

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: ____ Yes ____ No License #: _____		
If answered "no", are you eligible to acquire a North Dakota Peace Officer license: ____ Yes ____ 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: ____ Yes ____ No		
MEDICAL HISTORY		
Do you or have you ever had any physical or emotion limitations: ____ Yes ____ 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: ____ Yes ____ No		
If answered "yes", please explain:		
Do you wear corrective lenses: ____ Yes ____ 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Have you ever had your auto insurance withdrawn or revoked: ____ Yes ____ No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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Telephone Number	
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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 #

In your own handwriting, write a short narrative on why you want the patrolman's job, and what skills and abilities you have that would be beneficial to the Beulah Police Department and the City of Beulah.

[illegible]

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
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THE CITY OF BEULAH IS AN EQUAL OPPORTUNITY EMPLOYER