NEW EMPLOYMENT OF PART-TIME LICENSED PEACE OFFICER

PEACE OFFICER STANDARDS AND TRAINING BOARD PFN 12

INSTRUCTIONS

NOTE: This form is to be used to report the hiring of a person who will be applying for, or who already has a <u>part-time peace officer license</u>. If you are hiring someone to work part-time who holds a general (full-time) peace officer license, please use the New Employment of Peace Officer form (PFN 2).

Specific instructions for completing the form are as follows:

License or Social Security Number

If the new officer is already licensed part-time, the four digit peace officer license number should be placed in this area. If the officer has not yet obtained a license, the social security number of the officer must be placed in this area.

Name

The name of the newly employed part-time peace officer should be printed in this area. It is preferred that the name be printed last name first, first name, then the middle initial.

Race

The proper abbreviation for the newly employed officer's race should be placed in this area.

Sex

Place either "M" for a male officer or "F" for a female officer in this area.

Date of Birth

The newly employed officer's date of birth should be placed in this area.

Department Name

The name of the agency that the officer is being hired by should be printed in this area.

Position

The position that the new officer will hold within the agency should be printed in this area.

Rank

The rank that the new officer will hold within the agency should be printed in this area.

Date of Employment

The first day of employment with the agency should be printed in this area.

Background Check Completed

Place a check mark in the "YES" box after the background investigation is completed.

Note: As part of the background check, State law requires that a fingerprint check be done both on the state level and through the FBI. Blue colored applicant fingerprint cards

should be submitted to the records section of the Bureau of Criminal Investigation along with a request to conduct the record checks.

Note: The fingerprint background check indicated above must be done at the time of employment, even though it was also done when the individual began the training necessary to begin the part-time training.

<u>Psychological Evaluation Completed</u>

This section must be completed if the new employee is an officer who has not yet been issued a part-time peace officer license. Once the psychological evaluation has been completed, place a checkmark in the "YES" box. The License Eligibility form (PFN3) must be completed and submitted with this form..

Note: This section does not need to be completed for an officer who already has a valid parttime peace officer license.

Medical Examination Completed

This section must be completed if the new employee is an officer who has not yet been issued a part-time peace officer license. Once the medical examination has been completed, place a checkmark in the "YES" box. The License Eligibility form (PFN3) must be completed and submitted with this form.

Note: This section does not need to be completed for an officer who already has a valid parttime peace officer license.

Sidearm Qualification Completed

The date that the new employee completes the requirements for sidearm qualification should be printed in this area. If this has not yet been completed or the date is not known, this area may be left blank.

Law Enforcement Employment History

The names of the prior agencies that the new officer was employed by should be listed in this area in chronological order along with the approximate dates of employment. If the officer was not employed by another agency, this area may be left blank.

Description of Duties and/or Functions

The minimum training necessary to complete the "part-time basic law enforcement training course" does not include training in the functions listed in this section. In addition, the ND POST Administrative Rule, 109-02-02-10.1, states that, "A peace officer with a part-time peace officer license may only perform peace officer duties within the scope of the peace officer's board approved training."

Place a checkmark in the blank beside the listed duty/function that this part-time peace officer will perform. If the additional training has not already been completed, additional training beyond the "minimum" for a part-time officer license is mandatory for each duty checked in this section.

Verification of Required Training

Fill in the table documenting the date, instructor name, and number of training hours for each of the four areas of required training. These topic areas listed are required, however the instructional method is at the discretion of the agency.

Agency Administrator

Only the administrator of the agency may sign this form.

Date

The date the form is signed must be printed in this section.

A copy of this form should be retained by the agency. The original and other necessary papers should be sent to:

POST Board PO Box 1054 Bismarck ND 58502-1054



NEW EMPLOYMENT OF PART-TIME LICENSED PEACE OFFICER

PEACE OFFICER STANDARDS AND TRAINING BOARD PFN 12

License or Social Security No. Name (Last, First, MI)								Sex	Date o	Date of Birth	
Department Name		☐ Full Tim					Rank		Date o	Date of Employment	
	LICENSING BEOL	IIDEMENT	c.								
LICENSING REQUIREMENTS: Background Check Completed (Background check letter must be included)										_{те} Г	NO
Psychological Evaluation Completed (If you are not a current ND Licensed Peace Officer) Physical Examination Completed								YES NO			
							 				
Sidearm Qualification Completion Date (MO/DAY/YF							ΔV/VR)	YES NO			
	Sidearii Qualiilo	ation Compi	elion Date				(IVIO/L	/A1/111)			
LAW ENFORCEMENT EMPLO	OYMENT HISTORY: (N	lot to include	e present em	ployr	nent. If more	space is needed	d, attach	additiona	l sheet in	same for	mat.)
DEPARTMENT NAME AND ADDI	RESS			POSITION		RANK	•		ROM	+	ГО
								Mo.	Yr.	Mo.	Yr
_											
Regularly work in a Engage in the inte Intervene in hostage Intervene in situati patrolman). Intervene in situati juvenile by a patro Carry and/or be au Carry and/or be au Use pressure point Engage in the tran facility, (other than Receive calls for s	rvention, mediation ge and/or barricade ons involving persons involving juve Iman). In thorized to use a part thorized to use personation, process the initial transporervice directly from	n, or high ed persor ons suffe niles (oth colice imp pper spra sing, or se rtation of n the pub	ns (beyond ering from her than the pact weap ay or mace ecurity of a prisoner olic via the	the mei e in on (e. prise	e initial resontal illness itial respontate. baton) oners eithe mediately ephone.	ponse by a pes (beyond the second	patrolm the initi mporar	an). al resp y holdii a corre	onse by		
Training Topic		ate Comp	leted		Instru	ctor Name		Traini	ng Hou	ng Hours	
First Aid and CP											
Physical Fitnes	S										
Physical Fitness Requi	rements										
Use of Deadly Fo	rce										
Agency Administrator Signature						Date					

Mail to: POST Board PO Box 1054