

# 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.*

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*Signature*

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*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.

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Applicant's Signature

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Date

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Interviewer's Signature

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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
Notary Public's Information	
Sworn to before me this _____ day of _____, 20_____.	
My Commission Expires _____.	
Notary Public's Signature	

**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

# 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.

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Applicant Signature

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Date

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Witness Signature

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Date

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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? <u>Yes</u> <u>No</u>	If yes, are you: <u>Native Borne</u> <u>Naturalized</u>				
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?

Yes \_\_\_\_\_ No, If no, specify reason:

Have you ever been sued for alimony payments, child support, nonpayment of debts, or fraud?

Yes \_\_\_\_\_ 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)**

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

## 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.

### 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:

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**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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Financial Institution	Address (City, State)	Account Number
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> 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

Yes  No Have you ever applied for a position with any other criminal justice agency or any other government agency? If yes, list below.

**List other applications you have on file with a company or organization, other than a criminal justice or government agency.**

**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 Supervisor	Name of Co-worker	

### 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	

## 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 of 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.

**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).

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**Signature of Applicant**

Date

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**Signature of Applicant**

Date