

PEACE OFFICER STANDARDS AND TRAINING BOARD  
**NEW EMPLOYMENT OF PEACE OFFICER**  
PFN 2

Instructions

NOTE: This form may **not** be used to report the hiring of a person who will be applying for, or already has a part time peace officer license. To report the hiring of a part time licensed officer, administrators must use form PFN 12 (Employment of Part Time Licensed Peace Officer).

The New Employment of Peace Officer form is to be submitted by department administrators to report the hiring of any new peace officer with their agency. This form is to be used if the new officer will be applying for a license for a first time and must also be used for a new officer who is already licensed but was employed by a different agency.

Specific instructions for completing the form are as follows:

**License or Social Security No.**

If the new officer is already licensed, 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 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.

**Full Time/Part Time**

Place a check mark in the appropriate box to show whether the officer is being hired to work full time or part time.

**Position**

Print the name of the position that the new officer will hold within the agency.

**Rank**

Print the rank that the new officer will hold within the agency.

**Date of Employment**

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

**LICENSE CATEGORY**

Place a check mark in the appropriate box indicating the license the officer has, or will be applying for. "General" should be checked for any officer who already has a peace officer license or is eligible to be licensed. "Limited" should be checked for a person who has not yet completed basic training or has not yet taken the license examination.

**LICENSING REQUIREMENTS**

**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.

If the new employee is an officer who has not yet been issued a peace officer license, Form PFN 3 (License Eligibility Report) must be completed and submitted with the New Employment of Peace Officer form.

**Psychological Evaluation Completed**

This section must be completed if the new employee is an officer who has not yet been issued a peace officer license. Once the psychological evaluation has been completed, place a checkmark in the "YES" box. Form PFN 3 (License Eligibility Report) must be completed and submitted with the New Employment of Peace Officer form.

Note: This section does not need to be completed for an officer who already has a valid 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 peace officer license. Once the medical examination has been completed, place a check in the "YES" box. Form PFN 3 (License Eligibility Report) must be completed and submitted with the New Employment of Peace Officer form.

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

### **Sidearm Qualification Completed**

The date that the new officer completes the requirements for sidearm qualification should be placed 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.

### **RECORD OF PREVIOUS CERTIFIED TRAINING**

This area may be used to list prior law enforcement training the officer has completed. Additional pages may be attached to this form if needed. This area should be completed for new officers who have prior experience and training in another state.

### **Agency Administrator**

Only the administrator of the agency may sign this form. The Chief, Sheriff or the Director should sign on the proper line. If the new officer is going to be the department administrator, the proper governmental authority should sign the form.

### **Date**

The date the form is signed must be placed 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 PEACE OFFICER**  
**PEACE OFFICER STANDARDS AND TRAINING BOARD**  
**PFN 2**

License or Social Security No.	Name (Last, First, MI)	Race	Sex	Date of Birth
Department Name	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Position	Rank	Date of Employment

**LICENSE CATEGORY:**

General	
Limited	

**LICENSING REQUIREMENTS:**

Background Check Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Psychological Evaluation Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Physical Examination Completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sidearm Qualification Completion (MO/DA/YR)	

**LAW ENFORCEMENT EMPLOYMENT HISTORY:** (Not to include present employment. If more space is needed, attach additional sheet in same format.)

DEPARTMENT NAME AND ADDRESS	POSITION	RANK	FROM		TO	
			Mo.	Yr.	Mo.	Yr.

**RECORD OF PREVIOUS CERTIFIED TRAINING:** (If more space is needed, attach additional sheets in same format.)

COURSE TITLE	LOCATION	BEGINNING DATE (MO/DA/YR)	HOURS

Mail to: **POST BOARD**  
**PO Box 1054**  
**Bismarck ND 58502-1054**

\_\_\_\_\_ Agency Administrator

\_\_\_\_\_ Date