



**APPLY BY  
AUGUST 15<sup>TH</sup>**

# COME JOIN OUR TEAM!

**Perkins Township Police Department is offering examination for the position of patrol officer.**

We offer a comprehensive benefit package, competitive pay as well as on the job training. A friendly work environment, team atmosphere, and great community!

## TAKE THE TEST

### APPLICANT REQUIREMENTS:

- > Ohio Peace Officer Certification prior to appointment date
- > Valid Ohio driver's license
- > Must be insurable
- > Be able to pass a background check
- > Complete a physical agility assessment

### APPLICATION MUST INCLUDE

- > Copy of Ohio drivers license
- > Proof of Current enrollment in Police Academy, or OPOTA Certification
- > Completed Application
- > Page 13 & 16 signed and notarized
- > \$25 Fee (money order, bank check, or credit card with 3% fee)

We highly encourage minorities, women, & veterans to apply. Must be 21 at the time of appointment. Lateral transfers will be considered limited to our contractual obligations.

Applications may be obtained online at [www.perkinstownship.com/policedept](http://www.perkinstownship.com/policedept) or by email request to [records@perkinstownship.com](mailto:records@perkinstownship.com)

Candidates may apply by submitting a completed application to 2610 Columbus Ave no later than August 15<sup>th</sup> 2017 by 1600 hours. Mailed applications must be postmarked no later than August 10<sup>th</sup>. There is a non-refundable \$25 application fee due at the time of submittal.

**For questions about the application process please contact our records department (419) 627-0824  
For employment questions please contact Chief Parthemore (419) 627-0824 ext. 6007 or  
Asst. Chief Donald (419) 627-0824 ext. 6011**

**PERKINS TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER**



# PERKINS TOWNSHIP POLICE DEPARTMENT

2610 Columbus Avenue  
Sandusky, Ohio 44870  
www.perkinstownship.com

Phone: 419-627-0824  
Fax: 419-627-0827  
www.facebook.com/perkinspd/



## Application Candidate

Welcome to the on boarding process of the Perkins Township Police Department. We are excited you chose Perkins to potentially be a part of our team.

Perkins Township was founded in 1809. The police department was started in 1958 under the first Chief of Police James Dee. Prior to that, the area used constables for police services. Considering the fast paced growth of the Township then, the Board of Trustees decided to create the Township police force to provide police services in a more effective manner for the safety of Perkins residents. The Police department consisted of one full time officer (the Chief) and a few part time officers. Since then Perkins Township has continued to grow and the Police department has as well. Now Perkins Township Police Department has twenty two full time officers!

The Police Department is currently structured in the following manner: Chief of Police, Assistant Chief, and three Patrol Division Sergeants round out the administrative staff. The Department has seventeen full time sworn employees that include twelve Patrol Officers, two Detectives, two Canine Officers and one School Resource Officer. The Police Department has one part time sworn officer. We have one full time Administrative Assistant, one part time records clerk, and two part time evidence custodians, non-sworn personnel. Our employees strive for excellence and I am proud to serve next to them each day.

Perkins Police Officers serve our diverse community and provide the best service possible to everyone; you never know what the next call of service will be. We conduct several community events and are very fortunate to have a very supportive community. Officers are in charge of enforcing laws, however, that is just one component of being a peace officer. Our philosophy is to make our community better, to help our community, and to bring peace which is our overall goal. Don't get me wrong, we do enforce law, but it's not the only thing we do. I have served the Perkins Township citizens for over twenty five years and I remain committed and excited about my career here.

I look forward to your commitment to the application process and hope you find the process well organized and relatively easy. If there is any confusion please feel free to contact us for clarification. Please read the rest of the documents in this packet for instructions on this process.

I wish you the best of luck and look forward to meeting you!

Chief Robb Parthemore, Perkins Township Police Department.

### **Mission Statement:**

*Perkins Township Police Department is dedicated to protecting life, liberty, and justice. We are committed to providing fair and equal treatment to everyone in our community.*

*Chief of Police Robb Parthemore \* 419-627-0824 ext 6007 \* rparthemore@perkinstownship.com*

## PERKINS TOWNSHIP POLICE OFFICER APPLICATION PACKET INSTRUCTIONS

### What Documents Should I Gather for My Application Packet?

You will need all of these documents in your application packet when you return it to the Perkins Police Department

1. Completed Application
2. Affirmative Action Information form (*optional*)
3. Authorization and Release to Obtain Information (**signed & notarized**)  
(This form can be notarized in the State where you currently reside.)
4. Copy of valid Driver License
5. Birth Certificate (Certified/Notarized or copy)
6. High School Diploma (Certified/Notarized, or Transcript; copies acceptable)  
(Correspondence High School Diploma are not accepted.)
7. G.E.D. Certificate and test scores\High School Equivalency (Certified/Notarized, or Transcript; copies acceptable)
8. College Diploma or Degree (Certified/Notarized, or Transcript; copies acceptable)
9. Military DD214 Member Copy #2 and or #4 (if you are a military veteran)  
\*\*\* To access your DD214 please visit <http://www.archives.gov/veterans/> \*\*\*
10. Ohio Peace Officer (OPOTC) Certificate for Police applicants (including out-of-state applicants)

### What Else Should I Include?

When completing your application, please remember to:

- Include all of your residences you have lived for the past 10 years
- Include every employer for whom you have worked for the last 10 years, even if the business is now closed. Include temporary, seasonal, part-time and volunteer jobs.
- Have the Authorization to Release Obtain Information notarized.
- Review all the information you have provided for accuracy.

The information requested of you is very important in the consideration of your application. It is imperative that you provide all of the information requested; information must also be accurate and legible.

Mail or Return your completed packet to:	For questions call:
Perkins Township Police 2610 Columbus Ave. Sandusky, Ohio 44870	Perkins Township Police (419) 627-0824



## **POLICE OFFICER**

### **Informational Packet**

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#### **About the Position:**

A Police Officer performs a variety of duties in the enforcement of laws and the prevention of crimes; to control traffic flow and enforce State and local traffic regulations; to perform investigation activities; and to perform a variety of technical and administrative tasks in support of the Police Department.

#### **Police Officer Essential Job Functions:**

- Effect an arrest, forcibly if necessary, using handcuffs and other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.
- Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
- Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
- Operate a law enforcement vehicle during both the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions used by factors such as fog, smoke, rain, ice and snow.
- Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.
- Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informers.
- Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings; jumping over obstacles, ditches and streams; crawling in confined areas; balancing on uneven or narrow surfaces and using body force to gain entrance through barriers.
- Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standards.
- Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles.
- Conduct visual and audio surveillance for extended periods of time.
- Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.
- Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.
- Demonstrate communications skills in court and other formal settings.
- Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.
- Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.



## **Police Officer Essential Job Functions: *(contd)***

- Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.
  - Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.
  - Put on and operate a gas mask in situations where chemical munitions are being deployed.
  - Extinguish small fires by using a fire extinguisher and other appropriate means.
  - Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.
  - Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprints impressions.
-



## **Qualifications:**

Perkins Township Police Department Officers are entrusted with the responsibility to keep our Township safe from crime and corruption. Therefore, a history of ethical and moral behavior is of the utmost importance. Your background will be looked at very closely. Applicants who have a history of unethical or immoral behavior will not be hired. You will be subjected to an intensive background evaluation, which will include, but is not limited to, the following:

- Your past behavior and the choices you have made must demonstrate positive traits that will support your candidacy for Police Officer and reflect favorably on your character.
- You must have a history of lawful conduct.
- You must possess high standards of honesty and integrity as demonstrated by your dealings with individuals and organizations. Falsifying, misrepresenting, or omitting information on any document or during the selection process will be closely scrutinized.
- You must respect the rights of all people and have an appreciation for the diversity that characterizes the Township of Perkins. A history of domestic violence, physical altercations, or discourteous, abusive, or violent treatment of others may indicate a lack of self-discipline, unwillingness or inability to cooperate, or a disregard for the rights of others.
- Your employment and military (if applicable) histories must demonstrate the motivation and success-orientation needed to succeed as a Police Officer.
- Your financial and driving records must demonstrate responsible decisions and appropriate behavior. Please call to discuss your driving history prior to applying if you have recent charges or convictions to determine if you are a suitable applicant.

## **Hiring Process:**

The application process from start to finish may take several months. Successful completion of this process does not guarantee employment. The Perkins Township Police Department reserves the right to hire any candidate from the list depending on the department's needs.

1. Complete and submit all applications.
2. Criminal History and Driving History Review
3. Written Exam (For full time Police Officer position only)
4. Successfully complete the Police Officer Physical Ability Test
5. Complete an oral Interview
6. Submit to a background Investigation
7. Complete a Computer Voice Stress Analyzer (CVSA) / Polygraph Examination
8. Pass a physical examination administered by a practicing physician in the State of Ohio, to include vision, color blindness and drug testing.
9. Complete a psychological evaluation

Upon successful completion of the process, candidates may be considered for available positions.



# Perkins Township Police Officer Application

Today's Date
Name (Last, First, Middle)

This application will be evaluated by those persons responsible for hiring at the Perkins Township Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

***Any false, misleading or incomplete information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the Perkins Township Police Department.***

## FOLLOW DIRECTIONS CAREFULLY

1. USE BLACK or BLUE INK TO COMPLETE QUESTIONNAIRE
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING. DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BOXES BLANK.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. FOR ADDITIONAL EMPLOYMENT SPACE COPY AN EMPLOYMENT HISTORY PAGE
9. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
10. BEFORE RETURNING QUESTIONNAIRE, READ, SIGN THE LAST PAGE AND MAINTAIN A COPY FOR YOUR RECORDS.

## REFERRAL SOURCE / AVAILABILITY

A	Which position are you applying for?	<input type="checkbox"/> Police Officer	<input type="checkbox"/> Police Dispatcher
B	What types of work will you accept?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Reserve
C	Please indicate your referral source:		
	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Township Employee
	<input type="checkbox"/> Internet Website, if so list name:	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other
D	If other referral source (please specify the name of the website, friend, Township employee or agency in which you found out about this position):		
E	If selected for this position, how soon can you begin employment?		
F	If you are not available for work now, enter the earliest date you could begin work?	<input type="checkbox"/> As soon as possible	<input type="checkbox"/> Two week notice <input type="checkbox"/> Need more notice



[illegible]



**VOLUNTARY:** Persons with disabilities who DO NOT WISH to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of OH Law.

B Do you have a disability? ☐ Yes ☐ No

**DISABILITY:** Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990).

If you answered yes to the above stated question, please list your disability:

C Can you, after employment submit proof of your legal right to work in the United States? ☐ Yes ☐ No

D Are you legally eligible to work in the United States? ☐ Yes ☐ No

E Are you a previous Perkins Township employee? ☐ Yes ☐ No If yes, please list dates of employment: (MO / YY)

F Are you currently working at Perkins Township as a regular or temporary employee? ☐ Yes ☐ No

G Are you related by blood or marriage to a person now employed by Perkins Township? ☐ Yes ☐ No If yes, please indicate:

Name: Relationship: Department:

## 2. REFERENCES

List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.

Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	
Name	Street Address	City	State	Zip Code
How long known?	Occupation	Home Phone ( )	Business Phone ( )	

## 3. EDUCATION

A Indicate by checking all boxes that apply if you have any of the following:		<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED Certificate <input type="checkbox"/> College Degree <input type="checkbox"/> Masters Degree		
High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
High School Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:				
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		
College Name	Address	City	State	Zip Code
Dates Attended (MM/YY) From: To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours		

College Name		Address		City	State	Zip Code
Dates Attended (MM/YY) From:      To:		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree or Credit Hours			
B Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning? If YES, explain on the back page.						<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. EMPLOYMENT HISTORY</b>						
A Have you ever been dismissed or asked to resign from ANY employment?						<input type="checkbox"/> Yes <input type="checkbox"/> No      If YES, explain on the back page.
B If you do not want your present employer to be contacted, check the box to the right and on the back page explain why.						<input type="checkbox"/>
<p>Beginning with your present employer or most recent employer, list <b>ALL</b> of the places you have worked during the last ten (10) year period. Keep in chronological order. <b>List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period. Omit None!</b> Copy the employment page and continue your information on the copy(s).</p>						
From MO/YR	Name Street Address	Job Title Supervisor				
To MO/YR	City      Phone (    ) State      Zip Code	Starting Salary Ending Salary				
Describe your duties						
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer      If part-time, list number of hours worked per week						
Detail Reason for Leaving						
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Detail Reason for Leaving						



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MO/YR	Street Address		Supervisor
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MO/YR	State	Zip Code	Ending Salary
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To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Detail Reason for Leaving		
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Reason for Leaving		

From	Name	Job Title
MO/YR	Street Address	Supervisor
To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
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To	City	Phone ( )
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Starting Salary		
Ending Salary		
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MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
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To	City	Phone ( )
MO/YR	State	Zip Code
Starting Salary		
Ending Salary		
Describe you duties		
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer   If part-time, list number of hours worked per week		
Detail Reason for Leaving		



C Have you ever applied for ANY position with ANY law enforcement agency including local, state and federal agencies? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Date	Position	Law Enforcement Agency	Disposition

D Have you ever attended a law enforcement academy? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Name of academy: _____ City & State: _____	Were you certified? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Date attended: _____
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E Has your law enforcement certification ever been suspended, revoked or brought before a review board? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
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**5. ARREST HISTORY**

The following questions pertain to your experiences in this country and all other countries as both a juvenile and an adult. Include any military law enforcement contact. If a charge or conviction was judicially expunged do not list it. Explain all "YES" answers in detail.

	Yes	No		Yes	No
A Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party?	<input type="checkbox"/>	<input type="checkbox"/>	G Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
B Has a law enforcement official for any reason ever issued you a verbal or written warning?	<input type="checkbox"/>	<input type="checkbox"/>	H Have you ever been booked into jail?	<input type="checkbox"/>	<input type="checkbox"/>
C Have you ever been detained by a law enforcement official?	<input type="checkbox"/>	<input type="checkbox"/>	I Have you ever received a criminal citation?	<input type="checkbox"/>	<input type="checkbox"/>
D Have you ever been accused of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	J Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail or prison?	<input type="checkbox"/>	<input type="checkbox"/>
E Have you ever been charged with a crime?	<input type="checkbox"/>	<input type="checkbox"/>	K Have the police ever been called to your home for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
F Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>			

L If you have answered "yes" to any of the above questions, list the incident below and make certain you have explained it on the back page. ALL INCIDENTS MUST BE EXPLAINED IN DETAIL BELOW. If more space is needed, use the back page.

Section # (A - K)	MO/YR	Reason / Charge	Law Enforcement Agency - City / State	Disposition / Sentence	MO/YR

**6. DRIVERS HISTORY**

A List all valid driver's license you now hold

Issue Date	Type of License	Expiration Date	State	License Number

B If you have previously held a drivers license from ANY state, please indicate below:

Issue Date	Type of License	Expiration Date	State	License Number

C Is your driver's license currently restricted, suspended, or revoked? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	Reason:
D Have you ever had a driver's license, canceled, refused, revoked, or suspended? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If YES, explain in detail on the back page the reasons and dates.	Date of Reinstatement
E Have you ever been charged with driving under the influence of alcohol or drugs? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If YES, explain on the back page.	Convicted? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>

<b>F</b> List each and every <b>TRAFFIC</b> citation, summons and written warning you have ever received. List in chronological order beginning with the most recent. If you need more space use the back page.										
MO / YR	Charge	Agency/ City or State	Disposition / Conviction		MO / YR					

  

<b>7. LIQUOR AND NARCOTICS</b>											
<b>A</b> Have you ever used any prescription drugs not prescribed to you by a doctor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">If YES, explain on the back page.</span>											
<b>B</b> If you have tried, used or ingested <b>ANY</b> of the drugs listed below, check the "Yes" box; if you have not, check the "No" box. Include the number of times used and dates.											
	Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)		Yes	No	Total # Times Used	Last Use (MO/YR)	Date/s (MO/YR)
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>				Cocaine (powder/crack)	<input type="checkbox"/>	<input type="checkbox"/>			
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>				Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>				Opium	<input type="checkbox"/>	<input type="checkbox"/>			
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>				Injectable /Oral Steroids	<input type="checkbox"/>	<input type="checkbox"/>			
Hashish	<input type="checkbox"/>	<input type="checkbox"/>				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines (speed, meth, etc)	<input type="checkbox"/>	<input type="checkbox"/>				Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, etc)	<input type="checkbox"/>	<input type="checkbox"/>			
If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor's prescription, <b>explain on the back page.</b> <b>You MUST include dates and number of times used.</b>											

  

<b>8. GANG AFFILIATIONS</b>										
<b>A</b> Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">If YES, explain on the back page.</span>										
<b>B</b> Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">If YES, explain on the back page.</span>										

  

<b>9. MILITARY SERVICE</b>										
<b>A</b> Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization. <b>**ONLY Honorable Discharges will be considered for employment</b>										
<b>B</b> List dates of military service: (list each service period separately)										
MO / YR Entered	Branch / Organization	Discharge Date	Type of Discharge		Rank					

  

<b>C</b> Are you a member of the Military Reserves? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>										
<b>D</b> Have you received any form of disciplinary action from the military? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">If YES, explain on the back page with the disciplinary action, what it is for, when, why and where.</span>										
<b>E</b> Current Military Status										



### 10. CVSA / POLYGRAPH

Please answer the following question concerning the scheduling of your CVSA / polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled CVSA / polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot. How much notice do you require to be scheduled for a CVSA / polygraph examination?

# Hours (s) \_\_\_\_\_

# Day (s) \_\_\_\_\_

### PLEASE READ BEFORE SIGNING

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event that confirmation is needed in connection with my work, I authorize educational institutions, previous employers, military units, associations, registration and licensing boards, and others to furnish Perkins Township whatever detail is available concerning my qualifications. I authorize Perkins Township to investigate all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application or disciplinary action up to and including dismissal shall I become an employee of Perkins Township. I further understand that I will not receive and am not entitled to a copy of any report of background investigation or to know its contents.

I understand that if I am currently employed as law enforcement, correctional officer, by a law enforcement or criminal justice related agency of any type, the results of any background checks may be made available to my current employer, whether or not I am offered employment by Perkins Township.

I also understand that employment is conditional until results of health evaluations are known as related to essential job functions and until information given by me on my application has been verified. I certify and acknowledge that I meet minimum age requirements of applicable laws by Perkins Township policy. I will accept travel assignments when job duties so require. I will work overtime and other than standard shift hours when job duties so require. As part of the Drug Free Workplace Act, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. I will participate in the Direct Payroll Deposit program as a condition of employment.

I further authorize Perkins Township and its representatives to perform any criminal records checks that may be required as part of this application process. I hereby release the Perkins Township and its directors, elected officials, employees and assigns from any and all liability or damage that may result from furnishing the requested information.

**Perkins Township is an Equal Opportunity Employer**

\_\_\_\_\_  
Signature of Applicant (Unsigned applications will not be processed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

ADDITIONAL BACK PAGE

This page is to add or clarify any part of this questionnaire. Please indicate the section (such as Employment History) and the specific questions answered by letter. For example, a narcotics explanation would be listed as Section Name - Narcotics, # B

[illegible]

Use additional pages if needed



# Perkins Township

## Affirmative Action Information

**Notice:** The information requested below will in no way affect you as an applicant. The information is requested on a **VOLUNTARY** basis. Data collected will be used for statistical reporting purposes in the Human Resource Development Department, and to see how well recruitment efforts are reaching all segments of the population.

Date \_\_\_\_\_

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

Gender ☐ Male ☐ Female

Date of Birth \_\_\_\_\_  
Month Day Year

### Race or Ethnic Identity Groups: (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> White (not of Hispanic or Latino)          | <input type="checkbox"/> Black or African American/Black (Not Hispanic or Latino)     |
| <input type="checkbox"/> American Indian/Alaskan Native             | <input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Asian                                      | <input type="checkbox"/> Hispanic or Latino   |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |   |

**DISABILITY:** Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is **strictly voluntary**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of North Carolina Law.

- |  |   |
|--|---|
| A <input type="checkbox"/> None/Prefer not to report   | H <input type="checkbox"/> Nervous system/Neurological disorder                 |
| B <input type="checkbox"/> Blind or severely visually impaired   | I <input type="checkbox"/> Mentally restored                                    |
| C <input type="checkbox"/> Deaf or severely Hearing impaired   | J <input type="checkbox"/> Mental retardation                                   |
| D <input type="checkbox"/> Loss of limited use of arms and/or hands  | K <input type="checkbox"/> Learning disability                                  |
| E <input type="checkbox"/> Non-ambulatory (must use wheelchair)  | L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment). |
| F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc. | M <input type="checkbox"/> Other (please specify)                               |
| G <input type="checkbox"/> Respiratory   |   |

PERKINS TOWNSHIP  
Authorization and Release to Obtain Information

I, \_\_\_\_\_ authorize Perkins Township to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that Perkins Township may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I also understand that if I am currently employed as a law enforcement or correctional officer, or by a law enforcement or criminal justice related agency of any type, the results of this background investigation may be made available to my current employer, whether or not I am offered employment by Perkins Township.

I hereby release Perkins Township, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by Perkins Township.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby  
certify that \_\_\_\_\_ personally appeared before me this day and  
acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the  
statements in said instrument are true.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Type or Print) Name

(Official Seal)



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## Perkins Township Police Department Testing Procedure

Advertisement(s) will run from July 2018 through August 15<sup>th</sup> 2018.

Application Packets can be obtained in one of the following ways:

- In person at Perkins Township Police Department 2610 Columbus Avenue Sandusky, Ohio 44870 between the hours of 8am and 4PM Monday through Friday until August 15<sup>th</sup> .
- E-mail request to [Records@perkinstownship.com](mailto:Records@perkinstownship.com)
- Perkins Police Web Page at [www.perkinstownship.com/policedept](http://www.perkinstownship.com/policedept)

Applications can be mailed to Perkins Police 2610 Columbus Avenue Sandusky, Ohio 44870 or submitted in person at the department. There is a non-refundable \$25.00 application fee due at time of application submission. This is payable by money order, bank check, or credit card (+5%). Applications that are mailed in must be **Post marked no later than August 10th.**

Deadline for filing an application packet will be 4:00PM on Friday August 15<sup>th</sup>, 2018. ***Incomplete or applications received after the deadline will not be considered.***

### Qualifications:

- High School Graduate or equivalent
- 21 years of age at time of appointment
- Possess a valid operator's license, Must possess a valid Ohio Drivers license within six months of appointment.
- Current OPOTA certification, or provide proof of current enrollment in an OPOTA approved Police Academy -must have certification upon appointment date.

### Written Exam:

- A police department entrance exam will be given at Perkins High School 3714 Campbell Street, Sandusky, Ohio 44870 on Saturday August 25th at 9:00AM. Minimum passing score is 70%.
- Applicants must show proof of identity prior to taking written exam. (State issued ID or drivers license)

### Physical Agility assessment:

- A physical agility assessment will be administered immediately following the written exam. Requirements for the assessment are included in this packet. Allow for plenty of time.

Scoring: (Additional percentage points for qualifications as listed below)

- |                                     |                     |
|-------------------------------------|---------------------|
| • Current Part time Perkins Officer | 3 percentage points |
| • Current/prior military            | 2 percentage points |

- Degree in criminal justice field 2 percentage points
- 5 years or more full time sworn law enforcement experience 2 percentage points

**\* Applicant must provide proof of any of these in order to obtain points.**

\* Perkins Township considers as acceptable those degrees from degree granting institutions approved by one of two nationally recognized accredited organizations, either U.S Department of Education or the Council of Higher Education.

After combining the test scores with additional points, we will establish a list that we will use to call applicants for processing.

The hiring process includes, but is not limited to, an extensive background check, credit check, oral interview, review panel, computerized voice stress analysis (CVSA), psychological evaluation and complete physical. Pre-employment drug testing is required of all candidates. Perkins Township is a tobacco free workplace, candidates will be tested.

***Due to public records laws in Ohio, the identity of applicants and applications materials cannot be considered to be confidential.***

Perkins Township is an equal opportunity employer.

Job Description: Patrol Officer

#### **202.5.1 ESSENTIAL DUTIES**

Required to perform shift work which may include days, evenings, and nights including weekends and holidays.

Works on performing security patrols, traffic control, investigation and first aid at accidents, detection, investigation and arrest of persons involved in crimes or misconduct.

Works an assigned shift using own judgment in deciding course of action being expected to handle difficult and emergency situations without assistance.

Maintains normal availability by radio or telephone to respond to police matters.

Carries out duties in conformance with Federal, State, County, and Township laws and ordinances.

Patrols Township streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic, prevent or detect and investigate misconduct involving misdemeanors, felonies and other law violations; and to otherwise serve and protect.

Responds to emergency radio calls and investigates accidents, robberies, civil disturbances, domestic disputes, fights, drunkenness, missing children, prowlers, abuse of drugs, etc. Takes appropriate law enforcement action.

Interrogates suspects, witnesses and drivers. Preserves evidence. Arrests or cites violators. Investigates and renders assistance at scene of vehicular accidents. Summons ambulances and other law enforcement vehicles. Takes measurements and draws diagrams of scene.

Conducts follow-up investigations of crimes committed during assigned shift. Seeks out and questions victims, witnesses and suspects. Develops leads and tips. Searches scene of crimes for clues. Evaluates evidence and arrests offenders. Prepares cases for giving testimony and testifies in court proceedings.



Prepares a variety of reports such as offense/incidents, field interrogation cards, OVI, towed vehicle, and accident reports.

Undertakes community oriented police work, and assists citizens with such matters as stalled vehicles, crime prevention, drug abuse, traffic and bicycle safety, etc.

Participates in investigating criminal law violations occurring within the Township limits, obtaining evidence and compiling information regarding these crimes, preparing cases for filing charges, testifying in court, and related activities.

Conducts patrol activities including directing traffic, investigation of reported or observed violations of law, and conducting patrol activities.

Coordinates activities with other officers or other Township departments as needed, exchanges information with officers in other law enforcement agencies, and obtains advice from the Township Attorney or Municipal or County prosecutor's office regarding cases, policies and procedures as needed and assigned.

Maintains contact with police supervisory personnel to coordinate investigation activities, provide mutual assistance during emergency situations and provides general information about department activities.

Using excellent customer service skills establishes and maintains effective working relationships with other employees, officials, and all members of the general public.

Operates a motor vehicle to carry out the business of the department and the Township.

Attendance at work is an essential function of this position.

#### **202.5.2NON-ESSENTIAL DUTIES:**

Ability to operate or quickly learn to operate a personal computer using standard or customized software applications appropriate to assigned tasks.

Ability and willingness to quickly learn and put to use new skills and knowledge brought about by rapidly changing information and/or technology

Maintains departmental equipment, supplies and facilities.

Maintains contact with general public, court officials, and other Township officials in the performance of police operating activities.

May serve as a member of various employee committees.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

## Physical Assessment Course

(One person starts course once half way through next recruit can go)

OPOTA Push ups

OPOTA Sit-ups

-No OPOTA run-

### Obstacle course -Timed event

Start seated in cruiser, seat belted in.

Exit car, run to fence, climb/jump fence

Run to orange traffic cones, stack six cones- one at a time (Cones 10 feet apart)(Count each cone out loud)

Drag weighted bag past orange cone (25 feet)

Run to Cuffing station, handcuff both cuffs must be securely attached

Run to fence climb/jump fence

Run -touch cruiser – time ends.

### Age and Gender Minimum Scores

	Males (<-29)	Females (<-29)
Sit-ups (1 min)	40	35
Push-ups (1 min)	33	18
1.5 Mile Run	11:58	14:15
	Males (30-39)	Females (30-39)
Sit-ups (1 min)	36	27
Push-ups (1 min)	27	14
1.5 Mile Run	12:25	15:14
	Males (40-49)	Females (40-49)
Sit-ups (1 min)	31	22
Push-ups (1 min)	21	11
1.5 Mile Run	13:05	16:13
	Males (50-59)	Females (50-59)
Sit-ups (1 min)	26	17
Push-ups (1 min)	15	13*
1.5 Mile Run	14:33	18:05
	Males (60+)	Females (60+)
Sit-ups (1 min)	20	8
Push-ups (1 min)	15	8*
1.5 Mile Run	16:19	20:08

## Perkins Township Police Department Physical Assessment Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_male \_\_\_\_female \_\_\_\_neutral      DOB: \_\_\_\_\_ Age: \_\_\_\_\_

### OPOTA Standard Pushups and Sit ups in one minute:

Sit Ups: \_\_\_\_\_

Pushups: \_\_\_\_\_

### Agility Course:

Time: \_\_\_\_\_

Penalties: \_\_\_\_\_

Penalties will result for failure to complete a task as instructed. Instructions will be given on the day of the physical assessment.

### OPOTA Age and Gender Minimum Scores

	Male <29	Female <29		Male 30-39	Female 30-39
Sit ups	40	35	Sit ups	36	27
Push ups	33	18	Push ups	27	14
	Male 40-49	Females 40-49		Male 50-59	Female 50-59
Sit ups	31	22	Sit ups	26	17
Push ups	21	11	Push ups	15	13
	Male 60+	Female 60+			
Sit ups	20	8			
Push ups	15	8			