

CITY OF EUCLID, OHIO
LATERAL ENTRY POLICE OFFICER POSITION
KEEP THIS INFORMATION FOR FUTURE REFERENCE

IF YOU DO NOT MEET THE MINIMUM QUALIFICATIONS BELOW, DO NOT SUBMIT AN APPLICATION.

(NOTE: IF YOU CANNOT MEET ONE OR MORE OF THE MINIMUM QUALIFICATIONS DUE TO A DISABILITY, YOU MAY SUBMIT AN APPLICATION. WE WILL CONSIDER YOUR SITUATION ON AN INDIVIDUAL BASIS.)

<u>MINIMUM QUALIFICATIONS</u>	
CERTIFICATION	MUST POSSESS CURRENT AND VALID OPOTA CERTIFICATE OR OPOTA LETTER OF TRAINING EQUIVALENCY.
POLICE EXPERIENCE	MUST BE CURRENTLY EMPLOYED AS A LAW ENFORCEMENT OFFICER , AS DEFINED BY OHIO REVISED CODE SECTION 2901.01 OR LAID OFF FROM SUCH A POSITION WITHIN THE YEAR PRIOR TO YOUR APPLICATION, AND HAVE A MINIMUM OF TWO (2) CONSECUTIVE YEARS OF FULL-TIME LAW ENFORCEMENT EXPERIENCE OR THREE (3) YEARS PAR-TIME EXPERIENCE WORKING AN AVERAGE OF 1040 HOURS PER YEAR ("HALF-TIME").
AGE	MINIMUM OF 21 YEARS OLD AT TIME OF APPOINTMENT
CITIZENSHIP	MUST BE A CITIZEN OF THE UNITED STATES
EDUCATION	HIGH SCHOOL DIPLOMA OR G.E.D. REQUIRED
FITNESS FOR DUTY	MUST POSSESS THE STRENGTH AND PHYSICAL ABILITY TO SUCCESSFULLY PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POLICE OFFICER CLASSIFICATION, AND BE FREE OF ANY CONDITION THAT WOULD PRECLUDE ONE FROM SUCCESSFULLY PERFORMING SAID FUNCTIONS OR WOULD POSE A DIRECT THREAT TO THE HEALTH OR SAFETY OF ONESELF OR OTHERS. EMOTIONAL STABILITY AND MATURITY ALSO REQUIRED.
DRIVER'S LICENSE	MUST POSSESS A VALID OHIO DRIVER'S LICENSE AND HAVE AN ACCEPTABLE DRIVING RECORD AT TIME OF APPOINTMENT
VISION	MUST HAVE CORRECTED VISION OF NOT LESS THAN 20/30.
RESIDENCY	RESIDENCY IN THE CITY OF EUCLID IS NOT REQUIRED FOR APPLICATION OR CONTINUED EMPLOYMENT

OTHER REQUIREMENTS OF THE POSITION

MUST BE WILLING TO WORK IRREGULAR HOURS AND DAYS, ENFORCE LAW REGARDLESS OF PERSONAL ETHICS OR FEELINGS, WEAR THE UNIFORM FURNISHED BY THE DEPARTMENT AND COMPLY WITH DEPARTMENTAL GROOMING STANDARDS, CARRY A FIREARM AND WORK UNDER ADVERSE OR POTENTIALLY HAZARDOUS CONDITIONS.

MUST ALSO BE OF GOOD CHARACTER, AND FREE FROM ANY PHYSICAL, EMOTIONAL, OR MENTAL CONDITION WHICH WOULD PRECLUDE ONE FROM SUCCESSFULLY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB; MENTALLY AND PHYSICALLY CAPABLE OF TAKING THE LIFE OF ANOTHER IF JUSTIFIED AND NECESSARY IN TERMS OF EXISTING LAWS, POLICIES, AND PROCEDURES; AND HAVE SKILL TO READ AND INTERPRET COMPLEX TECHNICAL DOCUMENTS WRITTEN IN ENGLISH, SUCH AS LAWS, ORDINANCES, COURT DECISIONS, AND TRAINING BULLETINS.

APPLICANTS SELECTED FOR FURTHER CONSIDERATION AFTER INITIAL SCREENING WILL BE REQUIRED TO OBTAIN A CERTIFICATE ATTESTING TO SUCCESSFUL COMPLETION OF PHYSICAL AGILITY TESTING BY THE POLICE AGILITY PROGRAM AT CUYAHOGA COMMUNITY COLLEGE (TRI-C).

AT MINIMUM, A MEDICAL EXAMINATION, PSYCHOLOGICAL EVALUATION, AND POLYGRAPH EXAMINATION WILL BE REQUIRED PRIOR TO APPOINTMENT.

DO NOT RETURN THIS SHEET.

CITY OF EUCLID, OHIO
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ANY OF THE FOLLOWING DISQUALIFY A CANDIDATE FROM CONSIDERATION:

- ANY FELONY CONVICTION.
- ANY DRIVER'S LICENSE SUSPENSION WITHIN THE PAST 24 MONTHS.
- ANY DISHONORABLE, GENERAL, OR OTHER THAN HONORABLE DISCHARGE FROM ANY BRANCH OF THE ARMED FORCES.
- ON PROBATION OR PAROLE WITH ANY CITY, COUNTY, STATE OR FEDERAL AGENCY FOR ANY OFFENSE.
- USED, TRIED, TASTED, EXPERIMENTED WITH, DELIVERED, SOLD OR POSSESSED ANY ILLEGAL CONTROLLED SUBSTANCE THAT WOULD CONSTITUTE A VIOLATION OF OHIO REVISED CODE WITHIN THREE (3) YEARS PRIOR TO APPLICATION.
- ANY CONVICTION FOR THE TRAFFIC OFFENSES OF VEHICULAR HOMICIDE OR FLEEING AND ELUDING AS DEFINED BY OHIO OR OTHER SIMILAR STATE OR MUNICIPAL LAWS REGARDLESS OF LAW TITLES.
- ANY CONVICTION OF ANY OFFENSES INVOLVING FALSIFICATION, DISRESPECT FOR LAW ENFORCEMENT OFFICIALS, CRIMES OF AN AGGRAVATED NATURE, SEX OFFENSES, DOMESTIC VIOLENCE, OR CRIMES AGAINST CHILDREN.
- REFUSAL TO SUBMIT TO A POLYGRAPH EXAMINATION.
- CURRENTLY UNDER ACTIVE INVESTIGATION BY FEDERAL, STATE, COUNTY OR LOCAL AUTHORITIES OR OTHER LAW ENFORCEMENT AGENCIES.
- FAILURE OR REFUSAL TO SUCCESSFULLY COMPLETE ANY AND ALL PORTIONS OF THE HIRING PROCESS.

ANY OF THE FOLLOWING MAY CAUSE REMOVAL OF THE APPLICANT FROM THE HIRING PROCESS:

- MISDEMEANOR CONVICTION (OTHER THAN MINOR TRAFFIC VIOLATIONS) WITHIN THE PAST FIVE (5) YEARS.
- CONVICTION OF ANY CRIMES NOT LISTED HEREIN.
- TERMINATION FOR CAUSE FROM ANOTHER PUBLIC SAFETY AGENCY.
- RELEASE FROM ANOTHER PUBLIC SAFETY AGENCY DURING PROBATIONARY PERIOD.
- TWO OR MORE CONVICTIONS FOR DRIVING UNDER THE INFLUENCE, OR ONE CONVICTION WITHIN FIVE (5) YEARS OF THE APPLICATION DATE.
- DRIVING RECORD THAT INDICATES A PATTERN OF UNSAFE DRIVING.
- DISCIPLINARY HISTORY INDICATING A PATTERN OF NEGATIVE WORK PERFORMANCE AT PAST EMPLOYERS.
- UNDETECTED CRIMINAL ACTS.

IF DURING THE HIRING PROCESS ONE OR MORE OF THE ABOVE LISTED FACTORS BECOMES APPLICABLE TO AN APPLICANT, SUCH AS THE APPLICANT IS ARRESTED, TAKEN INTO CUSTODY, DETAINED FOR INVESTIGATION, CHARGED WITH A CRIME OR DECLARES BANKRUPTCY, THE APPLICANT MUST IMMEDIATELY NOTIFY THE RECRUITING CONTACT OR BACKGROUND INVESTIGATOR CONDUCTING THE APPLICANT'S BACKGROUND INVESTIGATION.

APPLICANTS MUST ANSWER TRUTHFULLY AND FULLY ALL QUESTIONS ASKED OF THEM. ANY MISREPRESENTATION OR OMISSION OF ANY MATERIAL FACT ON THE APPLICATION; DURING THE BACKGROUND INVESTIGATION; OR IN ANY PHASE OF THE SELECTION PROCESS SHALL DISQUALIFY THE

CITY OF EUCLID, OHIO
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APPLICANT. IF AN INVESTIGATION DISCLOSES A WILLFUL MISREPRESENTATION, OMISSION, OR FALSIFICATION, THE APPLICATION WILL BE REJECTED.

INFORMATION AND INSTRUCTIONS

IF YOU MEET THE MINIMUM QUALIFICATIONS, CAREFULLY READ AND COMPLY WITH THE FOLLOWING INSTRUCTIONS:

READ AND FOLLOW ALL INSTRUCTIONS ON EACH PAGE.

PRINT OR TYPE ALL RESPONSES CLEARLY AND LEGIBLY.

COMPLETE ALL INFORMATION REQUESTED IN THE APPLICATION PACKET. MAKE SURE RESPONSES ARE AS COMPLETE AND DETAILED AS POSSIBLE. USE EXTRA PAPER AS NEEDED. INCLUDE YOUR NAME, THE DATE, AND THE POSITION YOU ARE APPLYING FOR ON ALL EXTRA PAGES. THE INFORMATION YOU PROVIDE WILL HELP US DETERMINE THE EXTENT OF YOUR QUALIFICATIONS.

PAGES 5 THROUGH 7, INCLUSIVE, OF THIS PACKET MUST BE RETURNED TO THE EUCLID POLICE DEPARTMENT. THE AFFIDAVIT ON PAGE 7 MUST BE NOTARIZED.

ATTACH YOUR RÉSUMÉ AND ANY OTHER INFORMATION YOU THINK RELEVANT TO OUR CONSIDERATION OF YOUR APPLICATION. **WRITE YOUR INITIALS AT THE BOTTOM RIGHT CORNER OF ANY DOCUMENT YOU ATTACH.**

ALL INFORMATION INCLUDED WITH THE APPLICATION PACKET IS SUBJECT TO VERIFICATION THROUGH INTERVIEW(S), BACKGROUND INVESTIGATION, REFERENCE CHECK, AND POLYGRAPH EXAMINATION. **SUBMISSION OF FALSE INFORMATION WILL RESULT IN DISQUALIFICATION FROM THE APPLICATION PROCESS, ELIGIBILITY LIST, APPOINTMENT, AND/OR EMPLOYMENT IF DISCOVERY OF FALSIFICATION OCCURS AFTER APPOINTMENT.**

RETURN ALL APPLICATION MATERIALS BY 4:00PM, FRIDAY, SEPTEMBER 4, 2020, TO THE CITY OF EUCLID POLICE DEPARTMENT, 545 EAST 222ND STREET, EUCLID, OHIO, 44123. THE EUCLID POLICE DEPARTMENT ASSUMES NO RESPONSIBILITY FOR TIMELY RECEIPT OF APPLICATIONS WHICH ARE SENT BY MAIL. MAILED MATERIALS MUST BE **RECEIVED** AT THE EUCLID POLICE DEPARTMENT BY THE ABOVE DEADLINE.

IF YOU CHANGE RESIDENCE ADDRESS OR TELEPHONE NUMBER AT ANY STAGE OF THE APPLICATION PROCESS YOU MUST IMMEDIATELY NOTIFY THE EUCLID POLICE DEPARTMENT. THE EUCLID POLICE DEPARTMENT ASSUMES NO RESPONSIBILITY FOR LOCATING CANDIDATES WHO HAVE CHANGED THEIR CONTACT INFORMATION.

INQUIRIES OR ASSISTANCE REGARDING THESE INSTRUCTIONS OR ANY OTHER MATTER RAISED HEREIN SHOULD BE DIRECTED TO CAPT. SCOTT ROLLER AT (216) 289-8447.

DO NOT RETURN THIS SHEET.

**CITY OF EUCLID, OHIO
LATERAL ENTRY POLICE OFFICER POSITION**

APPLICATION PROCESS

APPLICATION PERIOD	APPLICATION PACKETS OF LATERAL ENTRY POLICE OFFICERS WILL BE AVAILABLE IMMEDIATELY AT THE POLICE STATION AND ONLINE.
OBTAINING AN APPLICATION PACKET	<p>BEGINNING ON THE ABOVE DATE, YOU CAN:</p> <ol style="list-style-type: none"> 1. DOWNLOAD THE APPLICATION PACKET AT WWW.EUCLIDPD.ORG (CLICK ON THE RECRUITMENT TAB) OR WWW.CITYOFEUCLID.COM (CLICK ON THE "LATERAL POLICE OFFICER" LINK), OR 2. PICK UP AN APPLICATION PACKET AT THE CITY OF EUCLID MUNICIPAL CENTER, 585 EAST 222ND STREET, EUCLID, OHIO, 44123, MONDAY THROUGH FRIDAY FROM 8:30AM TO 4:30PM, OR 3. PICK UP AN APPLICATION PACKET AT THE CITY OF EUCLID POLICE DEPARTMENT, 545 EAST 222ND STREET, EUCLID, OHIO, 44123, AT ANY TIME PRIOR TO THE SUBMISSION DEADLINE.
DEADLINES FOR RETURNING APPLICATION	<p>APPLICATIONS MAY BE SUBMITTED BEGINNING MONDAY, AUGUST 31, 2020 AT 8:00AM AND MUST BE SUBMITTED BY 4:00PM SEPTEMBER 4, 2020.</p> <p>APPLICATIONS LACKING ALL REQUIRED MATERIALS WILL NOT BE CONSIDERED.</p>
WHERE TO RETURN APPLICATION MATERIALS	<p>YOU MAY SUBMIT YOUR APPLICATION PACKET IN THREE WAYS:</p> <ol style="list-style-type: none"> 1. YOU MAY SUBMIT YOUR APPLICATION MATERIALS IN PERSON AT THE CITY OF EUCLID POLICE DEPARTMENT, 545 EAST 222ND STREET, EUCLID, OHIO, 44123, OR 2. YOU MAY SUBMIT YOUR APPLICATION BY MAIL TO THE CITY OF EUCLID POLICE DEPARTMENT, 545 EAST 222ND STREET, EUCLID, OHIO, 44123, "ATTN: CAPT. SCOTT ROLLER." MAILED INFORMATION MUST BE RECEIVED BY THE DEADLINE ABOVE. 3. YOU MAY EMAIL A SCANNED, COMPLETED (INCLUDING REQUIRED NOTARIZATION) APPLICATION TO sroller@cityofeuclid.com. YOUR ORIGINAL DOCUMENTS MUST THEN BE FORWARDED AND RECEIVED BY 4:00PM SEPTEMBER 4, 2020.

DO NOT RETURN THIS SHEET.

CITY OF EUCLID, OHIO
LATERAL ENTRY POLICE OFFICER POSITION
RETURN OF APPLICATION MATERIALS CHECKLIST

DIRECTIONS

USE THIS CHECKLIST TO ENSURE YOU RETURN ALL REQUIRED ITEMS TO THE CITY OF EUCLID POLICE DEPARTMENT, 545 EAST 222ND STREET, EUCLID, OHIO, 44123.

IT IS NOT NECESSARY THAT THIS FORM BE RETURNED. IT IS PROVIDED SOLELY FOR YOUR CONVENIENCE.

DEADLINE FOR RETURNING MATERIALS, EXCEPT AS NOTED, IS 4:00PM, FRIDAY, SEPTEMBER 4, 2020.

APPLICATIONS RECEIVED AFTER THIS DATE/TIME WILL NOT BE GIVEN FURTHER CONSIDERATION.

- EMPLOYMENT APPLICATION** (FURTHER DETAILED INFORMATION WILL BE REQUIRED OF APPLICANTS SELECTED FOR FURTHER CONSIDERATION AFTER INITIAL SCREENING)
- DOCUMENT CERTIFICATION FORM** (WITH ATTACHMENTS)
- LATERAL ENTRY POLICE OFFICER AFFIDAVIT**
- RÉSUMÉ**
- EQUAL EMPLOYMENT OPPORTUNITY (EEO) SURVEY (OPTIONAL)**

- TRI-C PHYSICAL AGILITY CERTIFICATE (SEE BELOW)******

**** YOU MAY SUBMIT THIS CERTIFICATE WITH YOUR APPLICATION PACKET IF IT WAS OBTAINED ON OR AFTER SEPTEMBER 1, 2019. THIS CERTIFICATE WILL ONLY BE REQUIRED OF THOSE OFFICERS SELECTED FOR FURTHER CONSIDERATION. THE EUCLID POLICE DEPARTMENT RESERVES THE RIGHT TO REQUIRE THAT APPLICANTS OBTAIN THIS CERTIFICATE PRIOR TO APPOINTMENT REGARDLESS OF THE DATE OF COMPLETION SHOWN ON ANY CERTIFICATE SUBMITTED WITH THIS APPLICATION.
PLEASE NOTE THAT TRI-C CONDUCTS THIS ASSESSMENT ON A LIMITED SCHEDULE AND ACT ACCORDINGLY.

DO NOT RETURN THIS SHEET.

CITY OF EUCLID, OHIO
LATERAL ENTRY POLICE OFFICER POSITION
APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT POLICY: IT IS THE POLICY OF THE CITY OF EUCLID TO SEEK AND EMPLOY THE BEST QUALIFIED INDIVIDUALS FOR ALL POSITIONS, TO PROVIDE EQUAL OPPORTUNITY FOR THE ADVANCEMENT OF EMPLOYEES, INCLUDING UPGRADING, PROMOTION AND TRAINING, AND TO ADMINISTER THESE ACTIVITIES IN A MANNER WHICH WILL NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, RELIGION, SEX, AGE, DISABILITY, COLOR OR NATIONAL ORIGIN.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INIT.	
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	OTHER PHONE	EMAIL ADDRESS	

POSITION APPLIED FOR		
DEPARTMENT: POLICE	DEPT. NUMBER: 4243	POSITION TITLE: POLICE OFFICER, LATERAL ENTRY

EDUCATION			
NAME OF SCHOOL AND LOCATION	CIRCLE LAST YEAR COMPLETED	TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY
COLLEGE	1 2 3 4 5 6 GRADUATE? Y N		
HIGH SCHOOL	9 10 11 12 GRADUATE? Y N		

CONVICTION INFORMATION			
CONVICTIONS WILL NOT NECESSARILY BAR AN APPLICANT FROM EMPLOYMENT.			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? (IF YES, COMPLETE BELOW)			<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE	REASON	DISPOSITION OF CASE	PLACE (CITY, STATE)

EMPLOYMENT			
PRESENT EMPLOYER		ADDRESS	
DATE STARTED	STARTING PAY	ENDING PAY	PHONE NUMBER
DUTIES PERFORMED			
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND GOVERNMENT AGENCIES TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY BACKGROUND, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. I UNDERSTAND THAT I MAY BE REQUIRED TO UNDERGO MEDICAL EXAMINATIONS BEFORE BEGINNING WORK TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF THE POSITION APPLIED FOR AND FAILURE TO UNDERGO SUCH MEDICAL EXAMINATIONS SHALL BE GROUNDS FOR DISQUALIFICATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY THE CITY OF EUCLID'S ORDINANCES, AND THE POLICIES, PROCEDURES, RULES, AND REGULATIONS OF THE EUCLID POLICE DEPARTMENT. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE CITY OR MYSELF. I UNDERSTAND THAT NO MANAGER OR SUPERVISOR OTHER THAN THE MAYOR HAS ANY AUTHORITY TO EMPLOY PERSONS ON BEHALF OF THE CITY, BUT NOT CONTRARY TO THE FOREGOING.

I HEREBY AUTHORIZE THE CITY OF EUCLID TO RELEASE THIS APPLICATION TO PRIVATE OR PUBLIC EMPLOYERS SEEKING TO FILL JOB OPENINGS.

SIGNATURE _____

DATE _____

CITY OF EUCLID, OHIO
LATERAL ENTRY POLICE OFFICER POSITION
DOCUMENT CERTIFICATION FORM

DIRECTIONS

Complete and return this form with a **copy of your OPOTA Peace Officer Training certificate** or OPOTA letter of Training Equivalency, and all other required documents to the City of Euclid Police Department, 545 East 222nd Street, Euclid, Ohio, 44123, by **FRIDAY, SEPTEMBER 4, 2020, at 4:00pm**

PRINT YOUR NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
NAME OF HIGH SCHOOL	DATE OF DIPLOMA	IF NO DIPLOMA, DATE OF G.E.D.	COPY OF DIPLOMA OR G.E.D. ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OHIO DRIVER'S LICENSE NUMBER?	IF OUT-OF-STATE DRIVER'S LICENSE, NUMBER AND ISSUING STATE		COPY OF LICENSE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OPOTA TRAINING CERTIFICATE NUMBER	CERTIFICATE DATE (MM/YY)		COPY OF CERTIFICATE ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ACADEMY NAME AND TELEPHONE NUMBER		ACADEMY COMMANDER NAME	

I CERTIFY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF NO MATTER WHEN THE FALSIFICATION OR OMISSION IS DISCOVERED. I FURTHER ACKNOWLEDGE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND GOVERNMENT AGENCIES TO GIVE YOU ANY AND ALL INFORMATION, PERSONAL OR OTHERWISE, THAT THEY MAY HAVE, AND I RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION.

I UNDERSTAND THAT I MAY BE REQUIRED TO UNDERGO FURTHER EXAMINATIONS TO INCLUDE, BUT NOT LIMITED TO, MEDICAL AND PSYCHOLOGICAL EXAMINATIONS BEFORE BEGINNING WORK TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF THE POSITION APPLIED FOR AND FAILURE TO UNDERGO SUCH EXAMINATIONS SHALL BE GROUNDS FOR DISQUALIFICATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY THE CITY OF EUCLID'S ORDINANCES, AND THE POLICIES, PROCEDURES, RULES, AND REGULATIONS OF THE EUCLID POLICE DEPARTMENT. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE CITY OR ME. I UNDERSTAND THAT NO MANAGER OR SUPERVISOR OTHER THAN THE MAYOR HAS ANY AUTHORITY TO EMPLOY PERSONS ON BEHALF OF THE CITY, BUT NOT CONTRARY TO THE FOREGOING.

MY SIGNATURE BELOW INDICATES MY ACKNOWLEDGEMENT THAT THE ABOVE STATEMENTS APPLY EQUALLY TO ALL PORTIONS OF THIS APPLICATION AND TO ANY ADDITIONAL DOCUMENTS I HAVE ATTACHED, TO ALL OF WHICH I HAVE AFFIXED MY INITIALS AT THE BOTTOM RIGHT CORNER.

SIGNATURE

DATE

CITY OF EUCLID, OHIO
LATERAL ENTRY POLICE OFFICER POSITION
AFFIDAVIT

DIRECTIONS: READ EACH QUESTION BELOW CAREFULLY. MARK THE APPROPRIATE BOX (YES/NO) WITH AN "X".

ANY OMISSION ON THIS PAGE, OR ANSWERING "YES" TO ANY QUESTION **MAY** RESULT IN YOUR APPLICATION BEING REMOVED FROM FURTHER CONSIDERATION.

<u>QUESTION</u>	<u>Yes</u>	<u>No</u>
1. HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR RELATED TO SEX CRIMES, CRIMES AGAINST PERSONS, FRAUD, OR MORAL TURPITUDE?	<input type="checkbox"/>	<input type="checkbox"/>
3. HAVE YOU EVER HAD A DOMESTIC VIOLENCE RELATED ARREST, CONVICTION, DIVERSION, OR EXPUNGEMENT?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU HAD ANY MISDEMEANOR CONVICTIONS, DIVERSIONS, OR EXPUNGEMENTS WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU HAD ANY DUI CONVICTIONS, DIVERSIONS, EXPUNGEMENTS, OR BREATH TEST REFUSALS IN THE PAST FIVE (5) YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU BEEN CONVICTED OF DUI MORE THAN ONCE?	<input type="checkbox"/>	<input type="checkbox"/>
7. HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED IN THE PAST FIVE (5) YEARS (NOT INCLUDING SUSPENSIONS UNDER THE FINANCIAL RESPONSIBILITY ACT)?	<input type="checkbox"/>	<input type="checkbox"/>
8. HAVE YOU EVER ILLEGALLY SOLD, DELIVERED, DISTRIBUTED, OR MANUFACTURED DRUGS?	<input type="checkbox"/>	<input type="checkbox"/>
9. HAVE YOU EVER USED ILLEGAL NARCOTICS OR ABUSED PRESCRIPTION DRUGS AFTER HAVING BEEN EMPLOYED BY ANY LAW ENFORCEMENT AGENCY OR IN A LAW ENFORCEMENT CAPACITY?	<input type="checkbox"/>	<input type="checkbox"/>

MY SIGNATURE BELOW CONSTITUTES MY CERTIFICATION THAT MY RESPONSES ARE TRUE AND COMPLETE. MY SIGNATURE FURTHER CONSTITUTES MY AUTHORIZATION FOR THE CITY OF EUCLID TO INVESTIGATE THE FACTS SUBMITTED AND FOR THOSE WITH RELEVANT INFORMATION TO RELEASE SUCH INFORMATION TO THE CITY OF EUCLID.

I FURTHER UNDERSTAND AND AGREE THAT SHOULD ANY INVESTIGATION DISCLOSE ANY SUCH MISREPRESENTATION, FALSIFICATION, OMISSION, OR CONCEALMENT OF FACT, MY APPLICATION MAY BE REJECTED AND MY NAME REMOVED FOR FURTHER CONSIDERATION FROM THE ELIGIBILITY LIST, OR I MAY BE TERMINATED FROM EMPLOYMENT WITH THE CITY OF EUCLID POLICE DEPARTMENT NO MATTER WHEN THE FALSIFICATION OR OMISSION IS DISCOVERED.

I FURTHER CERTIFY THAT THE EMAIL ADDRESS PROVIDED ON THE APPLICATION FOR EMPLOYMENT IS UNDER MY SOLE CONTROL, AND ANY COMMUNICATION TO THIS EMAIL ADDRESS IS PRESUMED RECEIVED BY ME, AND ANY EMAIL RECEIVED FROM THIS ADDRESS IS PRESUMED FROM ME.

_____ SIGNATURE

_____ DATE

SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY OF _____, _____

_____ NOTARY PUBLIC



**CITY OF EUCLID, OHIO
LATERAL ENTRY POLICE OFFICER POSITION**

CITY OF EUCLID

EQUAL EMPLOYMENT OPPORTUNITY

Responses to these questions are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. We will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____ Date _____

1. **OPTIONAL:** Please indicate your sex: ___ Male ___ Female

2. **OPTIONAL:** Please select your age group:

___ Under 18 ___ 18-25 ___ 26-39 ___ 40-54 ___ 55-69 ___ 70+

3. **OPTIONAL:** Please indicate your Race/Ethnicity:

___ **WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

___ **BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.

___ **HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.

___ **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

___ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

___ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

___ **OTHER:** Please self define _____

4. **OPTIONAL:** Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? ___ Yes ___ No

5. **OPTIONAL:** Are you a veteran? ___ Yes ___ No

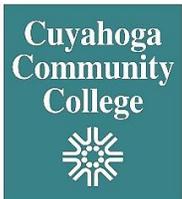
6. **OPTIONAL:** If you answered Yes to the previous question, please indicate if one or more of the following apply.

___ **MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

___ **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

___ **DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

___ **VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.



Public Safety Training Center
Police Agility Program
WESTERN CAMPUS
11000 W. PLEASANT VALLEY ROAD
PSTC BLDG., STE. 221
PARMA, OH 44130
PHONE: 216-987-3033

Dear Candidate,

Congratulations on your choice of a career in Law Enforcement. The Agency you are testing with has contracted with Cuyahoga Community College to provide a Standardized Police Agility Exam. The Physical Agility/Fitness Exam is the result of years of research and practical application. The Physical Agility Exam which you will take was developed by Physical Agility professionals, validated by scientific research, and will be administered impartially and fairly at a neutral test site. The test site will be Cuyahoga Community College's Western Campus in Parma, Ohio. **We strongly recommend you consult with your personal physician before taking the agility exam.**

A Registration form is enclosed with this packet. You must register and have payment in by **4:00 pm on the Wednesday before your Exam Date (always on a Sunday).** Upcoming test date: [Please see the Assessment Information document.](#) **You are solely responsible for meeting any deadlines set by the agency you are testing for at this time.** The cost for the Physical Agility Exam is \$60 and it is mandatory. Please call 216-987-3033 to register. You must pay at the time of registration.

You are required to report to the Western Campus in Parma (11000 Pleasant Valley Road, Parma, Ohio 44130), the Public Safety Training Center. Sign-in and start times will be provided at time of registration. If you do not arrive by the start time provided, **YOU WILL NOT BE TESTED** and there is **NO REFUND**. You **must** bring a valid Identification Card **WITH YOUR PICTURE ON IT**, or you will not be admitted into the test facility.

The Police Agility Program does not mail out confirmations. Cancellation notice must be given two (2) business days prior to the test. **NO REFUNDS** will be given after the registration cut-off date for the test and/or the test date itself.

I wish you the best of luck. Please call if you have any questions.

Sincerely,

Carrie Havens

Carrie Havens
Coordinator
Public Safety Institute
Office: 216-987-3033
Email: carrie.havens@tri-c.edu

Cuyahoga Community College
Public Safety Training Institute
Law Enforcement Division
Police Agility Program

Preparing for the Police Agility Exam

WHAT TEST STANDARDS MUST BE MET?

There are six events that must be successfully completed to receive a Cuyahoga Community College Certificate of Completion. There will be rest periods between each event. Each event is scored separately and the participant must meet the standard on each and every event to a certificate. The standards are as follows:

<u>TEST</u>	<u>STANDARD</u>
Minimum push ups	27 no time frame (one rest)
Minimum sit ups	31 within in a minute
Illinois Agility Run	19 seconds
1Rep. bench press	78% of your body weight
300 meter run	62 seconds
1.5 mile run	16 minutes 36 seconds

HOW TO PREPARE FOR THE TEST?

Training will be required to meet the standards. Each test has a different training routine.

**Maximum Pushup
and Sit up Tests**

To prepare for this test follow this routine.

The **first step** is to see how many pushups can be accomplished. That will become the initial training repetition dose or **ITRD**.

<u>Week</u>	<u>Sets</u>	<u>Repetitions</u>	<u>Frequency</u>
1	1	ITRD	3/week
2	2	ITRD divided by 1/2	3/week
3	3	ITRD divided by 1/2	3/week
4	3	ITRD divided by 1/2 plus 2	3/week
5	3	ITRD divided by 1/2 plus 4	3/week
6	3	ITRD divided by 1/2 plus 6	3/week
7	3	ITRD divided by 1/2 plus 8	3/week
8	3	ITRD divided by 1/2 plus 10	3/week

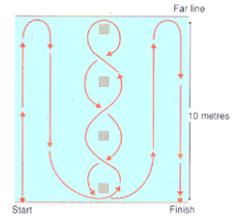
For each successful week keep adding 2 more repetitions per week.

If a regular push up can not be completed, at first, do the modified push up for several weeks following the same routine, then advance to the regular push up.

Illinois Agility Run To prepare for this test the participant will need to practice sprinting the distance of 40 feet around obstacles.

1. Set up a course.

- The course should consist of three lanes.
 - The first lane is a straight sprint starting from the up push-up position.
 - The second lane space four (4) obstacles (chairs, cardboard boxes etc.) 10 feet apart
 - The third lane is a straight sprint. (See diagram).
 - At least one foot must completely cross over the line in first and third lanes.



2. At least two days a week run through the course – two to four times non-stop.

1 RM Bench Press To prepare for this test the participant will need access to weights.

The **first step** is to determine the maximum weight the participant can push up one time.

The **second step** is to determine 60% of that weight. This will be a weight that can be done 8-10 REPS. Use the schedule below:

REPS = the number of times you do the exercise (number of lifts of the weight)

SETS = the number of times you do the series of reps.

<u>Week</u>	<u>Weight</u>	<u>Sets</u>	<u>Reps</u>	<u>Frequency</u>
1	60% of 1RM	1	8-10	3/week
2	60% of 1RM	2	8-10	3/week
3	60% of 1RM	3	8-10	3/week
4	60% of 1RM	3	8-10	3/week
5	60% of 1RM plus 5 lbs	3	8-10	3/week
6	60% of 1RM plus 5 lbs	3	8-10	3/week
7	60% of 1RM plus 10 lbs	3	8-10	3/week
8	60% of 1RM plus 10 lbs	3	8-10	3/week
9	60% of 1RM plus 10-20 lbs	3	8-10	3/week
10	60% of 1RM plus 10-20 lbs	3	8-10	3/week

300 Meter Run

To prepare for this test the participant will need to do interval training.

The **first step** is to time one's self for an all out effort at 110 yards. This is called the initial time or **IT**.

The **second step** is to divide the **IT** by .80 to get the starting training time. Then follow the schedule below:

<u>Frequency</u>	<u>Week</u>	<u>Training Distance</u>	<u>Number of Times you Sprint Repetitions</u>	<u>Time for the sprint Training Time</u>	<u>Rest period between sprints Rest Time</u>
1/week	1 & 2	110 yards	4	.80 into IT	2 min.
1/week	3 & 4	110 yards	5	.80 into IT minus 2-3 sec.	2 min.
1/week	5 & 6	110 yards	6	.80 into IT minus 5-6 sec.	2 min.
1/week	7 & 8	220 yards	4	.80 into IT times 2	2 min.
2/week	9 & 10	220 yards	4	.80 into IT times 2 minus 4 sec.	2 min.

1.5 Mile Run

To prepare for this test, the participant needs to gradually increase running endurance. The schedule below is a proven progressive routine. If applicable the participant may advance the schedule on a weekly basis and then proceed to the next level. If the distance can be accomplished in less time, then do so.

<u>WEEK</u>	<u>ACTIVITY</u>	<u>DISTANCE</u>	<u>TIME</u>	<u>FREQUENCY</u>
1	Walk	1 mile	17-20 min.	5/week
2	Walk	1.5 mile	25-29 min.	5/week
3	Walk	2 miles	32-35 min.	5/week
4	Walk	2 miles	28-30 min.	5/week
5	Walk/jog	2 miles	27 min.	5/week
6	Walk/jog	2 miles	26 min.	5/week
7	Walk/jog	2 miles	25 min.	5/week
8	Walk/jog	2 miles	24 min.	5/week
9	Jog	2 miles	23 min.	4/week
10	Jog	2 miles	22 min.	4/week
11	Jog	2 miles	21 min.	4/week
12	Jog	2 miles	20 min.	4/week
