

# BEULAH POLICE DEPARTMENT

PO Box 1209

Beulah, ND 58523

Phone# 701-873-5252

Fax #701-873-7766

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Initial:
List any nicknames or aliases you have used or been known by (if none, so state):		
Address:		
City:	State:	Zip Code:
Telephone Number:	Alternate Telephone Number:	E-mail:
Are you licensed as a North Dakota Peace Officer: <input type="checkbox"/> Yes <input type="checkbox"/> No License #: _____		
If answered "no", are you eligible to acquire a North Dakota Peace Officer license: <input type="checkbox"/> Yes <input type="checkbox"/> No		
North Dakota State Law requires that all persons be citizens of the United States for two years prior to employment. Upon employment, can you product documentation to verify that you meet this requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL HISTORY		
Do you or have you ever had any physical or emotion limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If answered "yes", please explain fully:		
Do you have any physical defects which would preclude unrestricted regular participation during departmental training sessions in Firearms Training, Physical Training, and Defensive Tactics: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If answered "yes", please explain:		
Do you wear corrective lenses: <input type="checkbox"/> Yes <input type="checkbox"/> No		

### MILITARY BACKGROUND

Were you ever in the Armed Forces of the United State: \_\_\_\_ Yes \_\_\_\_ No

If answered "yes", give branch of service and rank attained:

Are you at present a member of a "Reserve Component" or the U.S. Armed Forces: \_\_\_\_ Yes \_\_\_\_ No

If answered "yes", indicate branch:

### DRIVER LICENSE INFORMATION

Do you have a valid North Dakota Driver License: \_\_\_\_ Yes \_\_\_\_ No

Driver License Type:

Number:

List any restrictions:

Do you or have you ever had a motor vehicle license from another state: \_\_\_\_ Yes \_\_\_\_ No

If answered "yes", indicate from what states:

Have you ever been the driver of a vehicle involved in a motor vehicle accident: \_\_\_\_ Yes \_\_\_\_ No

If answered "yes", list dates and locations of each:

Have you ever been denied issuance of a driver's license: \_\_\_\_ Yes \_\_\_\_ No

Have you ever had your license suspended or revoked: \_\_\_\_ Yes \_\_\_\_ No

Have you ever had your auto insurance withdrawn or revoked: \_\_\_\_ Yes \_\_\_\_ No

Have you ever been refused auto insurance: \_\_\_\_ Yes \_\_\_\_ No

If the answer to any of the above questions is "yes", list date, place, and details of each incident:

### ARREST RECORD

Have you ever been convicted in court for any traffic or criminal violations of the law:  Yes  No

If answered "yes", list state, place, charge, and disposition:

Have you ever been arrested or convicted of a felony charge or with domestic violence:  Yes  No

If answered "yes", list state, place, charge, and disposition:

### EDUCATIONAL BACKGROUND

List all schools and colleges attended	Location	Years Attended
Elementary School:		
High School:		
College:		
Graduate School:		
Vocational or Trade School:		
Other (specify):		

Did you receive a High School Diploma:  Yes  No

Type of College Degree Awarded:

### RESIDENCE

Begin with the most recent past residence and list each place of occupancy for the last 5 years. DO NOT list P.O. Box numbers. Include any residence while stationed in the military service.

Address Number, Street, Apartment Number, City, State, Zip	From Month – Year	To Month - Year

## EMPLOYMENT HISTORY

List all places of permanent employment in chronological order beginning with the most recent.

Employer Name	
Employer Address	
Telephone Number	
Supervisor Name	
Job Title	
Start Date	
End Date	
Salary	
Salary based upon	
Job Duties	
Reason for Leaving (be specific)	

## EMPLOYMENT HISTORY

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Salary based upon	
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Job Title	
Start Date	
End Date	
Salary	
Salary based upon	
Job Duties	
Reason for Leaving (be specific)	

## GENERAL

If the necessity arose to shoot a human being in the course of your employment, would you have any reluctance to do so by reason of any religious or other belief:  Yes  No

If answered "yes", please explain:

Have you ever been present where marijuana or other controlled substances (amphetamines, barbiturates, hallucinogenics, hashish, cocaine, opiates, etc.) were being used:  Yes  No

If answered "yes", indicate the date and explain the circumstances surrounding each and every occasion:

Have you ever used marijuana:  Yes  No

If answered "yes", on how many occasions:

Month and year of last use:

Would you have any reluctance to strictly enforce any and all laws regulating the controlled substance previously mentioned:  Yes  No

Do you have any objection to a thorough background investigation being made on you, to include copies of your fingerprints being submitted to the F.B.I. for examination:  Yes  No

Do you have any objection to our contacting your present employer:  Yes  No

Do you have any objection to submitting to a polygraph examination, if requested to do so:  Yes  No

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of North Dakota, or of seeking to alter the form of government of the United States or the State of North Dakota by unconstitutional means:  Yes  No

Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reasons:  Yes  No

If the answer to any of the above questions is "yes", list date, place, and details of each incident:

Have you been given a job opening announcement that states the essential requirements of the position, or have the essential requirements been explained to you:  Yes  No

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job for which you have applied:  Yes  No

## REFERENCES

List three individuals who are not related to you and are not previous employers.

Name	Address	Telephone #





**CERTIFICATE OF APPLICATION**

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that there are no willful misrepresentations or falsifications in the above statements or answers to the questions. I am aware, that should investigators disclose such misrepresentations or falsifications, my application will be rejected and I will be disqualified for employment. If after being hired it is found that you misrepresented or falsified any of your statements or answers to the questions, it could be grounds for immediate dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Mail Application to: Beulah Police Department  
P.O. Box 1209  
Beulah, ND 58523  
Phone #701-873-5252  
Fax #701-873-7766