

# Police Officer Application Roseville Police Department

# **General Instructions**

Every one of these sections must be completed in order for the Village of Roseville to accept the application as Complete. Print (do not type) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block.

Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. Any false, misleading, or incomplete information will result in your application being rejected.

Once submitted, this application becomes the property of the Village of Roseville.

There may be up to NINE STEPS (Selection Testing Evaluation Probation) to the application process.

- 1. Application
- 2. Cognitive Evaluation and Written Test
- 3. Physical Agility Test
- 4. Background
- 5. Polygraph
- 6. Pre-Employment Interview
- 7. Conditional Offer of Employment
- 8. Medical / Psychological Evaluation
- 9. Probationary Training Period (20 day minimum)

This initial Application Process is the first STEP of several sections:

- Questionnaire.
- Verification.
- Notification Procedure Release.
- Waiver and Release for Background Investigation.

# COMPLETED, NOTARIZED APPLICATIONS MUST BE RETURNED TO:

## ARCHIE SPRADLIN, THE CHIEF OF POLICE, ROSEVILLE POLICE DEPT., 107 NORTH MAIN STREET, ROSEVILLE, OHIO 43777

## MINIMUM QUALIFICATIONS

- 1. An applicant shall be no less than twenty-one (21) years of age by the application deadline.
- 2. High school graduate or equivalent. *Associates or Bachelor's degree in criminal justice preferred, but* <u>not required</u>.
- 3. An applicant shall have no record of conviction of a violent misdemeanor or any felony or violent crime (*Misdemeanor or Felony, ie. Domestic Violence, Assault, etc.*).
- 4. Must pass a written examination. The examination measures knowledge, skills and abilities, which you could reasonably be expected to possess prior to employment as a Police Officer.
- 5. Must pass an oral board examination.
- 6. Must pass a background investigation which includes a check of references, credit history, inquiry as to character and reputation, health history, and a fingerprint-based criminal records check.
- 7. An applicant shall be physically, medically and psychologically fit to perform the essential functions of the job classification, with or without reasonable accommodations. To comply with ADA requirements the medical and psychological examinations will not be completed until a conditional offer of employment is made to the applicant.
- 8. Must be able to pass the Physical Agility Test requirements. (events are timed)
  - A. Push a stationary car 25 feet on a flat surface
  - B. Climb a 6-foot fence
  - C. Change a vehicle's tire
  - D. Sprint 20 yards then drag 100-pound weight 25 feet
  - E. Sit-ups within ONE Minute: Males under age 29 must complete 40, Females under age 29 must complete 35. Males over age 29 must complete 36, Females over age 29 must complete 27
  - F. Push-ups within ONE Minute: Males under age 29 must complete 33, Females under age 29 must complete 18. Males over age 29 must complete 27 and Females over age 29 must complete 14.
- 9. Must have a valid Ohio driver's license at the time of hire.
- 10. Applicant need not be a resident of the Village but must reside within a reasonable distance to respond.
- 11. An applicant shall be a Certified Peace Officer by the State of Ohio at the time of scheduled Appointment.

# Questionnaire

1			_2
Last Name	First Name	Middle Name	Social Security Number
3			3A
Alias(es), Nickname	e(s) Maiden Name, Othe	er Changes in Name	Telephone Number
4			
Present Residence A	Address, Street / City / S	tate / Zip	
5U.S. Citizen: Nativ			
U.S. Citizen: Nativ	e (Yes/No) N	Naturalization No. Date Plac	ce Court
5A			
Date of Birth			
Dute of Diffi			
6. Residences: List all for pa	ast ten years beginning v	with current.	
•			
(Month and Year)			
From To	_/		
Adrease		State	Zin
		State	Zip
Address With whom did you	live and where are they	now?	
radioss with whom did you	inve und where are they		
From To	_/		
Address:		State	Zip
A 1 1 337'/1 1 1'1	1 1 1	9	
Address With whom did you	live and where are they	/ now?	
From/ To	/		
	_/		
Address:		State	Zip
Address With whom did you	live and where are they	/ now?	
	1		
From To	_/		
Addragge		State	Zin
Auuress			Zip
Address With whom did you	l live and where are they	v now?	
		- ··· -	
From To	_/		
Address:		State	Zip

# 7. Family

Are you ?	Single	Married	Separated	Divorc	ed	_Widowed		
List all childre	n related to yo	u or your spouse:						
Name			Relationship	to you		DOB _	/	/
Address		State		Zip	Supp	orted by Who	om?	
Name			Relationship	to you		DOB _	/	/
Address		State		_Zip	Supp	orted by Who	om?	
Name			Relationship	to you		DOB _	/	/
Address		State		_Zip	Supp	orted by Who	om?	
Name			Relationship	to you		DOB _	/	/
Address		State		_Zip	Supp	orted by Who	om?	
Name			Relationship	to you		DOB _	/	/
Address		State		_Zip	Supp	orted by Who	om?	
Name			Relationship	to you		DOB _	/	/
Address		State	?	_Zip	Supp	orted by Who	om?	
8. Vehicle Operator's License (A photocopy of driver's license & record printout must accompany this application) Give the following information concerning any vehicle operator's license you have held or now hold:								
Type of Licens	se Class:	OL Numbe	er:	State:	:	Expiratio	on:	
Have you ever	had a license s	suspended or revo	ked? YES	NO				
		etailed explanatior						
9. Conviction								

Have you ever been convicted of a Misdemeanor? YES NO

If yes, state violation, court of jurisdiction, date of conviction, and provide a detailed explanation:

Have you ever been convicted of a Felony? YES NO

If yes, state violation, court of jurisdiction, date of conviction, and provide a detailed explanation:

• Please note that a felony conviction of any sort is automatically a disqualifier for this position, and you will not be considered for employment as a police officer with the Village of Roseville.

# 10. Past and Present Membership in Organizations

Name of Organization:	Address:	Zip:
Type Office Held:	Membership Dates: From	to
Name of Organization:	Address:	Zip:
Type Office Held:	Membership Dates: From	to
Name of Organization:	Address:	Zip:
Type Office Held:	Membership Dates: From	to
Name of Organization:	Address:	Zip:
Type Office Held:	Membership Dates: From	to
12. Education		
A. List all high schools attended. Attach transc	cript from last high school attended	1.
Name:City:	Zip:	Graduated? Yes / No
Name:City:	Zip:	Graduated? Yes / No
B. Higher Education. List all colleges or unive	rsities attended. Attach transcript	from last institution.
Name:City:	State:	Zip:
Dates Attended: From / to	/ Credit Hours:	_ Semester / Quarter
Degree Rec'd? YES NO Year:	_	
Name:City:	State:	Zip:

Dates Attended: From	/ to	/ Credit Hours:	Semester / Quarter
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Degree Rec'd? YES NO Year:\_\_\_\_\_

#### 12. Special Qualifications and Skills

Indicate Police Certification or any other type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires.

#### 13. Foreign Language

<b>T</b> ,	1	1 1 1 /	m ,		<i>SF</i> = <i>Somewhat</i>	<b>T1</b>	<b>X777 X7</b> , 1	<b>[1]</b>
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LIIIUI	ianguage a	nu muicaic	I I U C I C V V	I - I <i>inent</i> .	DT = DOMENTAL	r inemi.	$I \mathbf{v} I' = I \mathbf{v} O I \mathbf{I}$	· ineni i.
				(		,		

Language:	Reading:	Speaking:	Understanding:	Writing:
Language	Reading	Speaking	Onderstanding	winning

#### 14. Hobbies and Sports

Name all hobbies and sports you currently participate in:

#### 15. Employment

#### Are you now or have you been a law Enforcement Officer? □ Yes □ No

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

Date From:/	To/	
Name:	Address:	City:
State:Zip:	Supervisor's Name:	Phone Number ()
Yearly Salary:	Description of Duties:	
Job Title:	Why did you leave?	
Name of Co-Worker:		Phone Number ()
Date From:/	To/	
Name:	Address:	City:
State:Zip:	Supervisor's Name:	Phone Number ()
Yearly Salary:	Description of Duties:	

Job Title:	Why did you leave?	
Name of Co-Worker:		Phone Number ()
Date From:/	To/	
Name:	Address:	City:
State:Zip:	Supervisor's Name:	Phone Number ()
Yearly Salary:	Description of Duties:	
Job Title:	Why did you leave?	
Name of Co-Worker:		Phone Number ()
Date From:/	To/	
Name:	Address:	City:
State:Zip:	Supervisor's Name:	Phone Number ()
Yearly Salary:	Description of Duties:	
Job Title:	Why did you leave?	
Name of Co-Worker:		Phone Number ()
Date From:/	_ To/	
Name:	Address:	City:
State:Zip:	Supervisor's Name:	Phone Number ()
Yearly Salary:	Description of Duties:	
Job Title:	Why did you leave?	
Name of Co-Worker:		Phone Number ()
Date From:/	To/	
Name:	Address:	City:
State:Zip:	Supervisor's Name:	Phone Number ()
Yearly Salary:	Description of Duties:	

Job Title:	Why did you leave?
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Name of Co-Worker:\_\_\_\_\_

\_Phone Number (\_\_\_\_\_)\_\_\_\_\_

If additional employer blocks are needed, please attach requested information on separate sheet.

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason:

#### 16. Military Status

Have you ever served in the U.S. Armed Forces? $\Box$ Yes $\Box$ N	Have you ever serve	d in the U.S.	Armed Forces?	□Yes	□No
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Do you claim veteran's preference? □Yes □No

Are	you	presently	y a membe	r of a U	J.S.	Reserve or	State	Guard	organization?	□Yes	□No

#### 17. Financial Status

Give names and addresses of the individuals, companies or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include account number where applicable.

Type: Name and Address	of Creditor:						
Reason for Debt or Item Purchased:							
Account Number:	Total Balance:	Monthly Payments:					
Type: Name and Address	s of Creditor:						
Reason for Debt or Item Purchased:							
Account Number:	Total Balance:	Monthly Payments:					
Type: Name and Address	s of Creditor:						
Reason for Debt or Item Purchased:							
Account Number:	Total Balance:	Monthly Payments:					
Type: Name and Address	s of Creditor:						
Reason for Debt or Item Purchased:							

Reason for Debt or Item Purchas Account Number: 18. <b>Character References</b> <i>List only character references who hav</i>	d Address of Creditor: ed: Total Balance:	
Account Number: 18. <b>Character References</b> List only character references who have		
18. Character References List only character references who have	Total Balance:	Monthly Payments:
List only character references who have		
List five character references. (Do not	e definite knowledge of your qualifications list relatives or persons living outside the U	
1. Name:	Address:	
	Auuless	
Home/Cell Phone:	Work Phone:	Years Known:
2.		
	Address:	
Home/Cell Phone:	Work Phone:	Years Known:
3.		
Name:	Address:	
Home/Cell Phone:	Work Phone:	Years Known:
4.		
Name:	Address:	
Home/Cell Phone:	Work Phone:	Years Known:
5.		
Name:	Address:	
Home/Cell Phone:	Work Phone:	Years Known:
19. Have you ever applied for a p	position with any other governmenta	al agencies? If yes, give details.

# 20. Drug Use

Have you ever used or sold an illegal drug? If so, describe in detail the circumstances of the activity:

#### Have you ever participated in an illegal activity for which you were never charged? Yes / No

Describe:\_\_\_

#### 21. Remarks

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant

# Verification

The information I have provided in the foregoing Application is true and correct to the best of my knowledge. belief and understanding. I understand that any false statement contained therein is subject to the penalties prescribed by Ohio Criminal Statutes, relating to unsworn falsification to authorities.

Signature of Applicant

# **Notification Procedure Release**

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of police officer with the Village of Roseville. If conventional methods fall in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's address listed on the application. Should the registered letter be returned indicating that it was unclaimed or undeliverable, the applicant will be eliminated from further processing and consideration. It is the applicant's responsibility to notify the Records Administrator, in writing, of the address change. By affixing your signature to this form, the applicant acknowledges that you have read and understood the contents of this procedure.

Signature of Applicant

Signature of Notary Public

This section must be notarized in accordance with the laws of the State of Ohio

OFFICIAL SEAL

Date

Date

Date

Date

## Waiver and Release for Background Investigation

I, \_\_\_\_\_\_, am presently applying for employment as a police officer with the Village of Roseville, which I acknowledge and understand, must thoroughly investigate my employment background, criminal history, personal background, education and references in order to evaluate my qualifications for a position as a police officer. I understand that it is in the public's interest that all relevant information in this regard, including my personal and employment history with my current and former employers, be disclosed to the Village of Roseville.

By this release, I hereby authorize any representative of all of my former employers, which have been fully disclosed and identified in my employment application, to divulge any information in its files pertaining to my employment records and history, and I further authorize the release of such information upon request to any representative of the Village of Roseville. I also authorize all former employers identified in my employment application to permit a review and full disclosure of all records, or any part thereof, concerning myself and my employment with those former employers, by and to any duly authorized agent of the Village of Roseville, whether said records are of public, private, or confidential nature.

The intent of this authorization is to permit all former employers identified in my employment application to provide, and for the Village of Roseville to obtain, full and free access to the background and history of my personal life and my employment history and performance, for the specific purpose of permitting the City of Roseville to conduct a thorough background investigation regarding me that will provide pertinent data for consideration by the Village of Roseville in determining my suitability for employment as a police officer. It is my specific intent to provide the Village of Roseville with access to personnel information, however personal or confidential it may appear to be.

I authorize all former employers, which have been fully disclosed and identified in my employment application, to release any and all public and private information that it may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including my arrest record(s) and records compiled during or as the result of a criminal investigation(s) of me, 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 another person in any case, either criminal or civil, in which I presently have, or have had, an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release all former employers identified in my employment application, and, if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release all former employers identified in my employment application, and, if applicable, its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct all former employers identified in my employment application to release such information upon request of the duly accredited representative of the Village of Roseville, regardless of any agreement, written or oral, I may have made with the former employer to the contrary. In addition, I also give the Village of Roseville the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for service as a the City of Roseville employee. I release and hold harmless the Village of Roseville, its elected and appointed officials, agents and employees from and against any and all liability which might result from conducting such an investigation, including any damages of whatever kind which may at any time result to me, my heirs, family or associates because of such investigation.

I recognize and understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished by any former employer will be used by the Village of Roseville in conjunction with employment procedures.

I understand that if a former employer refused to cooperate with this investigation by failing to provide full disclosure of any and all relevant information about me, then the Village of Roseville may disqualify me from further consideration for employment as a police officer.

A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on my employment application.

I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant

Date