: _____	
Area of Specialization: _____	
Professional Credentials (Licenses, Certifications, Etc.): _____ _____	
Contact Information:	
Address: _____	
Phone: _____	

Examining Physician Certification	Box 3
After examining the student listed in Box 1 of this form and reviewing the training requirements listed in Box 4 through Box 8 of this form, based on my education, training and experience, it is my opinion that the student has no medical or physical condition that would prevent the student from completing the physical requirements of the Basic Certification program and perform the duties of a law enforcement officer. Examining Physician's initials required in Box 4 through Box 8 of this form.	
_____ Signature	_____ Date

Physical Requirements of Physical Training and Assessments**Box 4**

Basic Law Enforcement Certification includes 25 hours of physical fitness testing and activities. During their first days at the academy, students participate in a fitness assessment which includes sit-ups, push-ups, and a 1.5 mile run. Students who register a BP of 160/100, or higher, at this assessment **WILL NOT** be allowed to participate and will be referred to their physician for further testing. Thereafter, the students participate in fitness sessions which include running/walking (2-5 miles maximum), calisthenics, including pushups, sit ups, leg lifts and other strength improving exercises, circuit training, aerobics, conditioning using jump ropes, resistance bands, and medicine balls, team sports, such as volleyball and basketball. At the conclusion of the academy, students again complete the fitness assessment to compare these results with their first week performance.

Examining Physician's Initials _____

Revised 2-2012

Physical Requirements for Defensive Tactics Training**Box 5**

Defensive Tactics Training is conducted throughout the academy, much of this training involves unarmed defense and close combat situations. Students will be involved in grappling, and deliver and receive strikes and kicks in dynamic scenarios, requiring a high level of physical exertion and body flexibility. Students will practice and demonstrate techniques involving pressure point application to sensitive areas of the body, dynamic forward, backward and lateral movements, and twisting and striking while swinging a baton. Handcuffing techniques will be performed, requiring flexibility and full range of movement of the wrist, arm and shoulder.

Examining Physician's Initials _____

Revised 6-2011

Physical Requirements for Practical Exercises**Box 6**

Students will be required to react to realistic scenarios involving simulated physical and weapon attacks in which they are expected to apprehend suspects, control resistance and restrain subjects. Officers will use training weapons, including firearms. During scenarios students may be required to run, crouch, crawl, kneel and fire handguns from various positions. Required movements will include entering and exiting a vehicle repeatedly, kneeling and standing for prolonged periods of time, and reaction to spontaneous threat situations with physical tactics and firearms skills that have already been taught. Scenarios will require sudden stops, starts and turns on hard surfaces. Scenarios may occur in all environments, such as inclement weather, hard surfaces, or stairwells.

Examining Physician's Initials _____

Physical Requirements of Emergency Vehicle Operation Training**Box 7**

Each student must successfully complete Emergency Vehicle Operation Training (EVOC), an intensive battery of repeated driving drills conducted over one continuous five-day period. This battery subjects the student to several physically demanding maneuvers. Students drive in reverse for considerable distances, and perform reverse driving exercises that require significant rapid turns of the upper body and hips. The course also requires repeated sudden braking, stopping, and turning and requires a student to make strenuous, visual safety checks. These checks require considerable twisting of the head, neck, and upper body.

Examining Physician's Initials _____

Physical Requirements of Firearms Training**Box 8**

Successful completion of firearms training is required for certification as a Law Enforcement Officer. Firearm training consists of intense live-fire exercises and dry-fire drills. Each student will shoot approximately 1200 rounds from a handgun and approximately 60 rounds from a shotgun during the course of the academy. As part of the training, each student must shoot a qualifying score with both firearms. Successful firearms training requires the requisite fine motor skills to safely manipulate and shoot loaded firearms with both dominant and non-dominant hands and fingers. Most shooting is done with the dominant hand. Students must successfully and safely manipulate trigger pulls of varying weight and physically support a loaded firearm from a variety of shooting stances and positions. Students are required to shoot from a standing, kneeling, and prone position and perform numerous repetitions transitioning from a standing to kneeling position while safely holding a loaded firearm. Training movements require students to move forward, backward and laterally, be able to see and identify hostile and non-hostile targets in various lighting conditions, and simulate high risk scenarios that include running, and tactical movements such as kneeling, crouching, and crawling. Students must have the ability to hear range commands while wearing hearing protection (ear plugs or ear muffs).

Examining Physician's Initials _____

Revised 6-2011