

# **BEAVER POLICE DEPARTMENT**

**601 W. SOUTH RANGE RD • NORTH LIMA, OHIO 44452**

**CARL N. FROST • CHIEF OF POLICE**

<b>EMERGENCY</b>	<b>911</b>
<b>TELEPHONE</b>	<b>(330) 549-5338</b>
<b>FAX</b>	<b>(330) 549-9357</b>
<b>VOICEMAIL</b>	<b>(330) 549-9104</b>
<b>EMAIL</b>	<b>police@beavertwp-oh.gov</b>

## **APPLICANT INFORMATION**

### **POLICE OFFICER / DISPATCHER CANDIDATE**

[KEEP THIS 3 PAGE PACKET FOR YOUR FUTURE REFERENCE]

Your application for the position of Beaver Police Officer or Dispatcher is the first step in the employment process.

The Beaver Police Department routinely hires all police officers and dispatchers in a reserve or unpaid status and then promotes from within. However, the Beaver Police Department reserves the right to bring in new hires in a paid part-time or full-time capacity, depending on the needs of the agency.

In the future, you may be expected to successfully complete a series of assessments and to pass a thorough background investigation. You will be notified of dates, times, and locations where you must appear to fulfill these requirements. Detailed explanations of these assessments and the screening procedures are included in this guide.

If you are selected for a background investigation, you will be given notice of your acceptance or rejection as soon as possible after completion of said investigation.

As stated above, keep this three-page packet to refer to. Return the notarized Authorization to Release Information, the application and a photocopy of your operator's license when completed.

**Basic requirements: U.S. citizen, valid operators license, resident of Ohio (may be waived), high school diploma or GED. You must be at least 21 years of age at the time of hire for police officer, 18 years of age for dispatcher. No felony convictions.**

**BEAVER POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER  
AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RACE, RELIGION OR NATIONAL ORIGIN**

## **BASIC APPLICATION AND BACKGROUND INVESTIGATION WORKSHEET:**

Your basic application and background investigation worksheet will be reviewed upon its completion and return. **If/when** position(s) are available; you will be notified you are being considered for employment with the Beaver Police Department. Applications will be held for one (1) year after submission. If you are considered for employment, then the following will apply:

### **INITIAL SCREENING REVIEW:**

Applicant will meet with member(s) of the supervisory staff of the Beaver Police Department in order for the police department to determine your suitability to proceed in the application process. A letter will notify applicants who are deemed not qualified to proceed.

### **ASSESSMENT TESTING:**

An applicant for police officer will be given an entry-level written assessment test. This Ohio specific test will examine personality traits and problem-solving abilities. You will be notified when and where to appear for this test. Those who fail the test will be permitted one re-take after waiting three (3) months.

### **VERIFICATION TOOLS:**

The Beaver Police Department will request applicants undergo a pre-employment voice stress analysis examination(s) in order to confirm information provided by the applicant and to clear up issues found in the background investigation.

### **BACKGROUND INVESTIGATION:**

Officers of the Beaver Police Department will conduct a complete and thorough investigation of your background to determine your suitability for employment as a police officer or dispatcher.

Your family, friends, neighbors, present and former employers, fellow employees, school officials, physicians, firms with which you have done business, courts and local law enforcement agencies, etc. will be contacted as part of this investigation.

The following occurrences in your background could result in rejection of your application.

1. Felony conviction or felony conduct.
2. Non-compliance to law.
3. Illegal use of drugs or conviction for drug-related violation.
4. Intemperate use of alcohol.
5. Anti-social behavior.
6. Poor work record.
7. Poor driving record. For instance, numerous crashes or numerous convictions for moving traffic violations, or currently have six or more active points on your driving record within the past two years.
8. Numerous debts, which are not regularly being paid.
9. Your background will also be considered in terms of moral character, emotional stability, reputation in the community, ability to get along with co-workers, and your interest in serving people.
10. Knowingly making any false statements during any of the application process.

**SECONDARY SCREENING COMMITTEE REVIEW:**

The completed background investigation will be reviewed and a determination made of your qualifications for employment as a police officer or dispatcher for the Beaver Police Department. A letter will notify applicants who are deemed not qualified to proceed.

**MEDICAL EXAMINATION (AFTER CONDITIONAL OFFER OF HIRE):**

A licensed physician will complete a medical examination in order to determine your fitness to perform the duties of a police officer or dispatcher. The licensed physician will evaluate your body composition, cardiovascular system, etc.

An applicant for police officer must have vision of, or correctable to, 20/20. Moderate color vision is required. Applicants currently wearing corrective lenses will be required to submit a completed vision specialist's report. The applicant must have been tested within six months of the medical examination date.

There are other physical, medical, and psychological conditions that could affect your application.

**PSYCHOLOGICAL ASSESSMENT (AFTER CONDITIONAL OFFER OF HIRE):**

Each applicant will be required to take a battery of psychological tests, which will last approximately four hours. A licensed psychologist will evaluate these tests.

**DRUG AND ALCOHOL SCREENING (AFTER CONDITIONAL OFFER OF HIRE):**

All new hires must complete a drug and alcohol screen. Applicants later selected for hire will be subject to random drug and alcohol screenings in accordance with Beaver Police Department policy.

**FINAL ACCEPTANCE/REJECTION FOR EMPLOYMENT:**

A letter of final acceptance or rejection for employment will inform applicants of their status.

**If you have any questions you may contact either:**

**Lt. Daniel J. Lewis**  
**(330) 549-5338**  
**djlewis@beavertwp-oh.gov**

**Lt. Tracy L. Polak**  
**(330) 549-5338**  
**tlpolak@beavertwp-oh.gov**

# BACKGROUND INVESTIGATION SHEET

I AM APPLYING FOR A POSITION AS A (CIRCLE APPROPRIATE POSITION)

POLICE OFFICER    <>    DISPATCHER

**Please carefully read before completing this form. If your application is turned in and is not complete, inaccurate, or you fail to follow directions, your application will not be processed any further.**

The questions asked in this form are necessary in order for us to initiate a thorough investigation. By nature of the position, a security clearance is vital. All information given by you will only be used to assist in determining your suitability for the position.

All time periods in your background must be accounted for.

Fill in completely and answer all questions correctly. Use ink in your own handwriting.

If space provided is not sufficient for completing answers, or you wish to furnish additional information, attach sheets the same size as this application.

**Please include a copy of the following:**

- **Birth Certificate**
- **High School or G.E.D. Certificate**
- **High School and/or College Transcripts**
- **Marriage License**
- **Divorce Decree**
- **Military Discharge Papers (DD Form 214)**
- **OPOTA Certificate**

**Thank you for your interest in becoming a member of the Beaver Police Department!**

# AUTHORIZATION TO RELEASE INFORMATION

TO: Any doctor, physician, psychologist, psychiatrist, dentist, hospital, nursing home, medical association, or any other health care professional;

U.S. Armed Forces, Maritime Service, Veteran Association;

Any academic dean, registrar, principal, guidance counselor, or authorized person at any: school, college, university, business school, high school or elementary school;

Any local, state or federal law enforcement agency, any past employer, present employer, credit bureau, retail merchants association, U.S. Selective Service system or any government agency:

I, \_\_\_\_\_ of \_\_\_\_\_, have applied for employment with the **BEAVER POLICE DEPARTMENT**. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request release of any and all information you may have concerning me, including, but not limited to, my employment, military, credit, psychological, criminal, medical or educational (including the transcript of any academic record) and any other records relating to achievement, attendance, personal history, disciplinary records and credit records. I hereby authorize you to release this information upon request to the bearer of this document. This release is executed with full knowledge and understanding that the information is for the official use of the **BEAVER POLICE DEPARTMENT**. Consent is hereby granted for the **BEAVER POLICE DEPARTMENT** to furnish this information as described above to third parties in the course of fulfilling its official responsibilities relative to my employment with the **BEAVER POLICE DEPARTMENT**. I hereby release you as custodian of such records, and employer, educational institution, physician, psychologist, psychiatrist, hospital or other repository of medical records, credit bureau, consumer reporting agency, or military or governmental entity, including its officers, or employees, or related personnel, both individually and collectively, from any and all responsibility or 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.

\_\_\_\_\_  
SIGNATURE - FULL NAME

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
TYPED OR PRINTED - FULL NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
WITNESSED BY

\_\_\_\_\_  
DATE SIGNED

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

Position for which you have applied: \_\_\_\_\_

**PERSONAL HISTORY**

Full Name \_\_\_\_\_  
(Include nickname or name you are known by).

Present Address \_\_\_\_\_

List all former addresses and dates that you resided at each. Start with the first address and work down to present) if more space is needed, attach a separate sheet).

ADDRESS:	FROM:	TO:

Male \_\_\_\_\_ Female \_\_\_\_\_

Home Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date and Place of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

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

Are you a U.S. Citizen: \_\_\_\_\_?

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

**Marital Status**

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If separated or divorced, list court and dates \_\_\_\_\_

Date Married \_\_\_\_/\_\_\_\_/\_\_\_\_

If you have been married before, please give complete name and address of former spouse: \_\_\_\_\_

\_\_\_\_\_

Maiden Name: \_\_\_\_\_

## Family History

List name, age, phone number, occupation, where employed, and residence of father, mother, brother(s), sister(s), spouse, children and spouse's mother and father. List relationship of each.

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>
<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>

<b>Name:</b>	<b>Relationship:</b>
<b>Address:</b>	
<b>Phone Number:</b>	<b>Age:</b>
<b>Occupation:</b>	<b>Employment:</b>

If more space is needed, please continue below, or attach a separate sheet.

Are you or any member of your family now (or have you or any member of your family formerly been) associated with any subversive organization? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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## Education

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### High School (attach transcripts)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Graduated: \_\_\_\_/\_\_\_\_/\_\_\_\_

### G.E.D. Certificate

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

### College (attach transcripts)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Graduated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours completed: \_\_\_\_\_

Major: \_\_\_\_\_

G.P.A.: \_\_\_\_\_

Are you presently enrolled in any school or college for academic classes?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, list course, name and address of schools: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Post Graduate School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Graduated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours completed: \_\_\_\_\_

Major: \_\_\_\_\_

G.P.A.: \_\_\_\_\_

If you have not yet received your degree, please list the courses you have taken or are currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Police Academy

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Academy Commander: \_\_\_\_\_

If you have attended any other schools, (i.e. technical school, correspondence school, etc.), please list name, address, date graduated, major, hours completed, G.P.A., and any other information below. (If more space is needed, use a separate sheet.)

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## Draft Status

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Date classified: \_\_\_/\_\_\_/\_\_\_      Selective Service Number: \_\_\_\_\_

If deferred for any reason, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Military Status

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Branch of Service: \_\_\_\_\_      Date of Entry: \_\_\_/\_\_\_/\_\_\_

Place of Entry: \_\_\_\_\_      Service Number: \_\_\_\_\_

Dates of Basic Training, and where: \_\_\_\_\_

\_\_\_\_\_

Permanent Duty Stations and how long:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Primary duties of rate or rank: (Explain) \_\_\_\_\_

\_\_\_\_\_

Highest rank or rate: \_\_\_\_\_      Date Promoted: \_\_\_/\_\_\_/\_\_\_

Service Schools attended: \_\_\_\_\_

\_\_\_\_\_

Medals or awards received: \_\_\_\_\_

\_\_\_\_\_

Have you had any disciplinary action (in house or formal)?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Date of Discharge or Release: \_\_\_/\_\_\_/\_\_\_      Type of Discharge: \_\_\_\_\_

Are you now a member of any military reserve organization?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, termination date of reserve obligation:    \_\_\_/\_\_\_/\_\_\_

If yes, name the organization and your status including obligated time, drill status and compulsory active duty status: \_\_\_\_\_

\_\_\_\_\_

Did you serve your complete term of service?    Yes \_\_\_\_\_    No \_\_\_\_\_    If no, please explain: \_\_\_\_\_

Were you ever rejected for military service?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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Banking Affiliations

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Checking Account Number:

If joint, who with:

Name and address of bank where opened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Savings Account Number:

If joint, who with:

Name and address of bank where opened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checking Account Number:

If joint, who with:

Name and address of bank where opened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Savings Account Number:

If joint, who with:

Name and address of bank where opened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional banking accounts? If yes, provide information similar to that above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach sheet if additional space is needed).

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Financial Status

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Do you own a home?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, give complete name and address of the institution financed with:

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_

Do you own a car(s)?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, give complete name and address of the institution financed with:

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_



## Employment History

Are you willing for us to ask your present employer about your work and employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or forced to resign (asked to leave) from any job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List below your complete work history, starting with your present position and working backward through your experience.

List any periods of unemployment.

Include all part-time employment.

If more space is needed, attach a separate sheet.

Present Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: (____) _____ - _____
Salary: Start: \$ _____ Per _____ Final: \$ _____ Per _____	Numbers of Hours Worked per Week:	
Description of Duties: _____ _____ _____		

Reason for Leaving: \_\_\_\_\_

Last Previous Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: (____) _____ - _____
Salary: Start: \$ _____ Per _____ Final: \$ _____ Per _____	Numbers of Hours Worked per Week:	
Description of Duties: _____ _____ _____		

Reason for Leaving: \_\_\_\_\_

**Employment History, continued**

Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: (____) _____ - _____
Salary:	Numbers of Hours Worked per Week:	
Start: \$ _____ Per _____		
Final: \$ _____ Per _____		

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: (____) _____ - _____
Salary:	Numbers of Hours Worked per Week:	
Start: \$ _____ Per _____		
Final: \$ _____ Per _____		

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: (____) _____ - _____
Salary:	Numbers of Hours Worked per Week:	
Start: \$ _____ Per _____		
Final: \$ _____ Per _____		

Description of Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Employment History, continued

Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: _____ (____) _____ - _____
Salary:	Numbers of Hours Worked per Week:	
Start: \$ _____ Per _____		
Final: \$ _____ Per _____		

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: _____ (____) _____ - _____
Salary:	Numbers of Hours Worked per Week:	
Start: \$ _____ Per _____		
Final: \$ _____ Per _____		

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title:	Present Employer:	Dates Employed:
Supervisor/Title:	Address:	From: _____ To: _____ Telephone Number: _____ (____) _____ - _____
Salary:	Numbers of Hours Worked per Week:	
Start: \$ _____ Per _____		
Final: \$ _____ Per _____		

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Motor Vehicle Operation

Operator' License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever held an operator's license in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates and state(s): \_\_\_\_\_

Have you ever been refused an operator's license in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you currently have liability insurance on each of your vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Are each of your vehicles properly registered in the jurisdiction in which you reside? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Has your operator's license ever been suspended or revoked in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been involved in an automobile accident in which you were the driver? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain below:

Date	Location	Report Taken	Police Agency
		Yes _____ No _____	
		Yes _____ No _____	
		Yes _____ No _____	
		Yes _____ No _____	

## Traffic

List all traffic citations, (including parking tickets), you have received:

Date	Charge	Location (City/State)	Court Finding

**Stops and Detentions:**

List situations in which you were stopped or detained by the police/law enforcement officer and did not receive a citation, i.e. speeding, warning, field sobriety test, etc.:

Approximate Date	Reason	Location	Police Agency

## References

Please furnish the information on three reliable persons, other than relatives or your past and current employers, who have known you more than five years.

Name	Home Phone Number	Complete Address (Include Zip Code)	Occupation

## Additional Information

Have you ever made application to any other Law Enforcement Agency?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes:

Date	Jurisdiction	Outcome

Have you ever made application to this department in the past?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

**I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should the investigation disclose such misrepresentations and falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position with the Beaver Police Department.**

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Note: On the following page, please note any information which you feel may be pertinent to our background investigation, which was not covered in the preceding questions.

