AUSTINTOWN POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

AUSTINTOWN POLICE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Elements of the selection process for a sworn officer may include: [redacted]

- Fitness Test
- Initial Interview
- Job Related Skills Evaluation
- Written Test
- Background Investigation
- Oral Panel Interview
- Voice Stress Analyzer (VSA) Examination
- Drug Test
- Psychological examination
- Physical (medical) examination

Elements of the selection process for a civilian may include:

- Oral Interview
- Job Related Skills Evaluation
- Background Investigation
- Voice Stress Analyzer (VSA) Examination

Duration of the Selection Process:

- From the beginning of the hiring process, the expected duration may take up to five months.

Re-Application:

- All applications will remain active for a period of one year from the date of application. Once the one-year time period has expired, a new application may be completed entirely and submitted.

TOWNSHIP OF AUSTINTOWN

MINIMUM QUALIFICATIONS FOR BELOW POSITIONS: Preferably, the applicant will have no criminal history. If a criminal history exists, the applicant must not have been convicted of a felony or a misdemeanor involving honesty or public safety. There should not be a criminal misdemeanor 3 or 4 conviction within the past five years or any criminal minor misdemeanor within the past year.

SWORN OFFICER: [redacted]

- US Citizen
- Twenty-one Years of Age
- Earned a high school Diploma or GED
- Valid Ohio Police Officer Training Academy Basic Certificate
- Valid Ohio Drivers License

CIVILIAN POSITIONS:

- US Citizen
- Twenty-one Years of Age
- Earned a high school Diploma or GED

DUTIES, RESPONSIBILITIES and REQUISITE SKILLS include, but are not limited to, the following:

SWORN OFFICER:

- Patrols the township in a vehicle or on foot during an assigned shift or turn, to prevent or detect criminal behavior, maintain order, and observe public safety conditions and circumstances within the township.
- Investigates crimes, incidents, traffic crashes, alarms, and suspicious activity or circumstances.
- Prepares and submits written reports and forms in accordance with departmental policy and procedures
- Receives complaints, inquiries, and information from citizens, in person or by telephone; provides aid, assistance, information, or referrals as required.
- Talks to residents, merchants, and visitors to maintain good community relations.
- Enforces traffic laws by stopping motorists and issuing citations or warnings as appropriate; directs traffic around traffic crashes, disabled vehicles, or obstructions; enforces parking regulations
- Performs other related tasks as assigned.

DISPATCHER:

- Maintains a complete working knowledge of the function and operation of the telephone, radio, computer-aided-dispatch, and LEADS/NCIC systems. Maintains a working knowledge of the manual system of dispatch in the event the CAD system fails.
- Dispatches calls for service to appropriate units in accordance with established priorities.
- Properly uses radio signals and codes, phonetic alphabet, and clear speech procedures.
- Monitors all radio traffic on the primary channels. Monitors secondary radio channels for activity that may affect units on the primary channel.
- Operates the LEADS/NCIC terminal.
- Performs other related tasks as assigned.

CLERICAL POSITION:

- Operates a computer terminal to input or retrieve data.
- Answers telephone, assists customers at the counter, and corresponds with parties requesting information or copies of reports. Serves as receptionist, referring calls and visitors to the proper party.
- Maintains and updates a number of files. Maintains active files, including labeling file folders and drawers and rotating file locations according to space needs.
- Answers in-coming telephone calls and assists citizens with information and referral as requested.

- Performs clerical and general office tasks as assigned.

TOWNSHIP OF AUSTINTOWN

APPLICATION FOR EMPLOYMENT

Application Date:

Position(s) Applied For:	Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of any non-job related medical condition or handicap. This application will remain on file for one year from the date of application with the Austintown Police Department.
☐ Reserve Police Officer ☐ Police Officer ☐ Dispatcher ☐ Office/Clerical	

NAME (Last, First, Middle)		(Maiden Name)
CURRENT ADDRESS (Street, Apt, City, State, Zip Code)		Length of Time at Address
PREVIOUS ADDRESS (Street, Apt, City, State, Zip Code)		Length of Time at Address
Home Phone Number & Area Code	Work Phone Number & Area Code (ext.#)	Cell Number & Area Code
Email Address:	Operators Drivers License Number/ State	
Social Security No	U. S. Citizen: ☐ Yes ☐ No	18 years of age or older ☐ Yes ☐ No 21 years of age or older ☐ Yes ☐ No

EDUCATION High School	SCHOOL NAME: FULL ADDRESS:	☐ Diploma Received ☐ G.E.D. Received Date Received:
GPA	Course of Study	

EDUCATION - Undergraduate	SCHOOL NAME: FULL ADDRESS:	☐ Associate Degree ☐ Bachelors Degree Date Received:
GPA	Major	Minor
EDUCATION - GRADUATE	SCHOOL NAME: FULL ADDRESS:	☐ Masters Degree Date Received:
GPA	Major	Minor

EDUCATION Other/Academy	SCHOOL NAME: FULL ADDRESS:	☐ Masters Degree Date Received:
GPA	Course of Study	

MILITARY INFORMATION	Branch	From: To:
Highest Rank or Grade	Discharged Rank or Grade	Type of Discharge
Nature of Duties: Awards/Honors:		

TOWNSHIP OF AUSTINTOWN

EMPLOYMENT INFORMATION

List **ALL** employment starting with your present position, then the position before that, and so forth. Use additional forms if needed. Do not omit any employment.

1. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

2. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

3. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer Number(s) _____ Reasons_____

TOWNSHIP OF AUSTINTOWN

4. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

5. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

6. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer Number(s) _____ Reasons_____

TOWNSHIP OF AUSTINTOWN

7. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

8. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

9. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT: Employer Number(s) _____ Reasons_____

TOWNSHIP OF AUSTINTOWN

JOB RELATED QUESTIONS/PLANS/GOALS

Applicant's Name: (print)

List all certifications you have obtained related to the position applied for.

Have you ever been denied a commission status with any law enforcement agency? [ ] Yes [ ] No
If yes, please explain:

What special skills, experiences or qualifications, related to the position(s) applied for, do you possess? (Sell yourself).

List all departments at which you have current applications filed. Note status of employment opportunities for each application (Best guess):

Do you have any driving convictions? ☐ Yes ☐No. If "Yes," please explain.

Do you have any Criminal or Traffic charges pending? ☐ Yes ☐No. If "Yes," please explain.

Are you computer literate? ☐ Yes ☐No. If "Yes," please explain.

What programs are you familiar with?

To what extent?

Can you type? ☐ Yes ☐ No

TOWNSHIP OF AUSTINTOWN

REFERENCES

List three (3) references (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS:

Name		Years Known
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		
Name		Years Known
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		

Name		Years Known
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		

TOWNSHIP OF AUSTINTOWN

WAIVER OF CONFIDENTIAL RECORDS

Name (print) **Social Security Number**

Address: Street **Township/City** **State** **Zip Code**

To Whom It May Concern:

I am an applicant for a position with the Township of Austintown, Austintown, Ohio. The township needs to thoroughly investigate my 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 above township.

I hereby authorize any representative of the Austintown Township Police District bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Austintown Township Police District, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you 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 any arrest records, 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 another person in my 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 you, your organization, 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 you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which 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 you to release such information upon request of the duly accredited representative of the Austintown Township Police District regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

Initial: _____

TOWNSHIP OF AUSTINTOWN

For and in consideration of the Township of Austintown's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Township of Austintown. I understand my rights under title 5, United States Code, section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Township of Austintown in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid upon my signature during the time associated with the selection process of the Township of Austintown.

I agree to indemnify and hold harmless the person to whom this request and 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.

The following information must be completed in the presence of a certified Notary Public:

_____, having been duly sworn under oath states that this is his/her
(Print Name of Applicant)

lawful affidavit and request for release of records.

_____
Signature of Applicant

Sworn and subscribed before me, a Notary Public this _____day of_____, _____

My commission expires _____, _____.

SEAL MUST BE AFFIXED

_____
Signature of Notary Public

_____
Printed Name of Notary

_____
Printed Address of Notary

(Out of state notary must submit Certificate)

TOWNSHIP OF AUSTINTOWN

The Austintown Police Department does not discriminate in hiring or employment on the basis or race, color, religion, national origin, sex, age, veteran status or any non-job related handicap or disability except where such characteristic constitutes a bona fide occupational disqualification. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. The application will remain active and retained on file with the Austintown Police Department for one year from the date of application.

In the event of employment with the Austintown Police Department, I understand that I am responsible for learning, understanding and complying with all rules, regulations, polices and procedures of the Austintown Police Department. My failure to do so may result in my discharge.

I understand that any job offer which may result out of this employment application is contingent upon my producing satisfactory documentation specified under the Immigration Reform and Control Act of 1986 proving my identity and authorization for employment in the United States. All employment offers are conditioned upon the applicant passing the elements of the selection process (see cover page of application).

In processing this application, the Austintown Police Department may request that an investigative consumer and criminal investigative report be prepared, which may include information as to my credit and criminal history.

I certify that all statement made by me on this application are true and complete to the best of my knowledge and that I have nothing that would, if disclosed, affect this application unfavorably. I hereby authorize the Austintown Police Department to investigate the statements contained in the application and any other information I provide in connection with my application for employment. I understand that any false or misleading statements or omission may result in my application being rejected or, if I am hired, in my discharge from employment.

I hereby acknowledge that I have read the above statement, that I understand the same, and I agree with and/or consent to the terms, conditions and requirements as stated above.

The following information must be completed in the presence of a certified Notary Public:

_____
Print Name of Applicant

_____
(Signature of Applicant)

Sworn and subscribed before me, a Notary Public this _____day of_____, _____

My commission expires _____, _____

SEAL MUST BE AFFIXED

_____
Signature of Notary Public

_____
Printed Name of Notary

(Out of state notary must submit Certificate)