CITY OF MAPLE HEIGHTS
CADET POLICE OFFICER
GENERAL INFORMATION SHEET

PLEASE NOTE: DEADLINE FOR THE RETURN OF APPLICATIONS IS 4:00 PM ON SEPTEMBER 16, 2016. ONLY THE FIRST 250 COMPLETED APPLICATIONS FOR EACH EXAMINATION WILL BE ACCEPTED BY THE COMMISSION.

SECTION I: APPLICATION FORM

1. There is a $20.00 non-refundable fee for each application. No personal checks or credit card payments. Only cash and money orders will be accepted. The application fee will be waived for individuals who are current residents of Maple Heights, provided they have resided in the community for a minimum of twelve (12) consecutive months prior to the date of application. Individuals requesting waiver of the application fee must submit the notarized affidavit specified on page (4) below.

2. Applications will be available at the Maple Heights City Hall, Human Resources at 5353 Lee Rd, Maple Hts., OH 44137 from 9:00-4:00 P.M. and at the Police Station until 8:00 P.M., Monday through Friday. Applications for entrance examinations shall provide for the submission of information as set forth in §124.22, et. Seq. of the Ohio Revised Code. The Commission may determine and provide for the submission of any other relevant information either on the application or supplemental sheet.

3. Applications for examination must be returned to Maple Heights City Hall within the time limits prescribed by the Civil Service Commission. Applications will be accepted at City Hall between the hours of 9:00 A.M. and 4:00 P.M., and until 8:00 PM at the Police Station, Monday through Friday.

SECTION II: REQUIRED DOCUMENTATION

4. Completed applications must be returned with copies of birth certificate, driver’s license, social security card and high School diploma or G.E.D. results as well as any other credentialing documentation. IT IS THE APPLICANT’S RESPONSIBILITY TO PROVIDE COPIES OF THE DOCUMENTS REQUESTED. THE CITY OF MAPLE HEIGHTS WILL NOT MAKE COPIES FOR THE APPLICANTS.

5. Applicants applying for additional credit must provide copies of the appropriate documentation identified in Section V, paragraph 10 below.

SECTION III: RESIDENCY
6. An applicant must be a United States citizen, or have legally declared his/her intention of becoming a United States citizen to apply for a civil service examination. The applicant need not be a resident of the City of Maple Heights to take the examination.

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SECTION IV: AGE REQUIREMENTS
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7. Police Department Applicants: Applicants for examination for original appointment to the police department as a Cadet Police Officer must have attained the age of twenty-one (21) on or before the date of their original appointment. Such appointments shall be in accordance with other requirements as set for the in §124.41 of the Ohio Revised Code or as set forth by the Maple Heights Civil Service Commission.

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SECTION V: APPLICATION FOR ADDITIONAL CREDIT
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8. In order for a candidate to receive any additional credit, he/she must attain a minimum passing of seventy-five percent (75%).

9. Total credits added to a Cadet Police Officer candidate’s test score shall not exceed thirty percent (30%).

10. Additional credit on an examination for original appointment shall be given as hereinafter indicated:

   (a) Police Certification Credit: An applicant for the Cadet Police Officer examination who submits a copy of a certificate from any school certified by the Ohio Peace Officer’s Training Council which indicates successful completion of the certified basic training course shall receive a ten percent (10%) credit to his/her total score given in the regular examination in which he/she received a minimum passing score of seventy-five percent (75%). The certificate mentioned herein must be valid at the time of the examination and must be maintained up to and including the date of appointment.

   (b) Police Experience Credit: An applicant who submits proof from a former employer showing peace officer experience of either one (1) year employment, or completion of a probationary period of employment in the last five (5) years, shall receive a fifteen percent (15%) credit to his/her total score in the police cadet examination in which he/she received a minimum passing score of seventy-five percent (75%).

   (c) Military service Credit: An applicant who submits a copy of form DD-214 showing honorable discharge or a certificate of service showing current duty in a reserve unit shall receive a twenty percent (20%) credit to his/her total score given in the regular examination in which he/she received a minimum passing score of seventy-five percent (75%).

   (d) City Residency Credit: An applicant who submits a residency affidavit indicating the applicant has been a resident of Maple Heights for a minimum of twelve consecutive months prior to the date of application shall receive a ten percent (10%) credit to his/her total score given in the regular examination in which he/she received a minimum passing score of seventy-five percent (75%).
(e) Two-Year Degree Credit: An applicant who submits a certified transcript or diploma signifying completion of a two or four year degree shall receive a five percent (5%) credit to his/her total score given in the regular examination in which he/she received a minimum passing score of seventy-five percent (75%).

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SECTION VI: CONDITIONS TO EMPLOYMENT

11. Prior to appointment, a complete physical examination will be given which will include hearing, vision, agility test, oral interview, polygraph tests, psychological tests, urinalysis and blood tests (including drug testing). In addition, a full background investigation and a driver’s record check will be conducted. Applicants must have a valid Ohio driver’s license prior to appointment.

12. The applicant must be able to physically perform the essential functions of the position. Police Cadets will be required to successfully complete, at their own expense, the physical agility test approved by the Civil Service Commission.

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SECTION VII: GENERAL INFORMATION

13. Any false information, misrepresentation or deliberate omission of a fact either included within the application or provided during the pre-employment process will be justification for denial of employment, or if employed, termination from employment.

14. Notice of competitive entrance examination will be given through newspapers of general circulation, posting of notices conspicuously on the City Hall bulletin board, and by such other means as may be deemed appropriate by the Civil Service Commission of the City of Maple Heights, Ohio.

15. Nothing above shall be construed to conflict with the Civil Service Laws of the State of Ohio, Charter of the City of Maple Heights, and/or the Codified Ordinances of the City of Maple Heights, Ohio applicable to Police Departments or other applicable federal laws.

**THE TEST WILL BE AT 7:00 PM, THURSDAY, SEPTEMBER 22, 2016 AT MAPLE HEIGHTS HIGH SCHOOL, 1 MUSTANG WAY, MAPLE HEIGHTS.**

CIVIL SERVICE COMMISSION
CITY OF MAPLE HEIGHTS, OHIO

Revised: 08/5/2016
C:2012 general information sheet
RESIDENCY AFFIDAVIT

I, ____________________________________________, am filing an application for the Civil Service Commission testing for the position of Cadet Police Officer for the City of Maple Heights, and do hereby provide a copy of one of the following items as proof of my residency for the last 12 months in the City of Maple Heights:

_____ Utility bill from **August of 2015**

_____ Rent receipt or contract covering **August of 2015**

_____ Occupancy permit issued by the City of Maple Heights covering **August of 2015**

_____ Other (e.g. bank statement, tax return, etc.) ________________________________

__________________________________________
Signature of Applicant

(State of Ohio Cuyahoga County)

Sworn to before me and signed in my presence by __________________________ this _____ day of ________, 2016.

__________________________________________
Notary Public
My commission expires
TO ALL APPLICANTS:

PLEASE TYPE OR PRINT ALL INFORMATION AND SIGN YOUR NAME WHERE INDICATED.

Name: ______________________  ______________________  ______________________
          (FIRST)              (MIDDLE)            (LAST)

Social Security Number: ______/____/______  Age: ______  Date of Birth: ______/____/______

*PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE.

Driver's License No: ___________  Expiration Date: ___________
State Issued: ___________

Present Address: ____________________________________________________________
City: ______________________  State: __________  Zip Code: __________

Telephone Home: (_____ ) _____-___________  Telephone Work (_____ ) _____-___________
Telephone Cell: (_____ ) _____-___________  Email: ________________

List prior residence addresses for the last ten (10) year period:

Prior Address: __________________________________________________________
State: __________  Zip Code: __________  From: ______/____/______  To: ______/____/______
          (MONTH)            (DATE)            (YEAR)

Prior Address: __________________________________________________________
State: __________  Zip Code: __________  From: ______/____/______  To: ______/____/______
          (MONTH)            (DATE)            (YEAR)

Prior Address: __________________________________________________________
State: __________  Zip Code: __________  From: ______/____/______  To: ______/____/______
          (MONTH)            (DATE)            (YEAR)

REMARKS: __________________________________________________________________

FILING DEADLINE: FRIDAY, SEPTEMBER 16, 2016 AT 4:00 PM
NOTE: ONLY THE FIRST 250 COMPLETED APPLICATIONS WILL BE ACCEPTED
**MILITARY SERVICE HISTORY:**

Have you served in the military? □ YES □ NO  What Branch? ___________
From: ______ / ______  To: ______ / ______  Honorable Discharge? □ YES □ NO
If NO, Please Explain:  __________________________________________
What were your duties?  __________________________________________
*PLEASE ATTACH A COPY OF YOUR DD214 LONG FORM

If you are currently a member of the National Guard or any reserve organization:
Name of Unit: ___________  Rank: ___________  □ ACTIVE  □ INACTIVE
What is the terminal date of your reserve obligation: ____________________________

**EDUCATION**

<table>
<thead>
<tr>
<th>Grade School Attended: _______________________________</th>
<th>Phone Number (____) _____ - ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: (Street) ___________ (City) ___________ (State) ___________ (Zip Code)</td>
<td></td>
</tr>
<tr>
<td>High School Attended: _______________________________</td>
<td>Phone Number (____) _____ - ______</td>
</tr>
<tr>
<td>Date Entered: ______ / ______  Date left: ______ / ______  Graduated: □ YES □ NO</td>
<td></td>
</tr>
<tr>
<td>Address: (Street) ___________ (City) ___________ (State) ___________ (Zip Code)</td>
<td>Date and Location of GED if applicable. Date: ______ / ______  Location: __________________________</td>
</tr>
<tr>
<td>College Attended: ________________________________</td>
<td></td>
</tr>
<tr>
<td>Address: (Street) ___________ (City) ___________ (State) ___________ (Zip Code)</td>
<td></td>
</tr>
<tr>
<td>Date Entered: ______ / ______  Date left: ______ / ______  Major: __________________________</td>
<td></td>
</tr>
<tr>
<td>Graduated: □ YES □ NO  Date of Graduation: ______ / ______  Degree: __________________________</td>
<td></td>
</tr>
</tbody>
</table>
| *Please attach an official copy of your transcripts and award of degree

**LIST OTHER PROFESSIONAL OR TRADE SCHOOLS ATTENDED:**

| School Attended: ________________________________ |
| Address: (Street) ___________ (City) ___________ (State) ___________ (Zip Code) |
| Date Entered: ______ / ______  Date left: ______ / ______  Major: __________________________ |
| Graduated: □ YES □ NO  Date of Graduation: ______ / ______  Concentration: __________________________ |
| *Please attach an official copy of your transcripts, degree and/or certification

| School Attended: ________________________________ |
| Address: (Street) ___________ (City) ___________ (State) ___________ (Zip Code) |
| Date Entered: ______ / ______  Date left: ______ / ______  Major: __________________________ |
| Graduated: □ YES □ NO  Date of Graduation: ______ / ______  Concentration: __________________________ |
| *Please attach an official copy of your transcripts, degree and/or certification

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EMPLOYMENT HISTORY

Present Employer: ___________________________________________ Phone: (___) __-______
Address: ____________________________________________
(Street) ____________________________________________
(City) _____________________________________________
(State) ____________________________ (Zip Code) __________
Date Employed From: ______/____ To: ______/____ Position: ___________________________
May we contact your present employer: [___] YES [___] NO If NO, why? __________________________________________

1. Employer: _____________________________________________ Phone: (___) __-______
Address: ____________________________________________
(Street) ____________________________________________
(City) _____________________________________________
(State) ____________________________ (Zip Code) __________
Date Employed From: ______/____ To: ______/____ Position: ___________________________
Reason for Leaving: __________________________________________
May we contact this employer: [___] YES [___] NO If NO, why? __________________________________________

2. Employer: _____________________________________________ Phone: (___) __-______
Address: ____________________________________________
(Street) ____________________________________________
(City) _____________________________________________
(State) ____________________________ (Zip Code) __________
Date Employed From: ______/____ To: ______/____ Position: ___________________________
Reason for Leaving: __________________________________________
May we contact this employer: [___] YES [___] NO If NO, why? __________________________________________

3. Employer: _____________________________________________ Phone: (___) __-______
Address: ____________________________________________
(Street) ____________________________________________
(City) _____________________________________________
(State) ____________________________ (Zip Code) __________
Date Employed From: ______/____ To: ______/____ Position: ___________________________
Reason for Leaving: __________________________________________
May we contact this employer: [___] YES [___] NO If NO, why? __________________________________________

4. Employer: _____________________________________________ Phone: (___) __-______
Address: ____________________________________________
(Street) ____________________________________________
(City) _____________________________________________
(State) ____________________________ (Zip Code) __________
Date Employed From: ______/____ To: ______/____ Position: ___________________________
Reason for Leaving: __________________________________________
May we contact this employer: [___] YES [___] NO If NO, why? __________________________________________

5. Employer: _____________________________________________ Phone: (___) __-______
Address: ____________________________________________
(Street) ____________________________________________
(City) _____________________________________________
(State) ____________________________ (Zip Code) __________
Date Employed From: ______/____ To: ______/____ Position: ___________________________
Reason for Leaving: __________________________________________
May we contact this employer: [___] YES [___] NO If NO, why? __________________________________________
6. Employer: __________________________________________ Phone: (___) ___-_____
Address: __________________________ __________________________
             (Street)                   (City)                   (State)                   (Zip Code)
Date Employed From: _____ / _____ To: _____ / _____ Position: ____________________________
Reason for Leaving: _______________________________________________________________
May we contact this employer: □ YES  □ NO  If NO, why? ___________________________________

7. Employer: __________________________________________ Phone: (___) ___-_____
Address: __________________________ __________________________
             (Street)                   (City)                   (State)                   (Zip Code)
Date Employed From: _____ / _____ To: _____ / _____ Position: ____________________________
Reason for Leaving: _______________________________________________________________
May we contact this employer: □ YES  □ NO  If NO, why? ___________________________________

8. Employer: __________________________________________ Phone: (___) ___-_____
Address: __________________________ __________________________
             (Street)                   (City)                   (State)                   (Zip Code)
Date Employed From: _____ / _____ To: _____ / _____ Position: ____________________________
Reason for Leaving: _______________________________________________________________
May we contact this employer: □ YES  □ NO  If NO, why? ___________________________________

Have you had any periods of unemployment during the past five years? □ YES  □ NO
If YES, Please explain:
_________________________________________________________________________________
_________________________________________________________________________________

LIST FIVE REFERENCES (NOT RELATIVES) WHO CAN COMMENT UPON YOUR SUITABILITY FOR THE POSITION

| Name | Address: __________________________ | Phone: (___) ___-_____
|------|-------------------------------------|----------------------
|      |                                     |                      |
|      |                                     |                      |
|      |                                     |                      |
|      |                                     |                      |
|      |                                     |                      |

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Will you support the Constitution of the United States, the Constitution of the State of Ohio, and the charter of the City of Maple Heights?  □ YES □ NO
If NO, please explain: ________________________________________________________________

Do you have any present medical conditions or disabilities that would prevent you from performing the essential functions of the job for which you are applying?  □ YES □ NO
(If YES, what kinds of reasonable accommodation will you require to perform the essential functions of the job for which you are applying?)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

State your reason for desiring employment with the Maple Heights Police Department:
__________________________________________________________________________________________
__________________________________________________________________________________________

List any skills or background that you feel would be beneficial to Maple Heights Police Department:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Have you paid, promised to pay, or given any money, material, service or consideration to any person, directly or indirectly, for any recommendation, service or influence promised toward procuring your employment with this department?  □ YES □ NO
If YES, please explain:
__________________________________________________________________________________________
__________________________________________________________________________________________

Do you object to wearing a uniform?  □ YES □ NO
If YES, please explain:
__________________________________________________________________________________________
__________________________________________________________________________________________
I, ____________________________, do hereby understand and agree that:

A. I will be required to successfully pass a Physical Agility test, and that I will release the City of Maple Heights and all of its officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as a result of said physical agility test.

B. I will be required to successfully pass a background investigation and that I will release the City of Maple Heights and all of its officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as a result of said background investigation.

C. I will be required to successfully pass a polygraph examination, and that I will release the City of Maple Heights and all of its officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as a result of said polygraph test.

D. I will be required to successfully pass a psychological examination and that I will release the City of Maple Heights and all of its officials and agents from any liability whatsoever in connection with any harm, injury or damages of whatever nature suffered or incurred as a result of said psychological examination.

E. If I am terminated or otherwise separated from employment during the next five (5) years, for any reason, I will return to the City of Maple Heights all monies expended for training on my behalf.

F. If, during the first year of my employment, I am terminated or otherwise separated for any reason, I will repay the City of Maple Heights 100% of all monies received for clothing allowance.

____________________________________ ______________________________
Applicant Signature Date

ACKNOWLEDGEMENT

I, ____________________________________________, hereby certify that I fully understand and agree that any falsification of information contained in this application will disqualify me for further consideration for appointment to the position of Cadet Police Officer with the Maple Heights Police Department. I further understand and agree, as a condition of employment, that any falsification of information contained in this application which is discovered subsequent to my employment by the City of Maple Heights shall be considered just and sufficient cause for the immediate termination of my employment.

____________________________________ ______________________________
Applicant Signature Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize you to release any and all information which you have concerning my employment or educational background to the City of Maple Heights. I understand that this information will be used solely for the purpose of background investigation concerning my suitability as a candidate for employment with the City of Maple Heights. Mechanical reproduction of this RELEASE shall have the same effect as an original signature.

____________________________________ ______________________________
Applicant Signature Date