For Law Enforcement T	Fraining Use C	Only
-----------------------	----------------	------

FPC	_ ID	DL
JB	SC	_ KK
GW	SO	_SM

SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION

APPLICATION AND PERSONAL HISTORY STATEMENT

MINIMUM STAN								emplo yed or certified forcement officer unless		
				g requirements:		er contineu				
		(1) Is a cit	zen of the	United States;						
		(2) Is at le	ast 21 yea	rs of age at time o	of appointment;					
		(3) Has hi	(3) Has his fingerprints taken by a qualified law enforcement officer;							
		(4) Is of go	(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;							
					an who certifies, on ies of a law enforce			e commission, that the		
		The inf service	erview sh , app eara	all include question nce, personality, f	ons to determine ap	oplicant's ge y to com m	eneral suitab unicate, and	e before emp loyment. ility for la w enforcement other characteristics fficer;		
				of office a s requir judge of a court o		7 or 3-1-5.	The oath m	nay be taken before the		
				lly used any pres f application for ce		olled substa	nce, or mariji	uana w ithin on e y ear		
					n, if the person has nt training program a		on failed to s	uccessfully		
		certific	(11) Has not had h is certificat ion r evoked, v oluntarily surrendere d certificat ion, had an app lication for certification refused, or been dismissed from the basic training program, unless the commission upon application declares eligible for employment or certification.							
		state, a or disn	(12) Has not b ecome ineligible for employ ment 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 dismiss al from certificat ion, employ ment or training, unl ess the commission, upon ap plication, declares the person eligible for employment or certification in South Dakota.							
GENERAL INST	RUCTIONS	space ava i	able is ins					u, so state with N/A . If with the number of the		
referenced		DO NOT M determine y	block. <u>DO NOT MISSTATE OR OMIT</u> material fact since the statements made herein are subject to verification determine your qualifications for employment, or certification. Any misstatement or omission can be use as grounds to deny your application and/or revoke or suspend any subsequent certification.							
POSITION APPLI	ED FOR		DEPARTMEN			NT				
1. LAST NAME			FIRST NAM	ΛE			2. Male ()	Female ()		
3. ALIAS(ES), NIC	CKNAME(S)	, MAIDEN NAME, (OTHER CH	ANGES IN NAME			L STATUS	Mar ried		
5. PRESENT RES	SIDENT ADI	DRESS STRE	ET OR RF	D / CITY C	R POST OFFICE		E	ZIP CODE		
6. DATE OF BIRTH (month, day, year)) 7. PLACE OF BIRTH		8. TELEPHONE Home					
6. DATE OF BIRT						Bus.	·····	·····		
9. HEIGHT	WEIGH	T COLOR OR	HAIR C	COLOR OF EYES	10. SCARS, PHYS MARKS TATT	Bus		IGUISHING		
		T COLOR OR				Bus SICAL DEFE OOS.	ECTS, DISTIN	IGUISHING		

13. EDUCAT ION:

Α.	List all high schools attended.

NAME LOCAT	ION	DATES ATTENDED	YEARS COMPLETED	GRADI Yes No	UATED

If not a High School graduate, have you completed the General Educational Development (GED) tests. Yes____ No____ Β. If ves, when? Where

IT	yes,	wnen	!
			_

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

Name and Location of College or University	Dates A	ttended	Credit	Hours	Degree	Year
	From	То	Semester	Quarter	Rec'd	Rec'd

Major and minor college courses.

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

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

	Kind of License	Place of Issue	Date of Expiration	Restrictions			
15.	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.			ver had y r state?	our law enforcement certification suspended, revoked or voluntarily surrendered in South Dakota
() Yes	() No	If yes, give details, including reasons, state dates, etc
47	Have	/ou e	ver volun	tarily surrendered any professional/occupational certification or license or have you ever had any
17. pro	fessi	ona		tion certification or license suspended or revoked?
	-	ona (

- 18. 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 <u>MUST</u> list any suspended imposition or suspended execution of sentence. <u>Failure to disclose all the required information may result in denial of your application</u>. <u>If your application is denied you must wait one year to reapply to the academy</u>.
- 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.

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

Branch F	rom	То	Type of Discharge

20. EMPLOYMENT (Last 5 yrs.)

Employer F	rom	То	General Duties

21. REFERENCES (List 3 not relatives or employers)

Name Address		Occupation
22. EMERGENCY MEDICAL INFORMATI	ON	

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 auth orize 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 the re are no misrepr esentations, omissions, or falsifications in the for egoing statements and answ ers, 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 furthe r agree and consent in advance to bei ng summaril y discharged without cause or hearing if an y of the above informati on c ontains an y misrepresentations of falsification or if any material information has been omitted.

STATE OF SOUTH DAK	COTA)		
) COUNTY OF	SS.		
	,		
			y swear that I will support the Constitution and
	ates, the Constitution and the laws of the Stat		
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 applic	ant was employed by the	Name of Department	on Date and Year
		·	
	lected according to the South Dakota Law En	forcement Officers Standards progra	m and to the best of my knowledge meets all
of the requirements of th	is program.		
		<u>/s/</u>	oner or Agency Administrator
		Mayor, Commissi	oner or Agency Administrator
Must Provide Departm	nt Employment/Lize Date	City of County	
Must Provide Departine	ent Employment/Hire Date		
Document check	list for submission to Law Enfo	orcement Training:	
П	Completed LES Form		
	Completed LES Form		
	DD 214 containing separatio	n/character of service info	ormation
	Medical Verification of Physical Ability form		
	Agency Oath of Office		
	Fingerprint cards		

Page 4

Box 3

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.

Studer	nt Information	n		Box 1
Name:				
	First	MI	Last	
Agency	v Name:			
this for	m. I further ag			e the information contained in ician from any and all liability that

Student Signature

Date

Examinir	ng Physician Informa	tion		Box 2
Name:	First	MI	Last	
Type of M	edical Practice:			
Area of Sp	ecialization:			
Profession	al Credentials (Licenses,	Certifications, Etc.):		
Contact In	formation:			
Address:				
Phone: _				

Examining Physician Certification

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.

Signature

Box 4

Physical Requirements of Physical Training and Assessments

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 a step test (assuming acceptable blood pressure), sit-ups, push-ups, and a 1.5 mile run. Thereafter, the students participate in fitness sessions which include running/walking (2-5 miles maximum), calisthenics, including push ups, 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.

Physical Requirements for Defensive Tactics Training

Defensive Tactics Training is conducted over one continuous five-day period, most of which 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.

Physical Requirements for Practical Exercises

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.

Physical Requirements of Emergency Vehicle Operation Training

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.

Box 5

Box 6

Box 7

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 in a four-day period. At the conclusion 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).