Part II – Military Information and Residences

Before proceeding, please gather the following information:

1. Military Information
    a. Service number
    b. Dates of service
    c. If necessary, disciplinary action taken
    d. Names, addresses, and phone numbers of commanding officers and military acquaintances
2. Residences for past 10 years
    a. Addresses
    b. Dates
3. Names, addresses, and phone numbers of landlords

Instructions: Please complete the following form, print when completed, and sign the document.

If you do not have access to a computer with a printer, please contact John Stewart by email or by calling 605.773.3148.

SOUTH DAKOTA DIVISION OF CRIMINAL INVESTIGATION
SPECIAL AGENT I - PERSONAL DATA QUESTIONNAIRE – Part II of IV
Military Information & Residences

INSTRUCTIONS

Please fill out this questionnaire completely and accurately. All statements in this questionnaire are subject to verification and may be used in polygraph testing. If more space is needed, add another page and identify additional information by question and page number. Please complete online or print in black ink.

Full Name: _____
First Middle Last

Email address: _____

Social Security No: _____

Home Telephone: _____ Work Telephone: _____

MILITARY SERVICE

1. If you are a male under age 26, please provide the following:

   Selective Service Number:

   Approximate Date of Registration:

   Address at Time of Registration:

2. ☐ YES ☐ NO Have you ever served or are you currently participating in the armed forces, National Guard or military reserves?

   If "YES", please supply the following information:

   Branch of Service:

   Service Number:

   Dates of Service: From: To:

   Type of Discharge:

3. ☐ YES ☐ NO Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves?

   If "YES", please give details (include branch of service, when, where, and circumstances):

4. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address (Include city, state, and zip code)	Telephone

RESIDENCES

Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence. Please attach additional sheets as needed.

Address of Residence	***City, State, Zip Code***	***Dates***	***Rent or Own***

In the space below, please list landlords past and present.

Landlord Name(s)	***Current Address, City, State, Zip Code***	***Current Telephone Number***

Please print this questionnaire, answer all applicable questions, and submit (all four sections) using one of the following methods By February 28, 2017.

Email: John.Stewart@state.sd.us
Phone: 605-773-3148
Fax: 605-773-4344 – Attention: John Stewart
Regular mail: Bureau of Human Resources, 500 E Capitol Ave, Pierre SD 57501

ATTENTION - THIS STATEMENT MUST BE SIGNED

I understand that making a false or misleading statement or omitting relevant information during the application and selection process may be the basis for removal from the selection process, dismissal from employment, or other disciplinary action after I am hired. **Final candidates will be subject to a polygraph examination prior to appointment.**

I further understand that any employment tendered me will be contingent upon the results of a pre-employment screening and fitness examination.

I am aware that willfully withholding information or making false statements on this application can be the basis for removal from employment with the State of South Dakota.

I agree to these conditions and I hereby certify that my responses on this application are true and complete, to the best of my knowledge.

_____ _____

Signature of Applicant Date