



EDMUNDS COUNTY SHERIFF'S OFFICE

PO Box 303 ~ 210 2nd Ave ~ Ipswich, SD 57451-0303 ~ 605-426-6262 ~ Fax 605-426-6257

Jonathan Waldner
Sheriff

Kyle Couchey
Chief Deputy

Deputy Sheriff Application and Job Expectations

Qualifications

All the following must be met in order to apply for position of deputy sheriff

1. Be at least 21 years of age
2. Possess a valid driver's license
3. Be a citizen of the United States
4. Be of good moral character
5. Possess a High School Diploma or GED
6. Be able to reside within Edmunds County
7. Be able to complete the S.D. Law Enforcement Officer Standards and Training Commission, upon employment
8. Be able to possess a firearm
9. Be able to Pass a drug test

Disqualifications

Any of the following items will be grounds for disqualification from employment

1. Falsification or untruthfulness of the information obtained during the selection process, both written and oral.
2. Dishonorable discharge from any of the armed forces of the United States
3. Any Felony Conviction
4. Any misdemeanor conviction, including pleas of nolo contendere, within the last 5 years, involving one of the following but not solely limited too: Perjury, Domestic Violence/Battery, Abuse of a child, elderly, or disabled, Driving under the influence
5. Any suspension or revocation of driver's license within the last 3 years
6. Unable to verify/validate references
7. Drug history deemed to not be in the best interest of the county
8. Any other factor deemed not to be in the agency's best interest

Background Information

Full Name _____ Maiden/Alias _____
City and State of Birth _____ Marital Status _____
Date of Birth _____ Social Security # _____ Sex _____

The Edmunds County Sheriff's Office is an Equal Employment Opportunity employer. No person will be subject to discrimination on the grounds of race, color, national origin, sex, age, disability, marital status, religion, political affiliation, or sexual orientation.

INSTRUCTIONS

Application must be typewritten or printed legibly in black or blue ink. All questions must be answered. If a question is not applicable, so state by indicating N/A (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. **Applications that are not complete and legible will not be processed.**

CONTACT INFORMATION

NAME _____
LAST FIRST MIDDLE (MAIDEN)

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE _____
HOME NUMBER WORK NUMBER CELL NUMBER

ARE YOU A UNITED STATES CITIZEN ☐ YES ☐ NO IF NATURALIZED PLEASE PROVIDE

DATE PLACE COURT NATURALIZATION NUMBER

Have you ever submitted an employment application to the Edmunds County Sheriff's Office before ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

List all high schools, trade, vocational, business or military schools, and colleges you have attended beginning with the most recent.

School/College Name and Address	From	To	Area of Study	Type of Degree

Indicate any foreign languages you can speak, read, or write _____

EMPLOYMENT HISTORY

List chronologically ALL employment beginning with present employment, including summer and part-time employment while attending school. If unemployed for a period, document those dates with "Unemployed" or "School".

Use addition sheet if necessary

Name, Address, & Phone Number of Employer	Dates Worked (Mo/Yr) From To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone Number					
Name, Address, & Phone Number of Employer	Dates Worked (Mo/Yr) From To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone Number					
Name, Address, & Phone Number of Employer	Dates Worked (Mo/Yr) From To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone Number					
Name, Address, & Phone Number of Employer	Dates Worked (Mo/Yr) From To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone Number					
Name, Address, & Phone Number of Employer	Dates Worked (Mo/Yr) From To	Salary	Title or Position	Name of Supervisor	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone Number					

Do you have any objections to your current employer being contacted? ☐ Yes ☐ No If yes, explain _____

Have you ever been dismissed, asked to resign, been demoted, or had any disciplinary action taken against you from any employment or position you have held? ☐ Yes ☐ No If yes, please provide details: _____

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?
☐ Yes ☐ No If yes, please provide name of agency and date of application or service.

Do you own a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employee? ☐ Yes ☐ No If yes, please provide details _____

SPECIAL SKILLS

Indicate any special skills you possess and equipment you are familiar with related to law enforcement such as radio communications, breathalyzer, speed detection devices, 24/7 Sobriety Programs, etc.

Are you now able to participate in defensive tactics, firearms, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description task analysis related to the position for which you applied ☐ Yes ☐ No
If no, would you be able to perform these tasks with an accommodation? ☐ Yes ☐ No

Explain what accommodation(s) you would need to perform the above

List all professional clubs, societies, or organizations of which you are or have been a member

Name of Club or Society	City/State	Former or Present Member	Position & Activity Description

Have you ever held membership in, association with, or any other connection to any organization that espouses or supports discrimination based upon race, color, gender, religion, national origin, age, disability, political affiliation, sexual orientation, or marital status or is known to have been involved in criminal activity and/or a violation of any state laws and/or the laws of the United States? ☐ Yes ☐ No If yes, please explain:

Do you now, or have you illegally, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroids, or any drug of a similar nature?
☐ Yes ☐ No If yes, please provide explain: _____

Do you have any relatives employed with this Sheriff's Office? ☐ Yes ☐ No If yes, please list their name(s) below

Name	Relationship
Name	Relationship

CRIMINAL HISTORY

INCOMPLETE, INACCURATE, OR FALSE INFORMATION WILL DISQUALIFY YOU FROM EMPLOYMENT

Have you ever entered a plea of nolo contendere or guilty to or been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, list all such matters including juvenile records and records of your arrests which have been sealed, pardoned, or expunged. If the record has been sealed, pardoned, or expunged, a copy of the court document must be attached to your application as proof. Attach additional paper if needed.

Date	Location	Charge	Final Disposition

DRIVERS LICENSE INFORMATION/HISTORY

Do you have a current driver's license?

☐ Yes, Driver's License #

What State?

☐ No

List any other state(s) where you have ever held a driver's license

Driver's License #

What State?

Have you ever had automobile insurance withdrawn, cancelled, revoked or refused? ☐ Yes ☐ No

If yes, explain _____

Have you every been refused a drivers license? ☐ Yes ☐ No

If yes, explain _____

Has your license ever been suspended, revoked or cancelled? ☐ Yes ☐ No

If yes, explain _____

Have you ever been involved in a motor vehicle accident as the driver? ☐ Yes ☐ No

INCIDENT	DATE	INVESTIGATING AGENCY	LOCATION

PRIOR RESIDENCES

List Chronologically, addresses of all actual places of residence for the past 5 years: (attach additional paper if needed)

From (Month/Year)	To (Month/Year)	Apt No.	Street Address	City	State	Zip Code

MILITARY DATA

Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No

☐ Active Duty ☐ Reserve Unit ☐ National Guard

Branch of Service _____ Highest Rank _____

Serial # _____

Duty Dates: From _____ To _____ From _____ To _____

Type of Discharge _____

Type of Discharge _____

REFERENCES

Personal References: Give three (3) references, NOT relatives

All information is required

Name	Home Phone	Occupation
Address	Work Phone	Employer
City, State, Zip		Years Known

Name	Home Phone	Occupation
Address	Work Phone	Employer
City, State, Zip		Years Known

Name	Home Phone	Occupation
Address	Work Phone	Employer
City, State, Zip		Years Known

QUALIFICATION STATEMENT

Please prepare a statement describing any relevant training, work and life experiences which have prepared you to perform the role of deputy sheriff. Limit your statement to one page.

APPLICANTS CERTIFICATION

I understand that my appointment or employment will be contingent upon the successful completion of the hiring screening process including the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Edmunds County Sheriff's Office. I understand and agree that I have read the "Job Expectations" page detailing qualifications for the job in which I am applying and certify that all statements made by me on this application are true, correct, and complete, to the best of my knowledge. I further fully understand and consent to a background investigation, any physical examination, or drug test. I also understand that I will be fingerprinted.

I understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during my term of employment or appointment with the Edmunds County Sheriff's Office. I understand that the use of illegal drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, and in areas including vehicles where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of my medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the Edmunds County Sheriff's Office.

I authorize any of the persons or organizations reference in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with the Edmunds County Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Edmunds County Sheriff's Office.

I understand that if appointed as a deputy sheriff, that if I am not currently a resident of Edmunds County, South Dakota, I must within thirty (30) days of date of employment, establish and maintain my legal residence within Edmunds County, South Dakota.

I agree to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Edmunds County Sheriff's Office, at its discretion, at any time, and without any prior notice to me.

Signature of the applicant

Date

Witnessed by

Date

Fingerprinted by: _____
Interviewed by: _____
Background checked by: _____

SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION

APPLICATION AND PERSONAL HISTORY STATEMENT

MINIMUM STANDARDS FOR EMPLOYMENT:

Subsequent to October 1, 1971, a person may not be temporarily or permanently employed or certified as a law enforcement officer or continues to be employed or certified as a law enforcement officer unless he meets the following requirements:

- (1) Is a citizen of the United States;
- (2) Is at least 21 years of age at time of appointment;
- (3) Has his 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 passed the General Educational Development test and has been issued an equivalency certificate by the Division of Education of the Department of Education and Cultural Affairs;
- (6) Is examined by a licensed physician who certifies that the applicant is free of physical and mental defects that would prevent or restrict him from performing his duty as a law enforcement officer;
- (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 law enforcement service, appearance, personality, temperament, ability to communicate, and other characteristics reasonably necessary to the performance of the duties of a law enforcement officer;
- (8) Takes a formal oath of office as required by SDCL 9-14-7 or 3-1-5. The oath may be taken before the nearest available judge of a court of records;
- (9) Has not unlawfully used any prescribed drug, controlled substance, or marijuana within one year before the time of application for certification.

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. _____			
9. HEIGHT	WEIGHT	COLOR OR 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	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		Credit Hours		Degree Rec'd	Year Rec'd
	From	To	Semester	Quarter		

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:

Kind of License	Place of Issue	Date of Expiration	Restrictions

15. Have you ever had your law enforcement certification suspended or revoked in South Dakota or any other state?

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

16. Have you ever had any professional/occupational certification or license suspended or revoked?

() Yes () No If yes, give details, including reasons, names of companies, dates, etc.

17. DETENTION, ARREST, CRIMINAL LITIGATION and/or CONVICTION List ALL, including juvenile, traffic and any suspended imposition of sentence. Be advised you **MUST** list any suspended imposition or execution of sentence.

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.

B. Have you ever been fingerprinted for any reason (arrest, job applicant, etc.)? () Yes () No

If the answer to the above question is YES, list below the date, place, and details of each incident.

18. MILITARY SERVICE

Branch	From	To	Type of Discharge

19. EMPLOYMENT (Last 5 yrs.)

Employer	From	To	General Duties

20. REFERENCES (List 3 not relatives or employers)

Name	Address	Occupation

21. REMARKS

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

JOB DESCRIPTION
DEPUTY SHERIFF
EDMUNDS COUNTY, SOUTH DAKOTA

DEFINITION OF POSITION – The Deputy will do all activities deemed appropriate by the Sheriff.

In performing the tasks and representing the office the Deputy will follow guidelines as spelled out in the current Edmunds County Employee Personnel Policy. Any benefits, vacations, sick leave and holidays will be in accordance with said policy. The deputy position will be considered a full-time position with a forty-hour week. Covered by Fair Labor Standards Act Regulations except the overtime provisions only.

SUPERVISION RECEIVED – Works under the direction of the County Sheriff.

EXAMPLE OF DUTIES – The Deputy duties will be as follows but not limited to:

Provide law enforcement and protection to the citizens of Edmunds County.

Investigate all incoming reports and follow through with an arrest if there is probable cause.

Process the arrestee including obtaining legal fingerprints.

Operate a law enforcement vehicle and use all existing equipment including firearms, tasers, communication devices, restraints, etc.

Be able to work rotating shifts.

Endure verbal & mental abuse.

Process and transport prisoners and mental patients.

Be prepared to handle fires and incidents involving chemicals.

Read and generally comprehend legal and non-legal documents.

Serve documents including all civil papers, executions, warrants, affidavits, and citations.

Be responsible to and perform all other duties as requested by the sheriff.

QUALIFICATION FOR APPOINTMENT

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES – Knowledge and skill to operate radio equipment and other required equipment; ability to work independently, deal tactfully and effectively with co-workers and the general public; and obtain the necessary training required by law or the county. Must be 18 years of age or older.