



BRATENAHL POLICE DEPARTMENT

Instruction Sheet

The applicant must complete the enclosed forms accurately, legibly, and completely. Do not leave any blank spaces. **PRINT ANSWERS** to questions with a **BLACK BALL POINT PEN**. It is to your advantage to **BE ABSOLUTELY TRUTHFUL** in answering all questions on your application and during all interviews. A false statement or the omission of the requested information is grounds for automatic rejection before appointment or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that would not have disqualified them otherwise. If you answer "yes" to a question, you need to be complete in explaining the circumstances. Do not omit an explanation because you think the incident was minor and of no importance.

The following documents are *required to begin the application process* and must be returned with the application.

A COPY OF YOUR HIGH SCHOOL DIPLOMA, CERTIFIED TRANSCRIPTS, OR G.E.D. CERTIFICATE

A COPY OF YOUR BIRTH CERTIFICATE – FROM THE BUREAU OF VITAL STATISTICS

A COPY OF YOUR CURRENT / VALID DRIVER'S LICENSE

The following documents *are required if they are applicable to you* and must be returned with the application.

DD214 FORM, MEMBER 4 SHOWING AND DISCHARGE STATUS (IF A VETERAN)

CERTIFIED COLLEGE TRANSCRIPTS (SEALED)

**NAME CHANGE DOCUMENTS (I.E., MARRIAGE LICENSE, COURT ORDER, ECT.)
CITIZENSHIP PAPERS**

The completed application and required documents must be returned to the Village of Bratenahl Police Department at the following address:

Bratenahl Police Department
411 Bratenahl Road
Bratenahl, OH 44108

****NOTE: Pages 26 & 27 must be notarized.**

Upon submission, your application and supporting documents will be reviewed for completeness. Applications whose materials are complete, and who meet the minimum requirements, may be scheduled for a preliminary interview.



BRATENAHL POLICE DEPARTMENT

ESSENTIAL JOB FUNCTIONS

JOB SUMMARY

Under general supervision, performs general duty police work with various divisions of the Police Department involving a wide range of duties performed to protect life and property, enforce laws and ordinances, and preserve order within the community.

ESSENTIAL FUNCTIONS (Include but are not limited to)

(All responsibilities may not be performed by all incumbents.) With or without accommodations, must be able to:

1. Get along well with others,
2. Have regular and predictable attendance,
3. Exercise rational judgment and control of emotions when responding to emergencies.
4. Self-initiate work priorities and work independent of direct supervision
5. Protect the general safety of the public,
6. Drive emergency vehicles under stressful conditions,
7. Conduct physical apprehensions and arrests and of resistive and/or fleeing, and often, dangerous suspects.
8. Be loyal by affirmatively promoting the mission, goals, objectives, and directives of the Chief of Police and management.

REQUISITE JOB KNOWLEDGE (includes but is not limited to)

1. Local, state and federal laws and current village ordinances.
2. Judicial system, operation and procedures for criminal prosecution.
3. Laws pertaining to citizen disputes and domestic violence.
4. Laws pertaining to arrest, search and seizure.
5. Legal limitations of member's authority and the limits and requirements in the use of force.
6. First Aid procedures and equipment at the first respondent level.
7. Suspect/victim/witness interview and interrogation concepts, principles and practices.
8. Police Department policies and standard operating procedures.
9. Public relations techniques for handling calls for service or complaints.
10. Crime scene processing procedures and the security and protection of a crime scene.
11. Basic crime prevention techniques.
12. Defensive tactics to protect self and others.
13. Proper arrest and suspect apprehension techniques.
14. Crime patterns, potential problem areas, and prior offenders within patrol area.

15. Training, care and deployment of a canine unit.
16. Jail and Communications Operations.
17. Record keeping, report preparation, filing methods and record management techniques.
18. Correct English usage, including spelling, grammar, punctuation, and vocabulary.
19. Applicable state, federal and local laws, rules and regulations.
20. Computer applications related to the work.

REQUISITE SKILLS (include but are not limited to)

1. Skill in the use and operation of all assigned equipment to include: police vehicle, emergency equipment, firearms, restraint devices, technical equipment and basic first aid equipment.
2. Preparing clear and concise reports, correspondence and other written materials.
3. Organizing work, setting priorities, meeting critical deadlines, and following up assignments with a minimum of direction.
4. Applying logical thinking to solve problems or accomplish tasks; to understand, interpret and communicate complicated policies, procedures and protocols.
5. Using tact, discretion, initiative and independent judgment within established guidelines.
6. Communicating clearly and effectively, orally and in writing.

REQUISITE MENTAL ABILITIES (include but are not limited to)

1. Ability to mediate disputes between diverse groups of people.
2. Ability to be articulate while testifying in court or other legal proceedings.
3. Ability to understand and carry out oral and written instructions, giving close attention to detail and accuracy.
4. Ability to read and interpret documents such as Ohio Criminal and Traffic Codes, safety rules, operation and maintenance instructions, procedure manuals, and so forth.
5. Ability to write routine reports and correspondence.
6. Ability to speak effectively before public groups and respond to questions.
7. Ability to interpret a variety of instructions in written, oral, diagram or schedule form.
8. Ability to work with and train animals associated with specialized assignment. Ability to instruct and train individuals in general duty police work.
9. Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists.

WORKING CONDITIONS (include but are not limited to)

1. While performing the essential functions of this position the member is frequently exposed to outdoor weather conditions.
2. While performing the essential functions of this position the member is occasionally exposed to work near moving mechanical parts, work in high precarious places, fumes or airborne particles, toxic or caustic chemicals, and handling calls dealing with explosives.
3. Exposure to unknown and dangerous conditions such as intoxicated or violent arrestees and life threatening situations such as armed and/or violent arrestees.
4. Exposure to unknown health conditions from contacts with individuals or animals with contagious or communicable diseases.
5. Occasional exposure of work time to hazardous situations which involve armed or physically violent persons, or interviewing mentally or emotionally disturbed persons.

6. Working time may require irregular hours and shifts; at times voluntary and involuntary overtime may be necessary, as well as being called back to duty on short notice.
7. The incumbent's working conditions are typically moderately quiet.
8. At emergency or training scene, the incumbent's working conditions may be moderately loud.

I have reviewed the above list of essential job functions for the Village of Bratenahl Police Department and believe that (initial one):

_____ **I can fully perform all duties with or without reasonable accommodations**

_____ **I cannot perform all duties, even with accommodations.**

Printed Name _____ **Signature** _____ **Date** _____



BRATENAHL POLICE DEPARTMENT

AUTOMATIC DISQUALIFIERS

Applicants will be removed from consideration for any of the following reasons:

Honesty / Falsification

1. Any intentional falsehood or attempt to conceal disqualifying information during the selection process to include the omission of pertinent information.
2. Failure to pass a computerized voice stress analyzer (CVSA) examination or any attempt to distort the CVSA examination results.

Family History

1. Verified or admitted physical or emotional abuse of one's spouse, ex-spouse, child, stepchild, parent or any other relative or person with whom he/she lives or has had a relationship within (10) years.
2. Noncompliance with a court order or legal contract to provide child support, alimony, or other financial responsibility as determined by a finding of any court of law within five (5) years.
3. Intentional violation of any protective or temporary restraining order as determined by a court of law within seven (7) years.
4. Verified or admitted sexual abuse of one's spouse, ex-spouse, child, step-child, parent or any other relative or person with whom he/she lives or has had a relationship.

Employment

1. Failure to retain full-time employment, as an adult, for a period of eighteen (18) consecutive months or longer during the last five (5) years, unless engaged in higher education at the time.
2. Discharge/termination from any criminal justice occupation. **Military History**

1. Dishonorable discharge from military service
2. Any conviction of any article of the Uniform Code of Military Justice that would be equivalent to a felony under the Ohio Revised Code.

Traffic Related Offenses

1. Any OVI/DUI conviction within the last three (3) years.
2. More than one OVI/DUI conviction as an adult.
3. Three (3) or more moving violations within the past twelve (12) months.
4. Seven (7) or more moving violations or at fault accidents within the past seven (7) years.
5. Failure to possess a valid Ohio driver's license and insurance at the time of interview.

6. Any revocation or suspension of a driver's license as an adult within the past three (3) years.
7. Any conviction for vehicular homicide shall permanently eliminate the applicant from consideration.

Gambling Offenses

1. Any conviction of a gambling offense within the past five (5) years.
2. Admission to gambling that has resulted in unstable financial or credit history within the past seven (7) years.
3. Any conviction or admission of engaging in the promotion of illegal gambling activity wherein the applicant has gained financial benefit. **Criminal Activity**
1. Any pattern of theft offenses within the past five (5) years, which cumulatively exceeds \$500.00 in value.
2. Any theft offense within the past five (5) years which singularly exceeds \$500.00 in value.
3. Any fraudulent insurance claims or fraudulent application for welfare, worker's compensation, unemployment compensation, or other public assistance programs.
4. Any admission or conviction of a theft offense as an adult that is defined as a felony under the Ohio Revised Code (ORC).
5. Any admission or conviction of a felony theft offense or violent felony as defined by the ORC as a juvenile.
6. Any conviction of a first degree misdemeanor as defined by the ORC, as an adult, within the past five (5) years (excluding traffic offenses).
7. Immoral conduct, to include public indecency, corrupting minors, voyeurism, and importuning. **Substance Abuse**
1. Any use or purchase of illegal drugs (except marijuana) within the past three (3) years.
2. Any use or purchase of marijuana within the past twelve (12) months.
3. Any illegal sales of drugs of abuse, marijuana, or prescription drugs.

I have reviewed the above list of automatic disqualifiers of the Village of Bratenahl Police Department, and state that none of them apply to me and that I maintain eligibility for employment.

Printed Name _____ **Signature** _____ **Date** _____

PERSONAL DATA

Today's Date: _____ Position Applied For: _____

Full Name: Last _____, First _____, Middle _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Home Address: _____

Street Number (or PO BOX)

Street Name

City

State

Zip Code

Contact Information

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Are you a citizen of the United States? Yes [] No []

If "no", are you a permanent resident? Yes [] No []

Place of Birth: _____

City

County

State

Country

Sex: Male [] Female []

Have you ever had your name legally changed? Yes [] No []

Note: This includes, but is not limited to, Maiden Names, Former Married Names, Adopted Names, etc. If “Yes”, fill in the information in the table below.

Previous Name	Date of Change	Location of Change	Reason for Change

Please list your emergency contact:

Name of Person to Contact _____ Relationship _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Do you have a valid driver’s license? Yes [] No []

License Number _____ State _____ Expiration Date _____

EDUCATION

Circle the highest grade completed 7 8 9 10 11 12 13 14 15 16 17 _____ Other

If you attended high school, complete the following information:

Name of High School _____ Dates Attended: From / To _____

Street Number _____ Street Name _____ City _____ State _____ Zip Code _____

Phone Number _____ Date of Graduation _____

If you received a GED certificate, complete the following information:

Name of School (If school no longer exists, list name of the school district) _____

Mailing Address (If school no longer exists, list address of the local school district) _____

Year GED Obtained _____

State GED Obtained _____

EDUCATION (continued)

List any degrees that you have received: Such as A.A., A.A.S., B.S., M.P.A., ETC...

Type of Degree _____ Major and Minor Area of Study _____ Year Received _____

Type of Degree _____ Major and Minor Area of Study _____ Year Received _____

Including high school, have you ever been expelled or suspended from any school or been disciplined by any school official? Yes [] No [] If "Yes", explain:

Name of School	Complete Address	From	To	Major Course of Study	Graduate? Y/N

Police Academy Information/Certification

Are you currently attending or have you completed a recognized Ohio Peace Officers Basic Academy?

Yes [] No []

If yes, list the following:

Academy Name/ Commander/ Contact Info

Academy Class Number _____

Dates Attended _____

Do you currently hold a valid Ohio Peace Officer Certification? Yes [] No []

If yes, list your Ohio Peace Officer Certification Number

List any other specialized training, skills, or fluency in foreign languages (read, speak, write) :

LAW ENFORCEMENT EXPERIENCE

List all public safety agencies that you have applied with. Include agency name, date you applied, and how far you got in their hiring process. Also list contact name (if available).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

List the number of years and months experience as a certified law enforcement officer:

YEARS _____

MONTHS _____

In the table below, list any and all disciplinary action received while working in a law enforcement position. Include any oral or written reprimands, suspensions, demotions or terminations; date of action; reason for action (i.e. auto accident, insubordination, policy violation, etc.); and indicate whether you are currently involved in an open Internal Affairs Investigation.

Name of agency	Type of Disciplinary Action	Date	If an Internal Affairs Investigation; open or closed	Reason for Disciplinary Action

MILITARY SERVICE

Have you ever attempted to enlist in any branch of the United States Armed Forces (including Reserves and National Guard)?

Yes [] No [] If "Yes", which branch _____

Have you ever served in any branch of the United States Armed Forces (including Reserves and National Guard)?

Yes [] No [] If "Yes", which branch _____

What type of military discharge did you receive? (Honorable, Dishonorable, General, Under Honorable Conditions, Entry Level Separation, Medical, etc.) Be Specific:

Have you ever served in any branch of a foreign military?

Yes [] No [] If "Yes", which country and military branch _____

Have you ever been involved in, or been accused of being involved in, a subversive act against the United States Government, or any other government, such as mutiny, treason, sabotage, espionage, etc.? Yes [] No [] If "Yes", fully explain on attached sheet of paper

Applicants who have served in the military must complete the following:

BRANCH OF SERVICE	ENLISTMENT PERIOD	HIGHEST RANK HELD	SERVICE NUMBER

Have you ever been court martialed, tried on charges, or the subject of an Article 15, company punishment, OR ANY OTHER disciplinary action while a member of any branch of the Armed Forces? Yes [] No [] If "Yes", fill in the information in the table below AND explain offense(s) in detail on an attached sheet of paper.

TYPE OF DISCIPLINARY ACTION	BRANCH OF SERVICE	DATE OF ACTION	DISPOSITION OF ACTION

PERSONAL REFERENCES

Provide three (3) references (not relatives, those within your household, or employers) who are responsible adults of reputable standing in their communities, such as heads of households, property owners, business or professional men or women, who have known you well for the past five (5) years. Please confirm that all addresses and phone numbers are current before you submit the application.

REFERENCE 1							
Name		Relation:hip		Home Phone Number			
Home Address Street # and Name		City		State		Zip Code	
Occupation		Cell Phone Number		Fax Number			
Email Address							

REFERENCE 2							
Name		Relation:hip		Home Phone Number			
Home Address Street # and Name		City		State		Zip Code	
Occupation		Cell Phone Number		Fax Number			
Email Address							

REFERENCE 3							
Name		Relation:hip		Home Phone Number			
Home Address Street # and Name		City		State		Zip Code	
Occupation		Cell Phone Number		Fax Number			
Email Address							

EMPLOYMENT HISTORY

In the following tables, list all jobs worked in the LAST 15 YEARS. Include military, volunteer experience, self-employment, internships, and periods of unemployment, any part-time work, and any full-time work. For any period of unemployment, write UNEMPLOYED under the “NAME OF ORGANIZATION” and explain your means of support (i.e. spouse’s income, parents, unemployment benefits, etc.). Failure to properly complete the employment history section may result in your disqualification. A resume will not be accepted in lieu of completing this section.

JOB 1			
NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 2

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 3

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 4

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO / YR TO MO / YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 5

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO / YR TO MO / YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 6

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 7

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 8

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			

JOB 9

NAME OF ORGANIZATION OR COMPANY	PHONE # (INCLUDE AREA CODE)	FAX#	DATES EMPLOYED: FROM MO/YR TO MO/YR
COMPLETE ADDRESS			TOTAL TIME EMPLOYED
OFFICIAL JOB TITLE	NAME OF SUPERVISOR / CONTACT		P/T or F/T Salary?
DESCRIBE SPECIFIC JOB DUTIES:			
SPECIFIC REASON FOR LEAVING:			



SHIFT/OFF DAY ACKNOWLEDGEMENT

I understand and I am aware that the Bratenahl Police Department is a seven day a week, twenty-four hour a day operation.

Therefore, I understand and I am aware that I may be subject to work any shift (day shift, afternoon shift, night shift) and assigned any days off.

Signature of Applicant

Applicant's Printed Name

Date

Witness Signature



EMPLOYMENT WAIVER

I, _____, hereby acknowledge that I fully understand that my potential employment with the Bratenahl Police Department is contingent upon the results of the investigation of my background.

Furthermore, I fully understand that if hired and this investigation reveals any information that would prohibit my continued employment with this department that my appointment is subject to immediate termination.

I, _____, without coercion, voluntarily agree to execute and sign this waiver.

Signature of Applicant

Applicant's Social Security Number

Date

Position Applied For



CVSA Truth Verification Release Form

I, _____, do hereby voluntarily, without duress, coercion, promise, and reward, or immunity, consent and submit to an examination by the Computer Voice Stress Analyze truth verification technique. I hereby release, absolve and forever hold harmless, Bratenahl Police Department, its servants, agents, and anyone acting on its behalf from any and all claims, demands or other damages from any matter, act, or thing arising out of aforesaid examination.

I understand that this examination may be videotaped and / or audio taped and I release into the possession of the Bratenahl Police Department, all materials, recordings, and all other documents for the purpose of testimony and / or training. I understand that this examination is a public record.

Signature

Date

Witness

Date



BRATENAHL POLICE DEPARTMENT CONSENT FORM

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Village of Bratenahl Police Department, or to any authorized agent of a criminal justice agency or any private agency upon request of the Village of Bratenahl Police Department, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of military service records, "authority to release law enforcement or criminal records or information from a law enforcement agency"; educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and / or rating) and financial statements and records wherever filed; medical and psychiatric treatment and / or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and preemployment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the Village of Bratenahl Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature (include maiden name)

Witness

Date

Date

Complete Mailing Address

Notary Public

Date of Birth

Date

Social Security Number

SWORN STATEMENT

I hereby swear that all statements made in this application are true and complete. I also understand that any misstatements, omissions, or falsifications of material facts will subject me to disqualification and termination from the hiring process, and could result in criminal prosecution.

Applicant's full legal name (print)

Date

Signature of applicant

Applicant's Social Security Number

Notary Public

Date