

FPC _____	ID _____	D L _____
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GW _____	LF _____	SM _____

SOUTH DAKOTA LAW ENFORCEMENT OFFICERS STANDARDS & TRAINING COMMISSION

APPLICATION AND PERSONAL HISTORY STATEMENT

MINIMUM STANDARDS FOR EMPLOYMENT:

The school board may submit a person for school sentinel training only if the person 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 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 a high school equivalency certificate acceptable to the commission;
- (6) Is examined by a licensed physician who certifies, on forms prescribed by the commission, that the applicant is able to perform the duties of a school sentinel;
- (7) Is interviewed in person by the school board or its designee and approved by the school board to apply to the school sentinel basic training course;
- (8) Has received written approval to apply to the school sentinel basic training course by all local law enforcement agencies with jurisdiction over the school premises in which the individual will act as a school sentinel;
- (9) Has not unlawfully used any prescribed drug, controlled substance, or marijuana within one year before the time of application for training.

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.

Must be submitted no later than 45 days prior to the course. Please do not assume that the applicant has been accepted for this school until you have received official confirmation from the Law Enforcement Training Office.

POSITION APPLIED FOR School Sentinel			SCHOOL DISTRICT			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 / EMAIL Home _____ Bus _____ Email _____		
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 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 drivers license, in any state suspended or revoked?

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

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

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

17. DETENTION, ARREST, CRIMINAL LITIGATION, CRIMINAL SUMMONS, CITATIONS, and/or CONVICTION. List **ALL**, including juvenile, and traffic tickets. Be advised that pursuant to SDCL 23-3-42, and not withstanding any legal advice you may have received to the contrary, you **MUST** list any suspended imposition or suspended execution of sentence. ***Failure to disclose all the required information may result in denial of your application. If your application is denied you must wait one year to reapply to the academy.***

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.

18. MILITARY SERVICE *Submit copy of DD 214 with application*

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. EMERGENCY MEDICAL INFORMATION

Name - Primary Physician/Emergency Care Physician	Phone

AUTHORIZATION TO RELEASE INFORMATION AND ENDORSEMENT OF APPLICATION

As an applicant for a position as a sentinel in the State of South Dakota, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature, to include internal investigation files.

I hereby release you, your organization, or others including the Military National Personnel Records Center/National Archives Administration from any liability or damage which may result from furnishing the information requested.

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

_____ Date

Applicant's Name

Employing School

Emergency Contact - Name Telephone

The above named applicant was employed by the _____ on _____
Name of School Date and Year

I certify applicant was selected according to the South Dakota Law Enforcement Officers Standards program and to the best of my knowledge meets all of the requirements of this program.

Application approved by:

/s/ School Board Official

City of County

Law Enforcement Official

City of County

Appointment/Hire Date

Document check list for submission to Law Enforcement Training (submit all original documents):

- Completed LES Form;**
- Fingerprint cards;**
- DD 214 containing separation/character of service information; (member 4 form)**
- Medical Verification of Physical Ability;**

**South Dakota Law Enforcement Training Center
Pierre, South Dakota**

MEDICAL VERIFICATION OF PHYSICAL ABILITY

This form is designed to assist the administration of the South Dakota Law Enforcement Training Center in determining whether a student is physically able to perform the duties of a school sentinel and complete the required activities in the School Sentinel Course. This form is a required part of the student's approval to become a school sentinel and application to attend the School Sentinel Course. Unless this form is signed by the student's physician and submitted with the application, a student will not be allowed to participate in the School Sentinel Course.

Student Information	Box 1
<p>Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> First MI Last </div> </p> <p>Agency Name: _____</p> <p>I hereby request and authorize my examining physician to release the information contained in _____ this form. I further agree to release and hold harmless my examining physician from any and all liability that might arise from the disclosure of such information.</p> <p>_____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Student Signature Date </div> </p>	

Examining Physician Information	Box 2
<p>Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> First MI Last </div> </p> <p>Type of Medical Practice: _____</p> <p>Area of Specialization: _____</p> <p>Professional Credentials (Licenses, Certifications, Etc.): _____ _____</p> <p>Contact Information:</p> <p>Address: _____</p> <p>Phone: _____</p>	

Examining Physician Certification	Box 3
<p>After examining the student listed in Box 1 of this form and reviewing the training requirements listed in Box 4 and Box 5 of this form, based on my education, training and experience, it is my opinion that the student has no medical or physical condition that would prevent the student from completing the physical requirements of the Sentinel program and perform the duties of a sentinel.</p> <p>_____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Signature Date </div> </p>	

Physical Requirements for Practical Exercises**Box 4**

Students will be required to react to realistic scenarios involving simulated physical and weapon attacks in which they are expected to apprehend suspects, control resistance and restrain subjects. Officers will use training weapons, including firearms. During scenarios students may be required to run, crouch, crawl, kneel and fire handguns from various positions. Required movements will include kneeling and standing for prolonged periods of time, and reaction to spontaneous threat situations with firearms skills that have already been taught. Scenarios will require sudden stops, starts and turns on hard surfaces. Scenarios may occur in all environments, such as inclement weather, hard surfaces, or stairwells.

Physical Requirements of Firearms Training**Box 5**

Successful completion of firearms training is required for certification as a School Sentinel. Firearm training consists of intense live-fire exercises and dry-fire drills. As part of the training, each student must shoot a qualifying score with their firearm. Successful firearms training requires the requisite fine motor skills to safely manipulate and shoot loaded firearms with both dominant and non-dominant hands and fingers. Most shooting is done with the dominant hand. Students must successfully and safely manipulate trigger pulls of varying weight and physically support a loaded firearm from a variety of shooting stances and positions. Students are required to shoot from a standing, kneeling, and prone position and perform numerous repetitions transitioning from a standing to kneeling position while safely holding a loaded firearm. Training movements require students to move forward, backward and laterally, be able to see and identify hostile and non-hostile targets in various lighting conditions, and simulate high risk scenarios that include running, and tactical movements such as kneeling, crouching, and crawling. Students must have the ability to hear range commands while wearing hearing protection (ear plugs or ear muffs).