



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

APPLICATION FOR DISPATCH

Name: _____
Last First Middle

Address: _____
Street/Box City State Zip

Social Security Number: _____

Telephone: _____
Home Office

Are you under age 18? Yes No

Are you legally eligible to be employed in the United States?
 Yes No

Do you have or can you get a State of SD Driver's License? (If position requires)
 Yes No

Employment for which you are available:
 Full-Time Permanent Seasonal
 Part-Time Temporary (Less than 6 months)

When could you begin employment?
 Now Beginning on _____
 After _____ waiting days notice to current employer

May we contact your current or most recent employer regarding your qualifications?
 Yes No

Education and Training

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Please list name of school and degrees completed. Please indicate diploma, GED, or BS/BA.

	<u>Location</u>	<u>Graduated or credit hours</u>	<u>Major(s)</u>
High School	_____	_____	_____
College/ University	_____	_____	_____
Graduate School	_____	_____	_____
Business or Vocational School	_____	_____	_____
Internships:	_____		

Additional Training (workshops, seminars, apprenticeships, military or other training). Include approximate hours or days of training.

List any relevant licenses or certificates:

Employment

1. Current or Most Recent Position:
 Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
 Job Title _____ Starting Salary _____ Last Salary _____
 Employer _____ Type of Business _____
 Employer's Address _____ Phone _____
 Supervisor's Name and Title _____
 Number of employees you supervised _____
 Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40
 Reason for Leaving _____
 Complete description of duties _____

2. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of Business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees you supervised _____
Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40
Reason for Leaving _____
Complete description of duties _____

3. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of Business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees you supervised _____
Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40
Reason for Leaving _____
Complete description of duties _____

4. Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____ Months _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of Business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees you supervised _____
Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40
Reason for Leaving _____
Complete description of duties _____

Additional Space. Use this block to complete information given elsewhere on this form. If you still need more space, attach additional sheets. You may also use this space to summarize other pertinent education or experience which qualifies you for the position for which you are applying.

**SOUTH DAKOTA LAW ENFORCEMENT
OFFICERS STANDARDS & TRAINING COMMISSION**

TERMINAL OPERATOR APPLICATION

MINIMUM STANDARDS

Any person appointed as a Terminal Operator must meet the following minimum standards for access to NCIC/NLETS/SDLETS which will include a state and national III record check:

- (1) Is a citizen of the United States;
- (2) Is at least 18 years of age at time of appointment;
- (3) Submits two fingerprint cards to Law Enforcement Training;
- (4) Is of good moral character

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 reference block.

DATE OF COURSE		AGENCY		AGENCY HIRE DATE	
1. LAST NAME		FIRST NAME	MIDDLE NAME	2. Male (<input type="radio"/>)	Female (<input type="radio"/>)
3. ALIAS(ES), NICKNAME(S), MAIDEN NAME, OTHER CHANGES IN NAME			4. MARITAL STATUS <input type="radio"/> Single <input type="radio"/> 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 OF HAIR	COLOR OF EYES	10. SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS, TATTOOS.	
11. US CITIZEN (<input type="radio"/>) YES (<input type="radio"/>) NO		IF NATURALIZED - CERTIFICATE NO:		12. SOCIAL SECURITY NUMBER	
13. 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. Have you ever been arrested or detained by a law enforcement agency? (<input type="radio"/>) YES (<input type="radio"/>) NO If the answer to the above question is YES, list below the date, place and details of each incident.					

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. **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.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF AGENCY HEAD

Pre-Employment Agreement

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my applications, I may be refused employment or, if employed, I may be terminated.
2. The County has my authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the County and I understand that no representative of the County has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the county to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The County is an equal opportunity employer. The County does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the County is liable only for wages and salary and benefits earned as of the date of termination.
8. I understand that an appointment shall not be deemed complete until a probation period of one year has elapsed as a new employee or a six month probation period for a promotion transfer.
9. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
10. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

Signature of applicant

Date

JOB DESCRIPTION
DISPATCHER
EDMUNDS COUNTY, SOUTH DAKOTA

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

In performing the tasks and representing the office the Dispatcher 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 Chief Dispatcher and full-time Dispatchers will be considered full-time positions with a forty-hour week. Covered by Fair Labor Standards Act Regulations.

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

SUPERVISION EXERCISED – The Chief Dispatcher exercises overall supervision of the other Dispatchers.

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

Include prisoner monitoring & care.

Radio dispatching.

Prisoner medications.

Prisoner food preparation & serving of the meals.

Receiving telephone calls.

Logging all jail activity.

The hours will not necessarily be 8-5.

QUALIFICATION FOR APPOINTMENT

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES – Knowledge of acceptable clerical/secretarial/office procedures; skill to operate personal computer, word processor, 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.

ESSENTIAL JOB FUNCTIONS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit, occasionally for extended periods of time. The employee is regularly required to stand, walk, bend, kneel, crouch, squat, push and pull. The employee must be able to occasionally lift and/or carry up to 20 pounds. Rarely the employee may be required to lift and/or move 100 pounds.