IMPORTANT REMINDER

IT IS YOUR RESPONSIBILITY TO READ THIS ENTIRE ATTACHED ANNOUNCEMENT CAREFULLY. YOUR APPLICATION WILL NOT BE ACCEPTED IF THE FOLLOWING ITEMS ARE NOT ENCLOSED WITH THE APPLICATION.

- 1. Copy of Birth Certificate
- 2. Copy of High School Diploma or Equivalent.
- Copy of Certificate of Service or Copy of Honorable Discharge if you Desire Veteran's Preference.
- 4. Sign Permission for Background Check.
- 5. Sign Waiver of Liability for Police Officer Physical Agility Examination.
- 6. Please Make Sure Social Security Number is Enclosed.

Joan Haushalter, President Bellefontaine Civil Service Commission

<u>CIVIL SERVICE COMMISSION</u> <u>CITY OF BELLEFONTAINE, OHIO</u> <u>APPLICATION FOR CLASSIFIED SERVICE</u>

Applicant should read carefully the accompanying instructions. Each blank must be carefully and correctly filled out and ALL QUESTIONS must be answered. All answers must be in ink, the application in the handwriting of the applicant and each certificate in the handwriting of the signer thereof. There must be no variation in the name of the applicant in any part of the application or in the certificates. Applications executed or dated, or the certificates which are executed or dated, more than 30 days before the date of filing, will not be accepted. No application will be considered which has been on file for 90 days or more. The following questions are to be answered under oath:

The City of Bellefontaine is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, marital status, veteran status, religion, creed, national origin, medical condition or disability.

I, the undersigned, hereby apply for the position named below:

1. For what position do you desire to apply for?	
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2. In what Department? ______

3. What is your name in full? (Give your name in full middle initial, or initials, if you have any, and your surname in full).

4, Are you a citizen of the United States? ______

5. Are you a registered voter of the City of Bellefontaine? (yes/no)

If yes, what Ward?	Precinct?	
6. Social Security Number?		

7. Where were you born? (City/State)	
What was the month, day, and year of your birth?	

What was your age on your last birthday? ______

8. What is your actual residence? State ______ Zip Code______

City	Street Address

How long has this been your legal residence?

Continuous residence to exact date of application must be shown.

From:	То:	
Phone number	Cell Number	
9. Name the kind of school in which university, etc., name and location or graduated.	of the school and state how long you	u attended and whether you
10. Are you or have you been marrie	ed?	
If you have children, how many r	ely on you for support?	
11. Have you ever been convicted o	f any crime, felony or misdemeanor	?
12. How tall are you in your bare fee	et?	
13. Present business or employmen	t?	
Employment for the last five year	rs	
14. Have you been examined for an Safety, or the Civil Service Commission result.		
Kind of Examination:	Date:	Passed or Failed:

15. Were you a member of the U.S. Armed	Forces?
If yes, which branch?	Dates of active duty?
Did you receive an Honorable Discharge	e?
16. Do you have a valid Ohio drivers license	e?License number?
required in the position for which you are a	covering time of your actual experience in the line of work applying?
	foregoing questions in your own handwriting?
In Witness Whereof, have hereunto subs	scribed my name thisday of
20, at	_, County ofand State of
Applicant	ts Signature)
-	Notary Public or other Officer authorized to administer oaths ature must be Authenticated by Official Seal.
The State of OhioCou	nty, ss
Now comes	a legal resident of,
before me, declared that he is the person of	nd State ofhaving sworn described in the foregoing application for employment; and nswers are true to the best of their knowledge and belief.
Sworn and subscribed before me, this	day of, 20 at
County of	State of
	Signature of Officer
(Official Seal)	Official Title

Police Physical Agility Examination

This examination is designed to test those physical abilities needed by a Bellefontaine Police Officer in the normal course of the job. To be successful, candidates must satisfactorily complete all events as described.

EVENT 1: <u>SAND BAG DRAG</u> - Candidates must drag a 175 pound (approx.) sand bag with grips across a smooth surface a distance of 50 feet within 30 seconds. Only one 30 second attempt will be permitted.

EVENT 2: <u>TRIGGER PULL</u> - Candidates will be required to demonstrate their ability to fire a standard police service weapon by pulling a trigger, double action, 42 times with each hand. Only one 60 second period will be allowed for each hand.

EVENT 3: <u>STAIRWAY CLIMB</u> - Candidates will have 30 seconds to climb and descend a flight of stars (10 steps) a total of three times while wearing standard police body armor and carrying a rifle. Stopping to rest is permitted as long as the candidate completes the event in the allotted time. Dropped equipment must be picked up by the candidate and the clock shall continue to run.

EVENT 4: <u>150 YARD RUN WITH TWO 4 FOOT OBSTACLES</u> - The applicant is to complete the run from a starting point to the first four foot obstacle some 40 yards away, clear the obstacle in any manner, continue on to a pylon, round the pylon, clear the obstacle the second time and return to the start - finish line within the allotted 35 seconds.

EVENT 5: <u>DRIVING</u> - The maneuverability test is designed to measure your ability to handle a standard police cruiser in tight spaces. To pass the test, you must demonstrate practical skills needed in everyday driving situations, such as starting, stopping, steering around obstacles, changing lanes, and backing.

Test Description

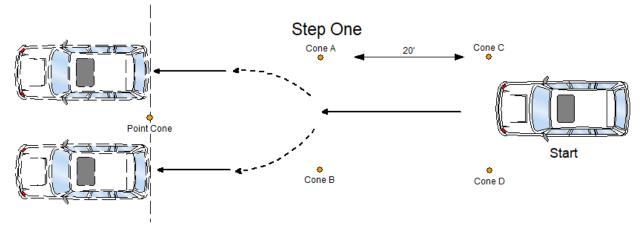
STEP ONE (See diagram on next page)

1. From a standing start, you must drive forward though a "box" formed by four standard cones (marked A, B, C and D on diagram). You should not touch any of the cones, or stop in mid-course to check or adjust your position,

2. You will be instructed to drive either to the left or to the right of the point cone at the end of the "box".

3. As you pass the "point" cone, you should quickly straighten your course so the cruiser is again pointing straight ahead - that is, so the sides of the cruiser are parallel with the sides of the box, as they were when you drove through it.

4. When the rear bumper of the cruiser is even with the "point" cone, you must come to a full stop. The cruiser must be pointing straight ahead, parallel with the sides of the box.

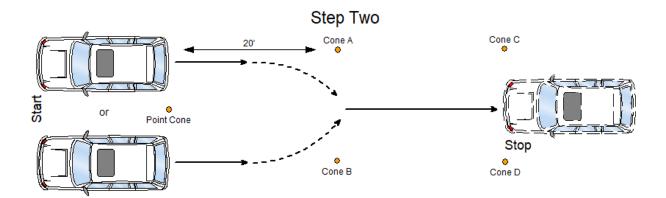


STEP TWO (See diagram below)

1. From your Position at the end of Step One, you will be instructed to back up into the "box" formed by cones A, B, C, and D, following the same course you covered in Step One - but this time in reverse.

2. As you back up past the "point" cone, you should quickly straighten the cruiser so you can continue back-through the box without touching any of the cones or stopping in mid-course to check or adjust your position.

3. When the front bumper of the cruiser is even with cones C and D, you must come to a full stop. That completes the test.

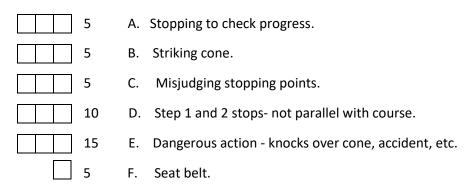


EVENT 6: <u>FENCE CLIMB</u> - The candidate will have maximum of 60 seconds to climb over a chain link fence starting from a standing position three feet from its base. Candidates may climb in any fashion desired and make as many attempts as desired, within the allotted 60 seconds. Only one 60 second attempt will be permitted. Time stops when your feet touch the ground on the other side.

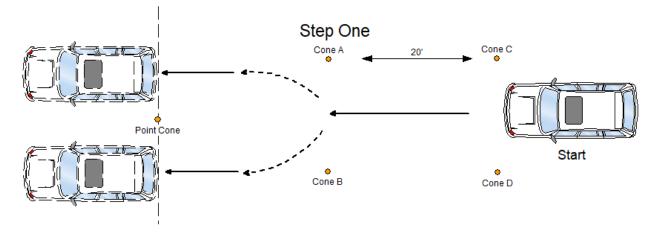
EVENT 7: <u>CAR PUSH</u>- Candidates will be given one 25 second period to push a full size automobile (i.e., cruiser) a distance of 20 feet on a level road like surface.

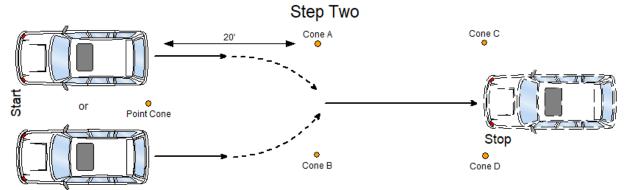
Maneuverability Test

Pts. off



(Failure) A Score of -15 or more





Applicant's name:
Date:
Instructor:

CITY OF BELLEFONTAINE, OHIO

WAIVER OF LIABILITY

In consideration of my being permitted to participate in the physical agility test for Police Officer, I agree that I shall not hold the City of Bellefontaine or any of its employees responsible for any reason or damage I may receive or cause to myself during or as a result of the above mentioned test.

Signature_____

Date_____

Witness to applicant's signature

937-599-1010 EMERGENCY + DIAL 9-1-1 INVESTIGATIONS + 599-3554 CRIME TIPS + 599-TIPS FAX + 599-2545 BRANDON K. STANDLEY Chief of Police

LT. CHRISTOPHER S. MARLOW Executive Officer

SCOTT R. MARLOW

Lieutenant

Bellefontaine Police Department

135 NORTH DETROIT STREET BELLEFONTAINE, OHIO 43311-1479

police@ci bellefontaine.oh.us

APPLICANT BACKGROUND INVESTIGATION WAIVER

Maideo nomo er Alier (Decimente)	
Maiden name or Alias (Designate)	s
Present Address:	
Date of Birth:	Social Security Number:
State of Ohio	
County of Logan) ss:	
	, have made application for
employment with the City of Belle	fontaine Police Department and hereby give permission to the City of
Bellefontaine and/or the Bellefont	aine Police Department to conduct an investigation for the purpose o

Beliefontaine and/or the Bellefontaine Police Department to conduct an investigation for the purpose of determining my suitability for employment. I hereby give permission to the City of Bellefontaine and/or the Bellefontaine Police Department to inquire concerning my credit rating, arrest record(s), school records, employment records, and to interview any previous employer and any other person that the City of Bellefontaine Police Department believes to have information concerning my character.

I request and authorize any City, County, State, Federal agency or any other public or private company or individual to make available any information contained in their files or known about me. I agree to hold any source of information blameless for any error in reporting this information and I release all persons whomsoever from any damage as a result of furnishing said information. All information requested is for the purpose of determining suitability for employment with the City of Bellefontaine, Ohio Police Department and is subject to disclosure as provided for under Ohio Public Records and other applicable law.

Dated this _____ day of _____ , 20

Signature of Applicant

Sworn to and subscribed in my presence this _____ day of _____, 20____,

By____

Notary Public, State of Ohio My commission Expires