

# Law Enforcement/Corrections Exam Application

Law Enforcement Exam \_\_\_\_ Corrections Exam \_\_\_\_ Date \_\_\_\_\_  
(Place X to indicate which exam you are interested in.)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Message Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No

Current Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Test Date Requested: \_\_\_\_\_

Please indicate which exam you would like to take. Space is limited for each exam. Please mail your signed application three weeks prior to the exam, along with a **non-refundable \$25 application fee (payable by money order to the City of Bismarck)** to:

**Burleigh County Human Resources  
PO Box 5518  
Bismarck, ND 58506-5518**

If interested in Law Enforcement and Corrections Exam, please include \$25 application fee for each.

- Please bring photo identification along to the exam.

I certify that all information contained in this application is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application will be cause for rejection of my application. I authorize investigation of all statements made on this application. I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this exam application is not a contract of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Signature \_\_\_\_\_ Date \_\_\_\_\_