

General Summary of Position:

Under the supervision of the Sergeant or other command officer, patrols the City in order to enforce the local ordinances and state and federal laws, investigate criminal activities, police accident scenes, respond to domestic and other disputes, and answer requests for a variety of services. Performs a variety of functions related to protecting lives and property within the City. May be assigned to serve as a DARE Officer, crime scene technician, evidence technician, or in other specialized assignments.

Employment Qualifications:

Minimum Requirements:

- Be a US Citizen
- High School graduate/GED or equivalent **and** Associates Degree in Law Enforcement
- At least 21 years of age
- No arrest record
- Good moral character
- Possess a valid operator's license
- Non-Smoker
- Free from physical, chronic or organic diseases
- Possess normal hearing as defined by MCOLES Standards
- Possess 20/20 corrected vision in each eye (includes peripheral vision , depth perception and night vision)
- Possess normal color vision as defined by MCOLES standards
- Must be MCOLES Certified or Certifiable at the time the application is filed (must provide copy of certification or letter from MCOLES with application)
- Must be free from mental/emotional disorders
- Must have computer and typing skills
- Consideration of qualified applicants shall be made in the following order:
 - a. MCOLES Certified
 - b. MCOLES Certifiable
 - c. Those who have completed and have current validation for MCOLES reading, writing, and physical agility skills.

**** Preference given to applicants fluent in the Spanish language ****

Prior to Employment all the following must be successfully taken and passed:

- Written Examination
- Oral Board Interview(s)
 - Drug Testing
- Background Investigation
- Physical Examination
- Psychological Evaluation

Benefits:

- Sick Leave
- Vacation
- Uniforms Furnished / Cleaned
- Footwear Allowance
- Longevity Pay
- Health Insurance- Optical & Dental
- Life Insurance
- 401K & 457 Savings Plan
- Stress Management Program
- Pension Plan
- Membership to the Doyle Recreation/Fitness Center

Authorization to Release Information

Re: _____

(Name of Applicant)

Date: _____

I am an applicant for a position with the Sturgis Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Sturgis Police Department.

You are hereby authorized to furnish and release to the Sturgis Police Department, or any representative thereof, any and all information which may be requested including, but not limited to the following: medical records, both mental and physical; credit records, bank account records, employment records, criminal records, driving records, and/or any other information that may be requested in connection with my application for employment with the Sturgis Police Department.

I consent to the release of any and all of the above stated information that you may have concerning me, my work record, my background and reputation, as well as any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or any person in any case, either criminal or civil, in which I presently have, or have had, an interest, and any internal affairs investigations and disciplinary actions, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages which may result from furnishing the information requested to the Sturgis Police Department, including liability or damage pursuant to any state or federal laws. I hereby direct you to release the above referenced information to the Sturgis Police Department or its representative regardless of any agreement I may have had with you previously to the contrary.

This waiver is valid for a period of six (6) months from the date of my signature. A photostatic or fax copy of this Release Form will be valid as an original thereof, even though the said photo-static or fax copy does not contain an original writing of my signature.

(Signature of Applicant)

Subscribed and sworn to before me, a Notary Public, in and for said County of _____, State of _____, this _____ day of _____, 200____.

Notary Public

_____ County, _____

My commission expires _____