For Law Enforcement Training Use ONLY

FPC _____	**ID** _____
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SM _____	

Basic 911

SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION

APPLICATION AND PERSONAL HISTORY STATEMENT

MINIMUM STANDARDS FOR EMPLOYMENT:

Subsequent to July 1, 1999, a person may not be temporarily or permanently employed or certified as a 911 Telecommunicator or continue to be employed or certified as a 911 Telecommunicator unless he/she meets the following requirements:

(1) Is a citizen of the United States;

(2) Is at least 18 years of age at time of appointment;

(3) Has his/her 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 that the applicant is able to perform the duties of a telecommunicator;

(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 telecommunications, appearance, personality, temperament, ability to communicate and other characteristics reasonable necessary to the performance of the duties of a telecommunicator ;

(8) Has not unlawfully used any prescribed drug, controlled substance, or marijuana within one year before the time of application for certification;

(9) Is eligible to reapply for certification, if the person has for any reason failed to successfully complete the basic 911 training program, and;

(10) Has not had his/her 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.

(11) Has not become ineligible for employment or certification as a 911 telecommunicator 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.

POSITION APPLIED FOR	DEPARTMENT	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 Home_____Bus_____ Email _____

9. HEIGHT	WEIGHT	COLOR OF 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 elementary, junior high, and high schools attended.

NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED	GRADUATED Yes	GRADUATED 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 From	Dates Attended To	Credit Hours Semester	Credit Hours Quarter	Degree Rec'd	Year Rec'd

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:

Operator License Number	Place of Issue	Date of Expiration	Restrictions

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 911 Telecommunicator certification suspended, revoked, or voluntarily surrendered in South Dakota or any other state?

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

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

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

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 **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.

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

Branch	From	To	Type of Discharge

20. EMPLOYMENT (Last 5 yrs.)

Employer	From	To	General Duties

21. REFERENCES (List 3 not relatives or employers)

Name	Address	Occupation

22. 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 911 telecommunicator 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