

POLICE DEPARTMENT

Village of East Palestine

75 East Main Street ♦ East Palestine ♦ Ohio 44413

Chris D. Weingart
Chief of Police

Phone (330) 426-4341
Fax (330) 426-4343

Pre-employment information packet

Purpose:

The information contained in this packet has been deemed necessary by the Village of East Palestine to ensure a candidate meets the qualifications for the position which they have applied. This information is to be used only by the Village of East Palestine for consideration of employment. Only those persons authorized by the Village of East Palestine to conduct the initial investigation and those who select the applicant(s) for employment will have access to the information contained herein. Due to the Public Records Laws of the State of Ohio, most of the information contained in this packet cannot be considered confidential.

Instructions:

*Please print or type and complete each form included to the best of your ability. **If you are unable to complete a question, entire section, or obtain a required document, please indicate in the space provided.** This packet contains several duplicate copies of Consent to Release and Criminal and Traffic Record Release forms. This is not a mistake. Each form should be completed appropriately. When you have completed the packet, please date and sign all appropriate forms, including this instruction sheet, return it to the East Palestine Police Department. Your completed packet should be placed in a sealed envelope with your name on the front and directed to the attention of Chief Chris D. Weingart.*

Documents:

Include with your completed packet a copy of any important documents. I.E., copy of Birth Certificate, High School and/or College diplomas as well as any other professional training certificates related to the position for which you have applied.

An incomplete packet will not be processed.

Signature

Date

EAST PALESTINE POLICE DEPARTMENT

75 EAST MAIN STREET
EAST PALESTINE, OHIO 44413

PHONE: 330-426-4341

FAX: 330-426-4343

Chris D. Weingart
Chief of Police

You are currently being considered for employment with the East Palestine Police Department, one of the most professional and dedicated police departments in Columbiana County, and indeed, in the State of Ohio.

Should you be hired, you may find the employment very demanding at times as many of the expectations and responsibility placed upon you are equal to that of a full-time employee. Not everyone will be willing or able to fulfill these expectations and responsibilities.

To assist both yourself and the Department in determining if employment with the East Palestine Police Department is right for you, some of the job requirements are outlined below. Please understand that the items listed below are not all inclusive.

- 1) If you have other part-time employment, you will be expected to give priority preference to the East Palestine Police Department in the event of a scheduling conflict.
- 2) You may be required to resign any non-paid commission you may have with any other department(s).
- 3) Agree to comply with departmental policies, rules, regulations, and directives.
- 4) Are expected to read and have a solid working knowledge of the Codified Ordinances of East Palestine and the statutes of the Ohio Revised Code.
- 5) You may carry your personal duty weapon, but you must get approval before doing so. If you are approved to carry your personal firearm, all departmental restrictions will apply to said gun.
- 6) Agree to work your scheduled day(s) or find a replacement cover.
- 7) Agree work call-outs, which are some times on short notice. This is in addition to any regularly scheduled day(s) you may have.
- 8) Part-time officers who do not have regularly scheduled day(s), must stop in the station at least once every 10 days to keep updated on the ongoing events within the department and to check for sign-up sheets and meeting or training notices.
- 9) Participate in other departmental functions such as parades and security for sporting or other events.
- 10) Agree to read local newspapers and keep abreast of current events.
- 11) Will not consort with known criminals.
- 12) Will not engage in any conduct that will bring discredit or embarrassment to the department.
- 13) Keep in confidence all aspects of departmental business.
- 14) Will maintain a clean and neat appearance and practice good bodily and oral hygiene.

Applicant's Signature

Date

Interviewer's Signature

Date

East Palestine Police Department Application For Employment

The Village of East Palestine is an equal opportunity employer, dedicated to a policy of Non-discrimination in employment on any basis including race, color, age, sex, religion, handicap, or national origin. The Village of East Palestine is a drug and alcohol free workplace. You will be required to submit to and pass a pre-employment drug and alcohol screen.

Date: _____

Full-time ☐ Part-time ☐ Reserve ☐

What position(s) are you applying for: _____

Personal Information:

Social Security Number: _____ Contact Phone: _____

Name: _____
(Last, First, Middle)

Address: _____
(Street address, City, State, Zip Code)

Are you twenty-one years (21) of age or older? ☐ Yes ☐ No

Education and Training Information:

Did you complete High School? ☐ Yes ☐ No

Did you graduate? ☐ Yes ☐ No

Highest academic level attained: _____

List schools, colleges, universities, or trade schools you attended:

Name of institution	Address of institution (City & State)	Did you graduate Y/N	Degree received

References: List three (3) persons, not related to you, whom you have known at least three (3) years.

Name	Address;	Phone Number	Years known

Former Employers: List below your last four employers starting with the last one first.

Date: month and year	Name, address and phone number of employer	Highest Salary earned	Position Held	Reason for Leaving:
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Emergency Information: List the name, address and phone numbers of two (2) persons who knows how to locate you.

Name	Address (Street, City, State, Zip Code)	Telephone Number

Previous Address Information:

Address: _____ City, State, & Zip _____ Date of residence _____

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is available upon request. ☐ Yes ☐ No

Applications will not be accepted if the oath is omitted. You must personally appear before a Notary Public or other authorized official for this purpose.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me, or who may hereafter attend or examine me, any colleges or universities which I attended, or past employers, from disclosing any knowledge of information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge of information to the East Palestine Police Department.

The Village of East Palestine is a drug and alcohol free workplace. You will be required to submit to and pass a pre-employment drug and alcohol screen.

Signature of Applicant _____

Subscribed and sworn before me according to law, by the above named applicant this ____ day of _____
 20____ at _____, County of _____ and State of Ohio.
 (City)

East Palestine Police Department
Pre-employment Background Investigation
Consent to Release Information Records

Applicants Full Name	
Applicants Address	
Date of Birth	Social Security Number

As an applicant for the East Palestine Police Department, I authorize the East Palestine Police Department to obtain the following information:

- 1) Employment Records—from present and past employers, including evaluations, disciplinary records, etc.
- 2) Educational Records—including academic records, attendance records, etc.
- 3) Financial Records—including credit reports, bank statements, etc.
- 4) Pre-employment Records—including polygraph reports, psychological reports, physical performance results, etc, (including records held by other companies or other law enforcement agencies)
- 5) Medical Records—including records from any health care provider (to be conducted following the offer of employment).
- 6) Military Records—including any records associated with the military service.
- 7) Miscellaneous Records—including any other records needed to conduct the background investigation.

This release is with the understanding that the information and records are for official use by the East Palestine Police Department and the City of East Palestine. I understand that I waive any right or opportunity to read or review any background investigation report prepared by the East Palestine Police Department.

I direct the custodian of the above listed items to release the information and records requested by the East Palestine Police Department. I release the custodian of such records, including the company, agency, and employees from any liability associated with releasing the information or records.

This consent to release information and records is valid for one year following the date of the applicant's signature.

Applicant's Signature	Date
<p>Notary Public's Information</p> <p>Sworn to before me this _____ day of _____, 20_____.</p> <p>My Commission Expires _____.</p> <p>_____ Notary Public's Signature</p>	

**East Palestine Police Department
Employment Background Check
Criminal and Traffic Record Release**

Record check request from the following Court/ Law Enforcement Agency

Section I (to be completed by applicant)

Name (include maiden and any married names)	
Complete Address	
Date of Birth	Social Security Number
I give permission to any law enforcement agency to release criminal and traffic related records to the East Palestine, Ohio Police Department	
Signature of applicant	Signature date

Section II (to be completed by an employee of the law enforcement agency.)

_____ Check here if no record found

Please list any criminal or traffic related record concerning the above individual on file with your agency.

Criminal/ Traffic charge or contact	Date of Contact

Signature of person conducting check	Date of record check
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East Palestine Police Department

Consent & Release Form For Applicants Drug And Alcohol Testing

I, _____, as an applicant for the East Palestine Police Department, hereby acknowledge that I will be required to submit to a pre-employment urine drug and/or alcohol testing as a condition of employment.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substance in my system.

I hereby and herewith release the Municipality of East Palestine, the East Palestine Police Department and its employees from any and all liability whatsoever arising from this request for testing, from the actual testing procedures and from decisions made concerning my application based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the East Palestine Police Department.

Applicant Signature

Date

Witness Signature

Date

Witness Printed Name

East Palestine Police Department Personal History Questionnaire

Applicant's Name: _____

INSTRUCTIONS

This Personal History Questionnaire is intended for use by the East Palestine Police Department and the City of East Palestine Administration. You must be truthful and you must answer all questions on this questionnaire. Answers are subject to verification through a background investigation and a polygraph test. Answers will be held confidential and they will not be disclosed to unauthorized persons.

Answers must be clearly printed or typed. If a question does not apply, print or type N/A—do not leave answers blank. If additional space is needed to answer a question, use the Continuation Sheets that are provided. When answering questions that require dates, insert the full date. When answering questions that require an address, include the full address.

Applicants must answer every question truthfully and without evasion. Both the Ohio Revised Code and the East Palestine City Code provide penalties for knowingly making a false statement, or for practicing any fraud or deception in obtaining or attempting to obtain employment with the East Palestine Police Department. Penalties for such violations include rejection of appointment or discharge after appointment and/ or criminal prosecution.

SECTION I—Personal and Marital Record

Last Name		First Name		Middle Name	
List Maiden Name, Former Name(s), Alias name(s), and Nicknames					
Present Address—include street address, City, State, Zip Code					
Date of Birth	Social Security Number	Height	Weight	Hair Color	Eye Color
Place of Birth—include City, County, State (attach a copy of your birth certificate)					
Driver's License Number	Driver's License State	List any driver's license you have held in any other State(s)			
List any scars, birthmarks, blemishes, tattoos, or other identifying marks that you have—specify location					
Are you adopted? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide names of your natural parents.					
Are you a US Citizen? Yes _____ No _____		If yes, are you: Native Borne _____ Naturalized _____			
If Naturalized Citizen, List City and State where Naturalized			Date Naturalized	Certificate Number	
Home Phone Number:			Cell Phone Number:		

Section I (Continued)—Personal & Marital Record

Present Marital Status	Location of present marriage, include City, County, & State		Date married
Spouse's Last Name	Spouse's First Name	Spouse's Middle Name	
Spouse's Maiden Name	Spouse's Social Security Number	Spouse's place of birth	
Spouse's date of birth	Spouse's employer, include address & telephone number		
Applicant's Father's name, address, telephone number (if deceased, please indicate)			
Applicant's Mother's name, address, telephone number (if deceased, please indicate)			

Children's Information

<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Name	Date of birth	Place of birth
Address (if different than yours)		Relationship to You Natural _____ Step _____ Foster _____	Relationship to your Spouse Natural _____ Step _____ Foster _____

Are you now supporting all dependents that you are required to support?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, If no, specify reason: _____	
Have you ever been sued for alimony payments, child support, nonpayment of debts, or fraud?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the Court which you were sued and the court number of the lawsuit: _____	

Section I (Continued)—Personal & Marital Record

Previous Marriages (If previously married, provide the following)		
	Name of ex-spouse (maiden name)	Date of marriage
1		
2		
3		
4		
5		

Previous marriages (if previously married, provide the following)			
Date Married	Name of ex-spouse (maiden name)	Dissolved or Divorced	Date, County, & State of final decree

List your relatives in the following order:

1) Brother 2) Sister 3) Step-mother 4) Step-father 5) step-brother(s) 6) step-sister(s) 7) Father-in-law
8) Mother-in-law 9) Sisters-in law 10) Brothers-in-law

[illegible]

Section II—Previous Residence Record

INSTRUCTIONS: List the addresses of all your residences since you were 15 years old. Start with your most recent address and go backwards—include all military addresses. If you lived on a military base, indicate the nearest City. Also, indicate both the month and year in the "from" & "to" column.

From	To	Full address	With whom did you live?	Relationship

Section III—References

Instructions: List three (3) character references. Do not submit the names of people who are related to you. Character references should be people that you have known for a period of three (3) years or more.

Character References:

Name		Complete home address	Home telephone
Years known	Occupation/ Profession	Complete business address	Business Telephone
Name		Complete home address	Home telephone
Years known	Occupation/ Profession	Complete business address	Business Telephone
Name		Complete home address	Home telephone
Years known	Occupation/ Profession	Complete business address	Business Telephone

Section IV—Financial Record

Are you currently delinquent in any financial obligations? No _____ Yes _____ If yes, explain:

Debts—List all debts involving you, your spouse, or your ex-spouse(s) for which you are liable.

To whom owed	Address (City, State)	Date incurred	Original amount	Amount due	Monthly payments

Checking Account _____ Yes _____ No	Name of Financial Institution	Address (City, State)	Account Number
Savings Account _____ Yes _____ No	Name of Financial Institution	Address (City, State)	Account Number

Vehicle owner/ Co-owner _____ Yes _____ No. If yes, give description of vehicle(s)

Vehicle #1 _____

Vehicle #2 _____

Answer the questions below. If an answer is "yes", describe the circumstances on the continuation sheet.

- _____ Yes _____ No Do you, your spouse or ex-spouse(s) have any civil action pending?
- _____ Yes _____ No If employed by the Police Department, do you anticipate any income other than your police income?
- _____ Yes _____ No Have you ever been refused life, automobile, health, or other insurance policy?
- _____ Yes _____ No Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?

Section V—Work History

<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever applied for a position with any other criminal justice agency or any other government agency? If yes, list below.		
Name of Department of Agency	Date Applied	Status of application (describe your standing)

List other applications you have on file with a company or organization, other than a criminal justice or government agency.		
Name of Company	Date Applied	Status of Application (describe your standing)

Employment History—Begin with your most recent job and list your complete work history in chronological order. Include, in sequence, all part-time jobs, periods of employment, and military service. When listing periods of unemployment, indicate dates in the spaces provided (in the "Name of Employer" block, write "Unemployed". In the "Reason for Leaving" block, indicate from what source you received income during that unemployment period. The address information must be complete. Include the street address, City, State, Zip Code, and Telephone number. Indicate both the month and year in the "From" and "To" column.

☐ Yes ☐ NO Have you ever been discharged or asked to resign from a job? If yes, explain on the continuation sheet.

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage		Name of Co-worker	
	Name of Supervisor		

Section V (Continued)—Work History

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

From	Employer (include address and telephone number)	Why did you leave	Job Title
To		Description of your duties	
Salary/ Wage	Name of Supervisor	Name of Co-worker	

Section VI—Military Records

- ☐ Yes ☐ No Have you ever served in the United States Armed Forces? If yes, submit a copy of your discharge or separation papers. (If you have not already done so).
- ☐ Yes ☐ No Have you ever asked for or received deferment from military service? If yes, explain on the continuation sheet.
- ☐ Yes ☐ No Were you ever court martialed, tried on charges, or subject of a summary court martial, Captain's mast, Article 15, company punishment, or any other disciplinary actions? If yes, explain on the continuation sheet.
- ☐ Yes ☐ No Are you currently a member of a US reserve or National or State Guard organization? If yes give details of your obligation on the continuation sheet.
- ☐ Yes ☐ No Are you or have you been a member of the Reserve Officer Training Corps (ROTC)? If yes, give details on the continuation sheet.

Section VII—Education & Miscellaneous Records

List each elementary, high school, college, or trade school you have attended. Start with the most recent school attended.				
Name of School	Location of School (City & State)	Course of Study	Dates Attended	Did you graduate

List all organizations, clubs, and social groups of which you are now, or have been a member. Indicate the position held and your current status.

Section VIII—General Information Inquiry

The following questions and answers may be verified through the use of a polygraph (lie detector) test. If the answer to any of the following questions is "yes", then explain the circumstances on the continuation sheet.

- ____ Yes ____ No Have you ever committed a misdemeanor or felony offense for which you were never arrested?
- ____ Yes ____ No Have you ever been charged with any criminal or traffic offenses, including minor misdemeanors?
- ____ Yes ____ No Have you ever had any negative or bad contacts with law enforcement officials?
- ____ Yes ____ No As an adult, have you ever stolen anything?
- ____ Yes ____ No Have you ever bought or sold any property that you know, or had reason to believe was stolen?
- ____ Yes ____ No Has your driver's license ever been suspended, cancelled, or revoked?
- ____ Yes ____ No Are you currently under indictment or are you a defendant in any pending criminal, traffic, or civil action?
- ____ Yes ____ No Have you ever used hallucinogens (marijuana, PCP, LSD, peyote, etc.) or any of their derivatives?
- ____ Yes ____ No Have you ever used cocaine, crack cocaine, heroin, or any other illegal drugs?
- ____ Yes ____ No Have you ever used any prescribed drugs (barbiturates, amphetamines, valium, etc.) without a prescription?
- ____ Yes ____ No Have you ever used any prescribed medications for any purpose other than what they were originally prescribed?
- ____ Yes ____ No Have you ever taken a prescription drug that was prescribed for another person?
- ____ Yes ____ No Have you ever used designer drugs (substances that are chemically altered in make-up, but which give the same effect as an illegal drug)?
- ____ Yes ____ No Have you ever sold or purchased, or been a party to the sale or purchase, or been financially involved in the sale or purchase of any illegal drug?
- ____ Yes ____ No Have you ever been involved in inhaling harmful intoxicants (glue, spray paint, freon, etc.) with the purpose of obtaining a state of intoxication?
- ____ Yes ____ No Have you ever driven a motor vehicle while under the influence of alcohol and/or drugs?
- ____ Yes ____ No Have you ever applied for or received unemployment compensation that you were not entitled to receive?
- ____ Yes ____ No Are you now, or have you ever received any type of governmental support (welfare, ADC, housing subsidies, etc.) that you were not eligible for?
- ____ Yes ____ No Do you have any hatreds or prejudices toward others because of their race, sex, national origin, religion, or color that, as a police officer, would cause you to give unequal or unfair treatment to a person or group?
- ____ Yes ____ No Have you ever had any problems due to gambling?
- ____ Yes ____ No Have you ever had any problems because you "lost your temper"?
- ____ Yes ____ No Have you ever been involved in an automobile accident?
- ____ Yes ____ No Have you ever traveled outside of the United States?
- ____ Yes ____ No Have you ever been involved in any grossly unnatural sexual acts?
- ____ Yes ____ No Have you ever viewed any child pornography?
- ____ Yes ____ No Have you ever engaged in any illicit sexual activity?
- ____ Yes ____ No Are you color blind?
- ____ Yes ____ No Is your vision 20/20 or correctable to 20/20?
- ____ Yes ____ No Are you currently taking ANY medication prescribed by a doctor?

Continued

List any / all social media accounts and user names:

Social Media Account	User Name

Section VIII—General Information Inquiry (Continued)

Applicant's Signature

I certify that the statements contained in this questionnaire are true and accurate to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my appointment, or for discharge after an appointment. I realize that any false statements may subject me to criminal prosecution under section 2921.13 of the Ohio Revised Code (Falsification).

Signature of Applicant

Date

Continuation Sheet

Use this section to explain or furnish additional information to answers you have given. Precede your information by referencing to the respective section number, page number, and topic question. Your answers must be clear and legible and you must thoroughly explain the circumstances. If you need additional copies of the continuation sheet, them may be reproduced.

[illegible]

Applicant's Signature—Sign each continuation sheet

I certify that the information contained on this continuation sheet is true to the best of my knowledge. I understand that any false statements made on this continuation sheet may be cause for disapproval of my appointment, or discharge after an appointment. I realize that any false statement(s) may subject me to criminal prosecution under section 2921.13 of the Ohio Revised Code (Falsification).

Signature of Applicant

Date _____

Continuation Sheet

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[illegible]

Applicant's Signature—Sign each continuation sheet

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Signature of Applicant

Date _____