



STURGIS POLICE DEPARTMENT LAW ENFORCEMENT SUPPLEMENT

DO NOT MISSTATE OR OMIT material fact. Applicants are not automatically disqualified for information pertaining to employment history, driving record, criminal history and drug use; however, any false information, misstatements or omission of material facts may result in disqualification.

Applicant Name:	Applicant DOB:
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- Per the state requirement (2:01:02:01 – minimums standards for employment), are you a citizen of the United States and at least twenty one years of age? Yes No
- Your most recent work history is included on the City’s employment application. Ensure that section is completely and accurately filled out. Do not write “See Resume”.
- Attach a detailed resume of your entire work history.** (Cover Letter optional.)
- Explain any lapses in employment which are longer than three (3) months. If no lapses, please enter N/A.

- Do you hold a current law enforcement certification (from South Dakota or another state) with prior law enforcement experience? Yes No
 - If yes, how many total years of law enforcement experience do you have? _____
 - Please list all agencies you have worked for. Attach additional pages if more than 4.

Agency Name	City, State	Positions	Years of service

8. Have you ever (no time limit) been convicted of a felony? Yes No
a. If you answered "yes" to question 8, please explain below.

9. Have you been convicted of a misdemeanor in the past seven (7) years? Yes No
a. If you answered "yes" to question 9, please explain below.

10. Please list any other law enforcement (including judicial system) interactions (positive or negative) that you have had in the last seven (7) years.

11. Have you unlawfully used any prescribed drug, controlled substance, or marijuana? Yes No
a. If you answered "yes" to question 11, what did you use and when was the last time you used? _____

12. Are you willing to undergo post offer testing that includes comprehensive background investigation, credit check, drug screen, physical examination, polygraph exam and mental health certification? Yes No

13. Do you have any other comments regarding your application that you would like the Department should consider?

Applicant Signature:	Signature Date:
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