

Dear Applicant:

On behalf of the City of Trotwood, I would like to thank you for your interest in becoming a member of the Trotwood Police Department. Please complete the supplemental application in as much detail as possible. When you return your supplemental application, you must include the following documentation if it applies to you:

- Certified Copy of your Birth Certificate
- Certified Copy of Your High School Diploma or GED Certificate or Certified Transcript
- Certified Copy of your College Transcript and a regular copy of your College Degree
- Copy of your Ohio Peace Officer Training Council Certification
- Copy of Training Certificates related to law enforcement duties.

Your failure to complete the application or to provide the requested documentation may prevent any further processing of you as a candidate for employment.

The selection process includes the ability to successfully pass:

- Written entry-level examination
- Oral Interview/s
- Background investigation including a pre-employment truth verification examination and drug screen
- Psychological examination
- Pre-employment physical examination including a drug screen

Reconsideration, re-evaluation and re-testing are subject to the following constraints:

- Candidates must observe a twelve (12) month waiting period before being eligible for re-testing.
- Candidates may retest the written, oral, and / or physical testing components.
- The psychological testing component and background investigation are not eligible for re-testing or reconsideration for a period of three years.

The entire selection process may take from two months to one year, depending on operational needs. Please direct questions to the Human Resource Department (937) 837-7771.

Thank you again for your interest in the Trotwood Police Department.

Trotwood Police Department

EMPLOYMENT APPLICATION SUPPLEMENT – POLICE OFFICERS

The following questions are in addition to those requested on the original employment application. These questions may be used in a pre-employment truth verification examination. Please answer all questions. If explaining an answer please state the relevant question it applies to on an attached sheet.

Financial Information (Please explain any responses of yes on an attached sheet).

- 1[] Yes [] No Are you now delinquent in any financial obligations?
- 2[] Yes [] No Do your monthly bills exceed your take home pay?
- 3[] Yes [] No Do you, your spouse or ex-spouse have any civil actions pending?
- 4[] Yes [] No Are you delinquent in child support payments?
- 5[] Yes [] No Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?

Employment (Please explain any responses of yes on an attached sheet).

- 6[] Yes [] No Have you ever been discharged or asked to resign from a job?
- 7[] Yes [] No Have you ever filed a workmen's compensation claim?
- 8[] Yes [] No Have you ever been tardy (late) to work?
- 9[] Yes [] No Have you ever used more than 2 sick days in a year?
- 10[] Yes [] No Have you ever received any disciplinary action (verbal or other) at work?

General Information (Please explain any responses of yes on an attached sheet).

- 11[] Yes [] No Have you ever been involved in a physical altercation while at work?
- 12[] Yes [] No Have you ever threatened to harm another person for reporting your performance deficiencies to your supervisor?
- 13[] Yes [] No Have you ever solicited someone to commit a crime or violent act?
- 14[] Yes [] No Have you ever violated a company policy in exchange for a bribe or payoff?
- 15[] Yes [] No As an adult, have you ever stolen anything?
- 16[] Yes [] No Have you ever received or filed for compensation (ADC, General Assistance, etc.) that you were not legally eligible or entitled to receive?
- 17[] Yes [] No Have you ever knowingly bought or sold stolen property?
- 18 [] Yes [] No Have you ever illegally used any narcotic drug at any time?
(see reverse side)

- 19[Yes [No Have you ever used a hallucinogen (including marijuana)?
- 20[Yes [No Have you ever used any prescription drugs or any other drug for any purpose other than the purpose for which they were intended, or used any such drugs for an extended period of time without a prescription for any reason?
- 21[Yes [No Have you ever been involved in glue sniffing or used any other such chemical agents for the purpose of obtaining a state of intoxication?
- 22[Yes [No Do you drink alcohol?
- 23[Yes [No Do you have any problems because of gambling?
- 24[Yes [No Do you have any problems controlling your temper?
- 25[Yes [No Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, or color that would be detrimental to you performing your job?
- 26[Yes [No Have you ever been involved in an automobile accident?
- 27[Yes [No Have you ever had your drivers license suspended or revoked?
- 28[Yes [No If it became necessary in the course of your duties to take a human life, would you have any reluctance to do so?
- 29[Yes [No Have you ever lied under oath or in an investigation, as a police officer/as an employee or as a representative of an employer?
- 30[Yes [No Have you ever knowingly filed a false report or made false statements on an official document?
- 31[Yes [No Have you ever abused your authority?
- 32[Yes [No Did you intentionally omit information from your employment application?
- 33[Yes [No If a police officer, have you ever used excessive force against another?
- 34[Yes [No If a police officer, have you ever used your position for personal financial gain?
- 35[Yes [No Have you ever been involved in a Domestic Violence incident?

- If yes to any of the above please explain with an attached sheet.
- An applicant may not be hired as a peace officer in the City of Trotwood due to any disqualifying offense which would preclude an individual from performing the functions of a peace officer, including any offense under section [2923.13](#) of the Revised Code.
- **An applicant that makes false statements during the selection process, including the application and pre-employment information shall be disqualified.**

Revised January 3, 2018

Disqualifying Offenses

2923.13 Having weapons while under disability.

- (A) Unless relieved from disability under operation of law or legal process, no person shall knowingly acquire, have, carry, or use any firearm or dangerous ordnance, if any of the following apply:
- (1) The person is a fugitive from justice.
 - (2) The person is under indictment for or has been convicted of any felony offense of violence or has been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence.
 - (3) The person is under indictment for or has been convicted of any felony offense involving the illegal possession, use, sale, administration, distribution, or trafficking in any drug of abuse or has been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving the illegal possession, use, sale, administration, distribution, or trafficking in any drug of abuse.
 - (4) The person is drug dependent, in danger of drug dependence, or a chronic alcoholic.
 - (5) The person is under adjudication of mental incompetence, has been adjudicated as a mental defective, has been committed to a mental institution, has been found by a court to be a mentally ill person subject to court order, or is an involuntary patient other than one who is a patient only for purposes of observation. As used in this division, "mentally ill person subject to court order" and "patient" have the same meanings as in section 5122.01 of the Revised Code.
- (B) Whoever violates this section is guilty of having weapons while under disability, a felony of the third degree.
- (C) For the purposes of this section, "under operation of law or legal process" shall not itself include mere completion, termination, or expiration of a sentence imposed as a result of a criminal conviction.
- Amended by 130th General Assembly File No. TBD, HB 234, §1, eff. 3/23/2015.

***PLEASE READ EACH STATEMENT
CAREFULLY BEFORE SIGNING***

I certify that all information provided in this employment application is true and complete. I understand that any false statement or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative reports, driving records, and criminal history.

I understand that compliance with the City of Trotwood Police Department's Code of Conduct and General Orders is a condition of my employment.

I understand I will be required to successfully pass a drug screening examination.

I understand that all application materials are subject to investigation.

My signature below acknowledges that I have read and understand the above statements.

Signature of Applicant

Name of Applicant Printed

Date Signed

****PLEASE SUBMIT WITH APPLICATION****

LATERAL HIRE APPLICATION – WAIVER AND RELEASE

I, _____, am making application to become a police officer for the Trotwood Police Department. I am currently employed as a _____ of and for the _____.
(Current Job Title) (Current Government Organization).

I fully understand that the Trotwood Police Department will perform a complete and thorough Background Investigation to ensure that I have the necessary skills, abilities and integrity to perform as a Police Officer of and for the Trotwood Police Department. I recognize and understand that this Background Investigation will include but not be limited to personal history (including credit history if deemed necessary), usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior and any other behaviors deemed inappropriate by the Trotwood Police Department. I also fully understand that information learned by the Trotwood Police Department may result in my not being hired.

Recognizing all of the above, I hereby give the Trotwood Police Department full and complete permission to use this information in making employment decisions and to also disclose the findings and results of this comprehensive background investigation to my current employer, _____.
(Current Government Organization).

I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment, and possible criminal prosecution. I agree to release and hold the City of Trotwood, its employees, elected and appointed officials, and agents, including but not limited to members of the Trotwood Police Department harmless from any and all claims made by or on behalf of me as a result of this use and/or release of information.

I have signed this Waiver at the bottom of this page. I fully understand this waiver, and have been offered the opportunity to withdraw my application for employment with the Trotwood Police Department.

Current Employer

Address of Current Employer

Current Department Head

Phone Number of Department Head

Signed this _____ day of _____, 20 _____ at _____ PM / AM.

Applicant

Witness

TROTWOOD POLICE DEPARTMENT

AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT PURSUANT TO 15U.S.C. 1681 (b) (a) (b) (2).

I hereby authorize the release of a consumer report for employment purposes to the TROTWOOD POLICE DEPARTMENT. I understand that inquiry may include, but not limited to: my credit history, criminal arrest and conviction history, motor vehicle records, and credit check.

A photocopy or fax copy of this authorization shall be effective as the

original. This authorization will remain in force until I specifically revoke it in writing.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681.

Name of Authorizing Consumer
(Printed Please)

Date/Time

Signature of Authorizing Consumer

Date of Birth

Signature of Witness



APPLICANT’S WAIVER TO RELEASE INFORMATION

I hereby authorize and request all persons to whom this request (original and/or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the Trotwood Police Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges, which may attach to such communication or disclosure and release all persons, firms, and corporations from all claims, of any nature, as a result of said communications or disclosure.

Information to be disclosed:

- Medical Records
- Mental Health Records
- Financial Records
- Criminal History Records
- Educational Records
- Organizational Memberships
- Past / Present Employment Records
- Polygraph and/or Truth Verification and/or Psychological Tests Results
- Any Background Material Relevant to my potential employment

These records will be retained on file in the City of Trotwood Personnel Department.

These records may be released / mailed / faxed to the attention of the **Trotwood Police Department, 3035 Olive Road, Trotwood, Ohio 45426, Fax Number (937-854-5045).**

Name of Applicant Printed / Date of Birth

Signature of Applicant Waiving / Date Signed

Signature of Witness / Date Signed