



# Bath Police Department

3864 West Bath Road  
Akron, Ohio 44333  
P: (330) 666-3736  
F: (330) 665-1225

## POLICE OFFICER / COMMUNICATION SPECIALIST

Bath Township Police Department is a twenty-four hour, seven-day a week (24/7) operation and shifts may vary to meet department needs. If hired with BPD, you may be required to work either day shift, afternoon shift, and/or midnight shift. 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 screening
- d. Background investigation
- e. Polygraph
- f. Psychological examination
- g. Medical examination
- h. Final oral interview
- i. Chief of Police recommendation to Board of Trustees
- j. Final approval from the Board of Trustees

Applicant - Check the box for the position you are applying for:

Police Officer

Communication Specialist



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## APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

Dear Applicant:

Please read the minimum qualifications for employment before filing out this application. You must meet the minimum qualifications listed below to be considered for employment.

### MINIMUM QUALIFICATIONS

- Ohio Residency
- Minimum age of 21 (*Police Officer*)
- Basic Ohio Police Officer Training Academy (Police Officer) with current certification
- Good overall physical condition\*
- High School graduate or equivalent
- Minimum age of 18 (*Communications*)
- Associate Degree in Criminal Justice or Bachelor's Degree in any major (Police Officer applicants only)

*\*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 the NOTES section (page 9) in the 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 Township 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 remain on file for a period of one year from the date it was received.

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

**PERSONAL INFORMATION:** List complete name and address

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Last Name	First Name	Middle
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Street Address

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City	State	Zip Code	How long have you resided there?
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Home Phone	Cell Phone
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Other Phone	Email Address
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Place of Birth

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

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Dates – From / To	Street Address
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City	County	State	Zip Code
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Dates – From / To	Street Address
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City	County	State	Zip Code
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Dates – From / To	Street Address
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City	County	State	Zip Code
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**List of cities you have lived in since age 18:**

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City and State	From / To
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City and State	From / To
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City and State	From / To
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City and State	From / To
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**EDUCATION RECORDS:**

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

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School Name	Street Address
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Phone No.	Years Completed	Diploma Received
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School Name	Street Address
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Phone No.	Years Completed	Diploma Received
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School Name	Street Address
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Phone No.	Years Completed	Diploma Received
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**TRAINING:**

**Police Academy Information:**

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Academy Attended	Dates Attended (From / To)	Date Graduated
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Phone No.	Academy Commander
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**EMPLOYMENT HISTORY:**

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

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Name and Address of Employer	Business Phone No.	
<hr/>		
Dates Employed (From /To)	Supervisor's Name	Position
<hr/>		
Description of Duties		
<hr/>		
Reason for Leaving		

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Name and Address of Employer	Business Phone No.	
<hr/>		
Dates Employed (From /To)	Supervisor's Name	Position
<hr/>		
Description of Duties		
<hr/>		
Reason for Leaving		

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Name and Address of Employer	Business Phone No.	
<hr/>		
Dates Employed (From /To)	Supervisor's Name	Position
<hr/>		
Description of Duties		
<hr/>		
Reason for Leaving		

**EMPLOYMENT HISTORY (continued):**

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Name and Address of Employer		Business Phone No.
Dates Employed (From /To)	Supervisor's Name	Position
Description of Duties		
Reason for Leaving		

---

Name and Address of Employer		Business Phone No.
Dates Employed (From /To)	Supervisor's Name	Position
Description of Duties		
Reason for Leaving		

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Name and Address of Employer		Business Phone No.
Dates Employed (From /To)	Supervisor's Name	Position
Description of Duties		
Reason for Leaving		

**EMPLOYMENT HISTORY (continued):**

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Name and Address of Employer Business Phone No.

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Dates Employed (From /To) Supervisor's Name Position

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Description of Duties

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Reason for Leaving

---

Name and Address of Employer Business Phone No.

---

Dates Employed (From /To) Supervisor's Name Position

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Description of Duties

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Reason for Leaving

**Have you ever been discharged or asked to resign from a job?** YES NO  
**If yes, explain:**

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**REFERENCES:**

List five (5) people, other than relatives or past employers, who know you well enough to provide current or former information about you. List full names and addresses.

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Full Name Street Address

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Phone No. Years Known

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Full Name Street Address

---

Phone No. Years Known

---

Full Name Street Address

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Phone No. Years Known

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Full Name Street Address

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Phone No. Years Known

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Full Name Street Address

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Phone No. Years Known

Have you been involved in any traffic accidents within the last five years?      YES      NO

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

**NOTES**

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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 or 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  
(City)  
\_\_\_\_\_, State of Ohio.

Applicant's Signature \_\_\_\_\_  
(signed in front of Public Notary)

-----  
State of Ohio}  
County of \_\_\_\_\_}

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

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public; State of Ohio  
My Commission Expires \_\_\_\_\_

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**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE 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 Web site for 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	COUNTY	
HOME PHONE ( )		WORK PHONE ( )		

**DECLARATION**

In accordance with section 2909.32 (A)(2)(b) 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.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- 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
- 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
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- 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
- 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 licensure 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 Web site.

**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. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

**X**  
 \_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

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## PHYSICAL SKILLS TEST

Read Carefully – For Police Applicants Only

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 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” (50<sup>th</sup> 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 (1) minute*
- 3. Bench press of weighted bar (5 attempts; best is recorded)*

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician’s Printed Name

\_\_\_\_\_  
Physician’s Phone No.