



Fall River County Sheriff's Office

Sheriff Rich Mraz

906 N. River St.

Hot Springs, SD 57747



INSTRUCTIONS

Please fill out this questionnaire completely and accurately. All statements in this questionnaire are subject to verification and may be used in polygraph testing. If more space is needed, select the corresponding additional form from those provided on the Human Resources Webpage. All fields are required. If they do not apply please fill with N/A. This form allows you to input information and save the file as ".pdf". When returning to the saved document it will have the same functionality as the original form.

PERSONAL

Full Name: _____
 First Middle Last

List any other name(s) you have used or have been known by and give the reasons for the change(s):

Email Address: _____

Social Security Number: _____

Full Address: _____
 Address City State Zip Code

Telephone: Home: _____ Work: _____ Cell: _____

Date of Birth: _____ Place of Birth: _____

Weight: _____ Height: _____

South Dakota Law Enforcement Civil Service Rules require all Law Enforcement Officers to be U.S. citizens.

If applying for a Law Enforcement Officer position, are you a United States Citizen? Yes No

RESIDENCES

Please list all of your residences during the last **10 Years** (list no information prior to your 15th birthday). Begin with your current residence.

Address	City, State, Zip Code	Dates	Rent or Own	Landlord Name & Number

List with whom you reside and what their relationship is to you?

RELATIVES AND REFERENCES

During the course of the background investigation, people who know you will be asked to comment upon your suitability for a position with the _____ Please provide complete information for each reference. If the category does not apply, write in "N/A".

Name	Address (City, State, Zip Code)	Telephone Number
Father		
Mother		
Father-in-law		
Mother-in-law		
Spouse		
Former Spouse		
Aunt		
Aunt		
Uncle		
Uncle		



Please list all dependents, including biological or adopted children, stepchildren, foster children and legal wards.

Name	Address City, State, Zip Code	Telephone Number	Date of Birth	Relationship

In the space below, please list as references, 5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers, and school references.

Name	Address, City, State, Zip Code	Telephone Number	Years Known

In the space below, please list neighborhood references. Include individuals who lived near you and would have knowledge of you. Exclude relatives, former employers and school references.

Name	Address, City, State, Zip Code	Telephone Number	Years Known

EDUCATION

Do you possess a high school diploma or its equivalent? Yes No

Please indicate below all of the schools you attended beginning with high school. Include a reference for each school. Persons who have known you in a learning environment will be contacted during your background investigation. A review of your school records may be conducted in conjunction with those contacts.

You will be required to provide copies of diplomas, transcripts and degrees to investigator or HR office.

Name of School	Address, City, State	Dates Attended	School Reference	Degree (if any)

Have you ever been suspended or expelled from any high school or post-secondary school? Yes No

If you answered "Yes", please provide school, date and circumstances:

A. EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held during the **past 10 years** (list no information prior to your 15th birthday). If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Do NOT REFER TO A RESUME FOR THIS SECTION!

From: _____ To: _____ Employed Military Service Not Employed

Title: _____ Full-time Part-time Volunteer

Name of Employer: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name & Title of Supervisor: _____ Hourly Wage: _____

Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employed Military Service Not Employed

Title: _____ Full-time Part-time Volunteer

Name of Employer: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name & Title of Supervisor: _____ Hourly Wage: _____

Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employed Military Service Not Employed

Title: _____ Full-time Part-time Volunteer

Name of Employer: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name & Title of Supervisor: _____ Hourly Wage: _____

Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employed Military Service Not Employed

Title: _____ Full-time Part-time Volunteer

Name of Employer: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name & Title of Supervisor: _____ Hourly Wage: _____

Duties: _____

Reason for Leaving: _____

1. May we contact your present employer during the background investigation? Yes No

If "No", please explain: _____

Please note: Before a final offer of employment is made, we will contact your current employer.

2. Are you now or have you been engaged in any business as an owner, partner or corporate member? Yes No

If "Yes", please provided: dates, what type of business, entity-corporation, partnership, etc., and your role and share in the business: _____

3. Have you ever been disciplined at work including: dismissal, suspension with or without pay, demotion, written reprimand or reduction in pay for disciplinary reasons? Yes No

If "Yes", please provide when, name of employer and why: _____

4. Have you ever been a successful or unsuccessful candidate for a position requiring law enforcement powers?

Yes No

If "yes", please provide dates, name of agency and circumstances: _____

5. Are you willing to work nights, weekends and holidays? Yes No

6. Are you willing to work day, evening and night shifts? Yes No

Have you ever:

Yes No

7. Stolen money or anything of value from an employer?

8. Stolen any property from a fellow employee?

9. Deliberately short-changed a customer?

10. Deliberately destroyed any property of an employer?

11. Have you ever given a discount to a friend or family member

in violation of policy in a retail, commercial or food service position?

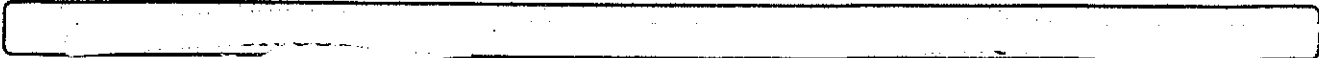
If "yes", to any of these questions, please explain include dates and name of employer: _____

B. PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

If you were ever employed by a criminal justice or law enforcement agency, please answer the following questions. If no, please select N/A

- | | Yes | No | N/A |
|--|-----------------------|-----------------------|-----------------------|
| 1. Have you ever accepted a payoff? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever stolen anything from anyone you arrested? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever stolen anything at the scene of a burglary? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever kept the property of someone you arrested? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Have you ever carried a "throw down" weapon? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever unlawfully entered a business? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Have you ever stolen anything from a car that was, at your direction, towed in? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Have you ever falsified an expense voucher? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Have you ever tampered with evidence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Have you ever kept for personal use or resale, any illegal drugs taken from someone who had been arrested, detained or questioned? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Have you ever illegally destroyed a case file, computer entry or official report? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Have you ever falsified a case file | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Have you ever illegally retained seized weapons or property? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Have you ever planted evidence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Were you every suspended from your job? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Have you ever "tipped off" a friend, acquaintance or relative about an active investigation involving them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Have you ever "covered up" a criminal offense for a friend or relative? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. While employed in a criminal justice position, have you used or sold marijuana, cocaine, or other illegal drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Have you stolen anything from a crime scene? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. While being in a criminal justice position, have you ever violated your oath of office? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Have you ever been a party to a lawsuit as a result of your actions in the performance of your job? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you answered "Yes" to any of the above questions please provide dates and name of agency:



C. MILITARY SERVICE

Military service information is used for verification of service and employment history. Veteran's preference is collected through our employment application process.

If you are a male under age 26, please provide the following:

Selective Service Number: _____

Approximate Date of registration: _____

Address at time of registration: _____

- 1. Have you ever served or are you currently serving in the armed forces, National Guard or military reserves?

Yes No

If "yes", please supply the following information:

Branch of Service: _____

Service Number: _____

Dates of Service: _____ to _____

Type of discharge: _____

You will be required to provide a copy of your DD214 to the investigator or HR office.

- 2. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes No

If "yes", please provide branch of service, date, location and circumstances:

Please list past commanding officers or military acquaintances who know you well enough to provide accurate information.

Rank	Name	Address City, State, Zip Code	Telephone

[Redacted]

D.FINANCES

- | | | |
|---|-----------------------|-----------------------|
| | Yes | No |
| 1. Have you ever had any property repossessed? | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever voluntarily relinquished property due to financial difficulty? | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever been sued over a debt owed? | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever had any financial obligation turned over to a collection agency? | <input type="radio"/> | <input type="radio"/> |
| 5. Have you been delinquent paying alimony or child support payments? | <input type="radio"/> | <input type="radio"/> |

If "yes" to any of the above please provide the dates, circumstances and outcome:

E. DRIVING HISTORY

1. Do you have a current driver's license? Yes No
 State: _____ Classification: _____ Driver's License Number: _____

2. Have you ever possessed a driver's license issued by any state other than South Dakota? Yes No
 If "yes", please provide state, type of license and dates:

3. Have you ever been refused a driver's license by any state? Yes No
 If "yes", please provide state and reason for denial:

4. Has your driver's license ever been suspended or revoked? Yes No
 If "yes", please explain.

Please list all traffic citations you have received. Include driving under the influence and driving while intoxicated. Exclude parking violations:

Location (City/State)	Approximate Date	Violation	Disposition

5. Have you ever or do you presently have unpaid parking tickets?

Yes No

6. Do you presently have or can you obtain automobile insurance?

Yes No

7. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No

If "yes", please provide company name, date and reason.

8. Have you been involved as the driver in a motor vehicle accident in the last 5 years? Yes No

If "yes", please provide details for each accident below:

Accident Date: _____

Location: _____

Injury Non-Injury Police Investigation: Yes No

Police Agency: _____

Explanation: _____

Accident Date: _____

Location: _____

Injury Non-Injury Police Investigation: Yes No

Police Agency: _____

Explanation: _____

Accident Date: _____

Location: _____

Injury Non-Injury Police Investigation: Yes No

Police Agency: _____

Explanation: _____

Accident Date: _____

Location: _____

Injury Non-Injury Police Investigation: Yes No

Police Agency: _____

Explanation: _____

[Redacted]

F.LEGAL

An affirmative response to any of the questions in this section will not automatically disqualify you. The employer will consider the type and seriousness of the incident, the frequency of incidents, your age at the time of the incident, the time lapse since the incident, completion of any sentence and other job-related criteria.

If you are a Deputy Sheriff applicant your sealed records should be disclosed in your legal history in accordance with SDCL 23A-3-42.

1. Have you ever been arrested for, convicted of, or pled guilty, no contest, or nolo contendere to any crime as an adult or juvenile (excluding traffic citations)? Yes No

If "yes" please provide the following information:

Type of Crime	Approximate Date	City/State	Law Enforcement Agency

Circumstances: _____

Type of Crime	Approximate Date	City/State	Law Enforcement Agency

Circumstances: _____

Type of Crime	Approximate Date	City/State	Law Enforcement Agency

Circumstances: _____

2. Have you ever been placed on court probation as an adult? Yes No

If "yes", please provide dates, location, why and name of probation officer:

3. Have you even been reported to a law enforcement agency as a missing person or runaway? Yes No

If "yes", please provide date, law enforcement agency and circumstances:

4. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No

If "yes", please provide date, location of court and circumstances:

Have you ever been:	Yes	No
5. Placed in a police lineup?	<input type="radio"/>	<input type="radio"/>
6. Placed on parole?	<input type="radio"/>	<input type="radio"/>
7. Placed in jail?	<input type="radio"/>	<input type="radio"/>
8. Placed in a holding cell?	<input type="radio"/>	<input type="radio"/>
9. Placed in a juvenile correctional facility?	<input type="radio"/>	<input type="radio"/>

If "yes", to any of the above, please provide date, law enforcement agency and explanation:

10. Have you ever committed, contributed to or participated in any of the following crimes or offenses? *The question applies even though you may not have been arrested, convicted, caught, or apprehended.*

Yes	No	
<input type="radio"/>	<input checked="" type="radio"/>	Murder
<input type="radio"/>	<input type="radio"/>	Manslaughter
<input type="radio"/>	<input type="radio"/>	Aggravated assault
<input type="radio"/>	<input type="radio"/>	Battery
<input type="radio"/>	<input type="radio"/>	Kidnapping
<input type="radio"/>	<input type="radio"/>	Domestic abuse
<input type="radio"/>	<input type="radio"/>	Child abuse
<input type="radio"/>	<input type="radio"/>	Rape
<input type="radio"/>	<input type="radio"/>	Statutory rape
<input type="radio"/>	<input type="radio"/>	Child molestation
<input type="radio"/>	<input type="radio"/>	Sexual contact with a minor
<input type="radio"/>	<input type="radio"/>	Child pornography
<input type="radio"/>	<input type="radio"/>	Sexual exploitation of children
<input type="radio"/>	<input type="radio"/>	Public indecency
<input type="radio"/>	<input type="radio"/>	Prostitution
<input type="radio"/>	<input type="radio"/>	Pimping
<input type="radio"/>	<input type="radio"/>	Incest
<input type="radio"/>	<input type="radio"/>	Burglary
<input type="radio"/>	<input type="radio"/>	Criminal damage to property
<input type="radio"/>	<input type="radio"/>	Illegal possession of firearms
<input type="radio"/>	<input type="radio"/>	Illegal possession of sawed-off shotgun, machine gun, or silencer
<input type="radio"/>	<input type="radio"/>	Theft
<input type="radio"/>	<input type="radio"/>	Theft of motor vehicle, part, components
<input type="radio"/>	<input type="radio"/>	Joyriding



- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Receiving stolen property |
| <input type="radio"/> | <input type="radio"/> | Hit & Run |
| <input type="radio"/> | <input type="radio"/> | Shoplifting |
| <input type="radio"/> | <input type="radio"/> | Armed robbery |
| <input type="radio"/> | <input type="radio"/> | Forgery |
| <input type="radio"/> | <input type="radio"/> | Credit card fraud |
| <input type="radio"/> | <input type="radio"/> | Accessing computers for illegal purposes |
| <input type="radio"/> | <input type="radio"/> | Bribery |
| <input type="radio"/> | <input type="radio"/> | Impersonation of a public officer or employee |
| <input type="radio"/> | <input type="radio"/> | Obstruction of a law enforcement officer |
| <input type="radio"/> | <input type="radio"/> | False impersonation |
| <input type="radio"/> | <input type="radio"/> | False reporting a crime |
| <input type="radio"/> | <input type="radio"/> | False reporting a fire |
| <input type="radio"/> | <input type="radio"/> | Escape |
| <input type="radio"/> | <input type="radio"/> | Perjury |
| <input type="radio"/> | <input type="radio"/> | Tampering with evidence |
| <input type="radio"/> | <input type="radio"/> | Treason |
| <input type="radio"/> | <input type="radio"/> | Advocating overthrow of government |
| <input type="radio"/> | <input type="radio"/> | Riot |
| <input type="radio"/> | <input type="radio"/> | Terrorist threats or acts |
| <input type="radio"/> | <input type="radio"/> | Peeping tom |
| <input type="radio"/> | <input type="radio"/> | Unlawful eavesdropping |
| <input type="radio"/> | <input type="radio"/> | Illegal gambling |
| <input type="radio"/> | <input type="radio"/> | Illegal possession, trafficking, manufacture, distribution
of illegal drugs or marijuana |
| <input type="radio"/> | <input type="radio"/> | Illegal use of a legal drug |
| <input type="radio"/> | <input type="radio"/> | Intentional inhalation of intoxicants |
| <input type="radio"/> | <input type="radio"/> | Driving on a revoked driver's license |

If you answered "yes" to any of the above, please explain:

G. ALCOHOL USE

- | | Yes | No |
|---|-----------------------|-----------------------|
| 1. Have you ever driven a motor vehicle while under the influence of alcohol? | <input type="radio"/> | <input type="radio"/> |
| 3. As an adult, have you ever purchased alcohol for a minor? | <input type="radio"/> | <input type="radio"/> |
| 4. Did you ever purchase alcohol as a minor using false identification? | <input type="radio"/> | <input type="radio"/> |
| 5. How would you describe your alcohol use? | <input type="radio"/> | <input type="radio"/> |

None Rare Social Moderate Other, please list: _____

[Redacted]

H. DRUGS

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Have you ever used, possessed, purchased, sold, distributed, trafficked, manufactured or grown illegal drugs? | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever illegally used a legal drug? | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever owned or possessed any type of drug paraphernalia? | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever illegally used anyone else's drug prescription? | <input type="radio"/> | <input type="radio"/> |
| 5. Have you ever let anyone else use your drug prescription? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever forged, illegally bought, sold or stolen a drug prescription? | <input type="radio"/> | <input type="radio"/> |

If "yes" to any of the above, please explain:



Fall River County Sheriff's Office

Sheriff Rich Mraz

906 N. River St.

Hot Springs, SD 57747

Phone: (605)745-4444



For Pre-Employment Screening

**ATTENTION-THIS STATEMENT MUST BE SIGNED. PLEASE TYPE IN YOUR SIGNATURE AND
FILL IN THE DATE OF SUBMISSION.**

Name: _____
Address: _____
Social Security Number: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position or volunteer position with the Fall River County Sheriff's Office (FRSO). I hereby authorize a review of and full disclosure of all records, or any part, concerning myself by and to the (FRSO), whether the records are public, private, or confidential.

I consent to your release of all public and private information that you have concerning me, my work record, background, military service records, educational records, financial status, civil litigation or penalties, criminal history record, investigator files, performance ratings, complaints or grievances filed against me, and internal affairs investigations or discipline, including any files which are deemed to be confidential or sealed.

I release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage according to any state or federal laws. I release you, as the custodian of the records, from all liability for damages of whatever kind which may result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

In consideration of the (FRSO)s acceptance and processing of my application for employment (including a volunteer position), I agree to hold (FRSO) its agents and employees harmless from all claims and liability associated with my application for employment (including a volunteer position) or in any way connected with the decision whether or not to employ me (including a volunteer position) with (FRSO) I further agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy or fax copy of this release form is as valid as the original, even though the photocopy or fax copy does not contain an original signature. This waiver is valid for a period of 60 days from the date of my signature.

Signature _____ Date _____



Fall River County Sheriff's Office

Sheriff Rich Mraz

906 N. River St.

Hot Springs, SD 57747

Phone: (605)745-4444



**ATTENTION-THIS STATEMENT MUST BE SIGNED. PLEASE TYPE IN YOUR SIGNATURE AND
FILL IN THE DATE OF SUBMISSION.**

I understand that making a false or misleading statement or omitting relevant information during the application and selection process may be the basis for removal from the selection process, dismissal from employment, or other disciplinary action after I am hired.

I am aware that willfully withholding information or making false statements on this application can be the basis for removal from employment with the The Fall River County Sheriff's Office.

I agree to these conditions and I hereby certify that my responses on this application are true and complete, to the best of my knowledge.

Signature _____ Date _____