Sturgis

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:			
1.	Per the state requirement (2 of the United States and at le		• •	•		
2.	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".					
3.	Attach a detailed resume of your entire work history. (Cover Letter optional.)					
4.	Explain any lapses in employment which are longer than three (3) months. If no lapses, please enter N/A.					
5.	Do you hold a current law enforcement certification (from South Dakota or another state) with prior law enforcement experience? \Box Yes \Box No					
	a. If yes, how many total years of law enforcement experience do you have?					
	b. Please list all agencies you have worked for. Attach additional pages if more than 4.					
	Agency Name	City, State	Positions	Years of service		

	C.	What was the disposition of your most previous performance evaluation? ☐ Exceeded Expectations/ Excellent ☐ Met Expectations/ Satisfactory ☐ Below Expectations / Poor ☐ Other ☐ No review conducted in the past year
	d.	Have you ever had your law enforcement certification suspended, revoked or voluntarily surrendered in South Dakota or any other state? \Box Yes \Box No
	e.	Has your conduct ever been investigated for any possible Brady/Giglio concern(s) which resulted in disciplinary action by a prior agency? \Box Yes \Box No
	f.	If you answered "yes" to question 5(d) or 5(e), please explain below.
6.	have yo	you ever voluntarily surrendered any professional/occupational certification or license or ou ever had any professional/occupation certification or license suspended or revoked? — Yes — No If you answered "yes" to question 6, please explain below.
6.	have yo	ou ever had any professional/occupation certification or license suspended or revoked? \Box Yes \Box No
7.	a. Have ye	ou ever had any professional/occupation certification or license suspended or revoked? \Box Yes \Box No

8. Have you ever (no time limit) been convicted of a felony a. If you answered "yes" to question 8, please expla	
9. Have you been convicted of a misdemeanor in the past s a. If you answered "yes" to question 9, please expla	
 Please list any other law enforcement (including judicial syst that you have had in the last seven (7) years. 	em) interactions (positive or negative)
11. Have you unlawfully used any prescribed drug, controlled s	substance, or marijuana?
a. If you answered "yes" to question 11, what did you used?	

, , , , , , , , , , , , , , , , , , , ,	fer testing that includes comprehensive background physical examination, polygraph exam and mental health \Box Yes \Box No
13. Do you have any other comments regard should consider?	ding your application that you would like the Departmen
Applicant	Signature
Signature:	Date: