

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 ONE (1) CONSECUTIVE YEARS OF FULL-TIME LAW ENFORCEMENT EXPERIENCE OR TWO (2) YEARS PART-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.

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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

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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.**

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. MIKE JANSON AT (216) 289-8431.

DO NOT RETURN THIS SHEET.

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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	BEGINNING ON THE ABOVE DATE, YOU CAN: <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 POLICE DEPARTMENT, 545 EAST 222ND STREET, EUCLID, OHIO, 44123, AT ANY TIME PRIOR TO THE SUBMISSION DEADLINE.
DEADLINES FOR RETURNING APPLICATION	APPLICATIONS MAY BE SUBMITTED BEGINNING MONDAY, MARCH 22, 2021 AT 8:00 AM. APPLICATIONS LACKING ALL REQUIRED MATERIALS WILL NOT BE CONSIDERED.
WHERE TO RETURN APPLICATION MATERIALS	YOU MAY SUBMIT YOUR APPLICATION PACKET IN THREE WAYS: <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. MIKE JANSON." 3. YOU MAY EMAIL A SCANNED, COMPLETED (INCLUDING REQUIRED NOTARIZATION) APPLICATION TO MJANSON@EUCLIDPD.ORG.

DO NOT RETURN THIS SHEET.

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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.

- 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 WITHIN THE LAST YEAR. 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
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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
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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.

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.