

BATH POLICE DEPARTMENT

3864 West Bath Road
Akron, Ohio 44333
(P) 330-666-3767
(F) 330-665-1225



Police Officer/Communication Specialist Candidates

Bath Police Department is a twenty-four hour, seven-day a week (24/7) operation and shifts may vary to fill department needs. If hired with BPD, you may be required to work day shifts, afternoon shifts and midnight shifts. You may also be required to work weekdays, weekends and holidays, with two scheduled days off per week.

The applicant selection process is as follows:

- A. Review of application submission
- B. Initial oral board interview
- C. Drug screen
- D. Background investigation
- E. Psychological examination
- F. Medical examination
- G. Final oral interview
- H. Chief of Police recommendation and final approval from the Board of Trustees.

Bath Police Department

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Akron, Ohio 44333

330-666-3736

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Dear Applicant:

Please read the minimum qualifications for employment before filling out this application.

You must meet the minimum qualifications, listed below, to be considered for employment.

MINIMUM QUALIFICATIONS

Ohio Residency

High school graduate or equivalent

Minimum 21 years of age
Maximum 35 years of age
(police officer applicants only)

Associate Degree in Criminal Justice
or Bachelor Degree in any major
(police officer applicants only)

Good overall physical condition*

Basic Ohio Police Officer Training Academy
(police officer applicants only) w/current certification

*Police Officer applicants only, based on Cooper Clinic Institute of Aerobic Research Standards for Law Enforcement Personnel.

If you meet the minimum qualifications, please continue by carefully reading the instructions on how to fill out this application.

Please print in ink or type your answers. All questions must be answered. If a question is not applicable, mark N/A. If your response needs any additional explanation, please use blank sheets of paper provided at the end of this application.

Attach copies of diplomas, certificates, or any other documents that correspond with this application.

Any misstatements, omission of information, or refusal to sign the release form, will be grounds for disqualification for employment with the Bath Police Department.

The application, as well as the Release of Information must be notarized.

The application, along with all document copies submitted, becomes the property of the Bath Police Department.

The application will be on file for a period of one year from the date it was received.

All applications will be reviewed upon receipt. If minimum qualifications are met, the applicant will be subject to the following application procedures: physical fitness test, initial interview, drug screen, background investigation, polygraph, psychological and physical examinations, and final oral interview.

Check the box for the position you are applying:

Police Officer

Communication Specialist

Personal Information: List complete names and addresses

Last Name	First	Middle
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Street Address

City	State	ZIP Code	How long lived there
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Home Telephone No.	Work Telephone No.
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Cell Phone No.	Pager No.	e-mail address
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Date of Birth	Place of Birth	Social Security No.
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Father's Name	Date of Birth	Social Security #
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Address	Phone Number/Cell #	Work Phone #
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Mother's Name	Date of Birth	Social Security #
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Address	Phone Number/Cell #	Work Phone #
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Step-Father's Name	Date of Birth	Social Security #
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Address	Phone Number/Cell #	Work Phone #
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Step-Mother's Name	Date of Birth	Social Security #
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Address	Phone Number/Cell #	Work Phone #
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Brother's or Sister's Name (s)	Date of Birth	Social Security #
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Address	Phone Number/Cell #	Work Phone #
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Personal Information (cont'd):

Brother's or Sister's Names (s) Date of Birth Social Security #

Address Phone Number/Cell # Work Phone #

Brother's or Sister's Name(s) Date of Birth Social Security #

Address Phone Number/Cell # Work Phone #

Brother's or Sister's Name(s) Date of Birth Social Security #

Address Phone Number/Cell # Work Phone #

Brother's or Sister's Name(s) Date of Birth Social Security #

Address Phone Number/Cell # Work Phone #

List all addresses where you have resided during the past ten (10) years.

Dates - From / To Street Address

City County State

Dates - From/To Street Address

City County State

Dates - From / To Street Address

City County State

Dates - From/To Street Address

List all cities you have lived in since age 18:

City and State	From	To
City and State	From	To
City and State	From	To
City and State	From	To

Marital Status: Single Married Divorced

Spouse's Name	(maiden name)/social security #	Date of Birth
Address	Phone Number/Cell #	Work Phone #

Name and present address of spouse(s) if divorced or separated:

Name/maiden name	Social Security #	Date of Birth	
Address	Phone Number	Work Phone #	
Date Married	Where (county/state)	Court Case #	Date Finalized
Name/maiden name	Social Security #	Date of Birth	
Address	Phone Number	Work Phone #	
Date Married	Where (county/state)	Court Case #	Date Finalized

List full name and address of your spouse's immediate family:

Name	Date of Birth/Social Security #	Relationship
Address	Phone Number/Cell #	Work Phone #

List full name and address of your spouse's immediate family (cont'd):

Name	Date of Birth/Social Security #	Relationship
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Address	Phone Number/Cell #	Work Phone #
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Name	Date of Birth/Social Security #	Relationship
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Address	Phone Number/Cell #	Work Phone #
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Name	Date of Birth/Social Security #	Relationship
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Address	Phone Number/Cell #	Work Phone #
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Name	Date of Birth/Social Security #	Relationship
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Address	Phone Number/Cell #	Work Phone #
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List all of your children and dependents; including step-children:

Name	Date of Birth	Place of Birth
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Address	Phone Number	Work Phone #
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Name	Date of Birth	Place of Birth
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Address	Phone Number	Work Phone #
---------	--------------	--------------

Name	Date of Birth	Place of Birth
------	---------------	----------------

Address	Phone Number	Work Phone #
---------	--------------	--------------

Name	Date of Birth	Place of Birth
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Address	Phone Number	Work Phone #
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Education Records:

List all high schools/vocation schools you have attended. Include complete addresses:

School Name	Address	Phone Number
Dates attended (From / To)	Years Completed	Diploma Received
School Name	Address	Phone Number
Dates attended (From / To)	Years Completed	Diploma Received
School Name	Address	Phone Number
Dates attended (From / To)	Years Completed	Diploma Received

List all colleges or universities you have attended. Include complete addresses:

School Name	Address	Phone Number
Dates attended (From / To)	Years Completed	Diploma Received
School Name	Address	Phone Number
Dates Attended (From / To)	Years Completed	Diploma Received
School Name	Address	Phone Number
Dates Attended (From / To)	Years Completed	Diploma Received

Training:

List Police Academy information:

Academy Attended	Dates Attended (From / To)	Date Graduated
Academy Commander		Phone Number

Employment History:

Beginning with your present or most recent employer, list all places you have worked in the past ten (10) years. Please keep in order and include all full-time, part-time, temporary or seasonal employment. List complete addresses and telephone numbers.

Name and Address of Employer Business Phone No.

Dates Employed (From / To) Supervisor's Name

Description of Duties

Reason for Leaving

Name and Address of Employer Business Phone No.

Dates Employed (From / To) Supervisor's Name

Description of Duties

Reason for Leaving

Name and Address of Employer Business Phone No.

Dates Employed (From / To) Supervisor's Name

Description of Duties

Reason for Leaving

Employment History (cont'd):

Name and Address of Employer Business Phone No.

Dates Employed (From / To) Supervisor's Name

Description of Duties

Reason for Leaving

Name and Address of Employer Business Phone No.

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Description of Duties

Reason for Leaving

Name and Address of Employer Business Phone No.

Dates Employed (From / To) Supervisor's Name

Description of Duties

Reason for Leaving

Employment History (cont'd):

Name and Address of Employer

Business Phone No.

Dates Employed (From / To)

Supervisor's Name

Description of Duties

Reason for Leaving

Name and Address of Employer

Business Phone No.

Dates Employed (From / To)

Supervisor's Name

Description of Duties

Reason for Leaving

Name and Address of Employer

Business Phone No.

Dates Employed (From / To)

Supervisor's Name

Description of Duties

Reason for Leaving

Employment History (cont'd):

Name and Address of Employer

Business Phone No.

Dates Employed (From / To)

Supervisor's Name

Description of Duties

Reason for Leaving

Name and Address of Employer

Business Phone No.

Dates Employed (From / To)

Supervisor's Name

Description of Duties

Reason for Leaving

Have you ever been discharged or asked to resign from a job? If yes, explain:

References:

Please list five (5) persons, other than relatives or past employer, who know you well enough to give current or former information about you. List full names and addresses.

Name	Years Known	
Address	Phone Number/Cell #	
Occupation	Employer	Work Phone #

Name	Years Known	
Address	Phone Number/Cell #	
Occupation	Employer	Work Phone #

Name	Years Known	
Address	Phone Number/Cell #	
Occupation	Employer	Work Phone #

Name	Years Known	
Address	Phone Number/Cell #	
Occupation	Employer	Work Phone #

Name	Years Known	
Address	Phone Number/Cell #	
Occupation	Employer	Work Phone #

Arrest History:

Have you ever been arrested, summonsed, charged, and convicted for any reason by any police agency (civilian or military)? Conviction or arrest will not necessarily disqualify an applicant from employment. Do not include traffic violations.

___ YES ___ NO **If yes, please fill in below:**

Date of Incident Offense(s) Charged or Filed

Police Agency Location of Incident (City, County, State) Disposition

Date of Incident Offense(s) Charged or Filed

Police Agency Location of Incident (City, County, State) Disposition

Date of Incident Offense(s) Charged or Filed

Police Agency Location of Incident (City, County, State) Disposition

Date of Incident Offense(s) Charged or Filed

Police Agency Location of Incident (City, County, State) Disposition

Date of Incident Offense(s) Charged or Filed

Police Agency Location of Incident (City, County, State) Disposition

Date of Incident Offense(s) Charged or Filed

Police Agency Location of Incident (City, County, State) Disposition

Driving History:

Have you held any driver's or chauffeur's license in any other state(s) other than the State of Ohio? _____ YES _____ NO

If yes, please list state(s):

Have your driving privileges ever been revoked, suspended, or cancelled in this or any other state? _____ YES
_____ NO

If yes, please list state, year, and reason

Please list all driving citations or summon(s) that you have been issued as an adult and as a juvenile, beginning with the most recent.

Date of Violation

Charge(s) Filed

Police Agency

Disposition

Date of Violation

Charge(s) Filed

Police Agency

Disposition

Date of Violation

Charge(s) Filed

Police Agency

Disposition

Date of Violation

Charge(s) Filed

Police Agency

Disposition

Date of Violation

Charge(s) Filed

Police Agency

Disposition

Have you been involved in any traffic accidents within the last five years? If yes, please explain:

Substance Use History:

Answer all of the following questions. If you answer YES to any of the questions, please provide an explanation on pages 17 and 18. Full and comprehensive explanations are required.

- YES NO Have you ever used any hallucinogens such as marijuana, hashish, mescaline, P.C.P., peyote, P.C.E., T.C.P., Angel Dust or any of their derivatives, etc.? (If yes, age first used, age last used, total number of usage.)
- YES NO Have you ever used any narcotics such as opium, morphine, codeine, meperidine, methadone or any of their derivatives, such as darvon, lomotil, etc.? (If yes, age first used, age last used, total number of usage.)
- YES NO Have you ever used cocaine, heroin or L.S.D.? (If yes, age first used, age last used, total number of usage.)
- YES NO Have you ever used any prescription drugs such as barbiturates, amphetamines, valium, Librium, sopors, uppers/downers, etc. without the benefit of a prescription? (If yes, age first used, age last used, total number of usage.)
- YES NO Have you ever used any prescription medication for purposes other than that for which they were originally prescribed or intended? (If yes, age first used, age last used, total number of usage.)
- YES NO Have you ever used what are described as "designer drugs" (i.e., substances that are chemically altered in makeup, but which give the same effect as illicit drugs)? (If yes, type, etc.)
- YES NO Have you ever sold, been part to the sale, or in any other way, been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance?

YES NO Have you ever been involved in using inhalants or used any other such chemical agents for the purpose of obtaining a state of intoxication?

YES NO Are you addicted to or use alcohol excessively or suffer from any alcohol-related problems?

YES NO Have you ever operated a motor vehicle while under the influence of any alcoholic beverages? If yes, when was the last time by month and year?

YES NO Have you ever operated a motor vehicle while under the influence of any drugs? If yes, when was the last time by month and year?

Notes

AUTHORITY TO RELEASE INFORMATION

To whom it may concern:

I hereby permit any authorized representative of the Bath Police Department bearing this release, or copy thereof, within two years of its date, to obtain any information you have concerning my moral, mental, and physical suitability for the position of Police Officer or Communication Specialist.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military, credit or educational records including, but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. This release is executed with full knowledge and understanding that the information is for the official use of the Bath Police Department. Consent is granted to the Bath Police Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I certify that the statements contained are true to the best of my knowledge, and I understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment. I further realize that any falsehoods may subject me to prosecution under Ohio Revised Code Section 2921.13 (Falsification).

Name of applicant (printed) Date of Birth Social Security Number

Address City/State/Zip Code

Home telephone Applicant's Signature

County of _____
State of Ohio

Sworn before me in my presence on this ____ day of _____, 20__

Notary Public; State of Ohio
My Commission Expires _____

BATH POLICE DEPARTMENT

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I certify that the statements in this application are true and to the best of my knowledge and that I have provided complete disclosures of all information requested. I further reaffirm that I understand that any false statements made in this application may be cause for disapproval of my appointment, or for discharge after appointment. I also realize that any false statements may subject me to prosecution under Ohio Revised Code Section 2921.13 (Falsification).

In witness whereof, I have hereunto subscribed my name the
_____ day of _____, 20____, at _____, County
of _____, State of Ohio. (City)

Applicant's Signature _____

State of _____]
County of _____]

_____ being first duly sworn, on oath, says that the
statement made and subscribed by this foregoing application are true.

Subscribed in my presence by the said affiant and sworn to before me on this
_____ day of _____, 20____ A.D.

Notary Public _____

My Commission Expires _____

Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ADDRESS		
CITY	STATE	ZIP
HOME PHONE		COUNTY
WORK PHONE		

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code
For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

- 4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

- 5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

- 6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
 Yes No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X _____
Signature

Date

BATH POLICE DEPARTMENT

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Akron, Ohio 44333



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PHYSICAL SKILLS TEST

Read Carefully

Candidates for police officer with Bath Township, Ohio, will be required to pass the Physical Skills Test. Any person who intends to participate in the Physical Skills Test, or who intends to practice in preparation for participation in such test, must first consult his or her private physician for the purpose of determining whether or not such strenuous physical activity might be hazardous or dangerous to the life or health of such person.

CANDIDATE'S RELEASE

DATE

SIGNATURE

PHYSICIAN'S RELEASE

_____ has applied for the position of Police Officer in Bath Township. Accordingly, he/she will be given a physical skills test to determine if he/she has the physical qualifications to perform assigned duties.

The fitness assessments will be based on the norms as established by the Cooper Clinic Institute of Aerobic Research for a person in "fair" (50th percentile) condition. All testing will be administered by the department's certified fitness instructor. The assessment will be designed so as to allow for age and sex bias to insure fairness to all members of the department.

The test will include:

1. Timed 1.5 mile run;
2. Maximum number of sit-ups in one minute;
3. Bench press of weighted bar,
Five attempts; best is recorded.

In reading this test description, I acknowledge that this patient can participate in these screening examinations.

DATE

SIGNATURE

PHYSICIAN'S TELEPHONE #

PHYSICIAN'S PRINTED NAME

Notes