

Part IV – Relatives and References

Before proceeding, please gather the following information:

1. Immediate and Extended Family Information
 - a. Addresses
 - b. Phone numbers
2. Five Individual References
 - a. Addresses
 - b. Phone numbers
3. Neighborhood References
 - a. Addresses
 - b. Phone numbers

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 Shelly Rounds by [email](#) or by calling 605.773.4324.

**SOUTH DAKOTA DIVISION OF CRIMINAL INVESTIGATION
SPECIAL AGENT I - PERSONAL DATA QUESTIONNAIRE – Part IV of IV
Relatives and References**

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:

RELATIVES AND REFERENCES

1. During the course of the background investigation, persons who know you will be asked to comment upon your suitability for a law enforcement position.

Please supply the appropriate information. If a category is not applicable, write in "N/A."

Name:

Address (include city, state, and zip code):

Telephone:

Father:

Mother:

Father-in-law:

Mother-in-law:

Spouse:

Former Spouse(s):

Aunt:

Aunt:

Aunt:

Uncle:

Uncle:

Uncle:

2. Please list all dependents, including biological or adopted children, stepchildren, foster children, and legal wards.

Name: **Date of Birth** **Address (include city, state, and zip code):** **Telephone:**

3. List with whom you reside and what their relationship is to you?

4. In the space below, please list as references 5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers, and school references.

Name: **Address (include city, state, and zip code):** **Telephone:**

5. In the space below, please list neighborhood references. Include individuals who lived near you and would have knowledge of you. Exclude relatives, former employers, and school references.

Name: **Address (include city, state, and zip code):** **Telephone:**

Please print this questionnaire, answer all applicable questions, and submit (all four sections) using one of the following methods By February 26, 2016.

Email – Shelly.Rounds@state.sd.us

Fax – 605-773-4344 – Attention Shelly Rounds

Regular mail : PMB 0141-1, 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