

**PUBLIC NOTICE OF CIVIL SERVICE EXAMINATION
PATROLMAN 3rd GRADE
CITY OF UNIVERSITY HEIGHTS, OHIO**

The City of University Heights Civil Service Commission announces an open competitive Entrance Examination for the position of **PATROLMAN 3rd GRADE**. The basic requirements for applicants to take the exam are as follow: must be U.S. citizen, a high school graduate (or GED), shall be 21 years of age, but not over the age of 35, as of the date on which he/she may be appointed and proof of passage of the Police Officer Physical Agility Test from Cuyahoga Community College (TriC) or equivalent. **Starting Patrolman 3rd Grade Annual base pay \$76,420.91** plus \$1,800 annual uniform allowance. Other possible compensation incentives include: education, fitness, special assignment, etc. Patrolman 1st grade annual base pay (after two years of service) is \$87,568.34. Please refer to City's website universityheights.com for further information relating to the applicable collective bargaining agreement. University Heights City employees have top-quality health care packages with generous annual sick, personal and holiday days.

The written examination will be administered on **Sunday, February 27, 2022 at 10:00 a.m.**

Location: John Carroll University ~ Dolan Science Center ~ 1 John Carroll Way, University Heights 44118

Applications will be available 24/7 online at universityheights.com and in the University Heights Police Department Lobby at 2304 Warrensville Center Road and also at University Heights City Hall, 2300 Warrensville Center Road, daily beginning Monday, January 24, 2022 from 9:00 a.m. until 4:00 p.m. Applications will be accepted from the first 100 via email to kthomas@universityheights.com and must be returned by 4:00 pm on Friday, February 18, 2022. An application fee of \$20 must be paid at time of online application submittal.

The City of University Heights requires each applicant to submit a current certificate of passage of the patrol officer agility test administered by Cuyahoga Community College (Tri-C) or an equivalent valid certificate of passage from a similar issuing body that demonstrates a candidate achieving the Cooper Standards at a 30th percentile level. The certificate of passage must be issued to the candidate within one year prior to the entrance test date. Refer to Tri-C website tri-c.edu for additional information on Tri-C Agility Testing. The next Tri-C Police Officer Physical Agility Exam dates are January 23, 2022 and February 13, 2022. **No applicant will be permitted to sit for the written examination unless an unexpired patrol officer agility test certificate of passage is presented prior to the start of the test.**

Upon receiving a job offer, the applicant must possess a valid Ohio driver's license, will be subject to a medical exam, drug testing, polygraph examination/CVSA, psychological evaluation, and background investigation. The applicant must be capable of performing the essential job functions required of a Patrolman.

Extra credit is given upon obtaining a passing score of 70% on the written examination as follows: for one year or more of military service with honorable discharge (10%) or current certificate from the Ohio Peace Officer Training Council showing completion of the Ohio Peace Officer Basic Training Program (10%). Such proof must be provided at the time of filing of the application. **Applicants may receive either military credit or the Ohio Peace Officer Training Program credit, not both.**

The City of University Heights is an equal opportunity employer, and all persons otherwise qualified who have not attained the age of thirty-six shall be eligible for original appointment. The City of University Heights is an equal opportunity employer and encourages women and minority applicants to apply.

For further qualification and more detailed information, please obtain application packet or contact the Civil Service Commission Secretary Kelly Thomas at kthomas@universityheights.com or (216) 932-7800, extension 223.

Kelly Thomas, MMC
Clerk of Council / Secretary
Civil Service Commission
City of University Heights, Ohio

PERSONAL & MARITAL RECORD – SECTION I

Legal Name Last		First		Full Middle Name	
By What Other Names Have You Been Known? (Maiden Name, Former Married Names, Aliases, Nicknames, Etc.)					Social Security Number
Residence Address (Number, Street, Apt., City, County, State and Zip Code)				Area Code / Contact Phone #	
Height	Weight	Color Hair		Color Eyes	
Ohio Drivers Lic. No.	Type	Expiration Date	Out-of-state Operators Lic. No.	Type State or Terr.	Expiration Date
Present Marital Status	City, County, State - Present Marriage Performed		Date Present Marriage Performed		
Name of Present Spouse (First-middle)		Maiden Name (If Applicable)		Spouse's Social Security Number	
Name and Address of Spouse's Employer				Phone #	
Father (Legal)	(Last, First, Middle)		Address (Number, Street, City, Zip-code, State)		
Mother (Legal)	(Last, First, middle)		Address (Number, Street, City, Zip-code, State)		
(Former Married Names)					
List Your Children:					
<input type="checkbox"/> Son	Name (Last, First, Middle)				
<input type="checkbox"/> Daughter					
Address (If Different from Yours)	Relationship to You	Relationship to Your Spouse			
	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	
<input type="checkbox"/> Son	Name (Last, First, Middle)				
<input type="checkbox"/> Daughter					
Address (If Different from Yours)	Relationship to You	Relationship to Your Spouse			
	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	
<input type="checkbox"/> Son	Name (Last, First, Middle)				
<input type="checkbox"/> Daughter					
Address (If Different from Yours)	Relationship to You	Relationship to Your Spouse			
	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	
<input type="checkbox"/> Son	Name (Last, First, Middle)				
<input type="checkbox"/> Daughter					
Address (If Different from Yours)	Relationship to You	Relationship to Your Spouse			
	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	<input type="checkbox"/> Legal <input type="checkbox"/> Foster	<input type="checkbox"/> Step	
List Your Relatives in the Following Order: 1. Brothers 2. Sisters 3. Step-Mother 4. Step-Father 5. Step-Brothers 6. Step-sisters 7. Father-in-Law 8. Mother-in-Law 9. Sisters-in-Law 10. Brothers-in-Law					
Relationship	Name (Last, First, Middle)		Address (Number, Street, City, Zip Code, State)		Area Code/Phone #

PERSONAL & MARITAL RECORD (continued)

Are You Now Supporting All Dependents That You Are Required to Support? YES NO

Are You Paying Alimony YES NO

Amount per Month \$

Have You Ever Been Sued for Alimony Payments, Child Support Non-payments of Debts or Fraud? If Yes, Give the Name of the Court in Which You Were Sued and the Court Number of the Lawsuit. YES NO

Court Name: _____ Case Number: _____

PREVIOUS MARRIAGES: If previously married, provide the following.

Date Married	Where (City, County, State)	Name of Ex-spouse (Maiden Name)	Dissolved or Divorced	Date Finalized

Are You a U.S. Citizen? YES NO

Are You Lawfully Eligible to Work in U.S.? YES NO Proof Will Be Required upon Hiring

Are You a Permanent Resident Alien? If Yes Give Port of Entry to U.S.A. & Date YES NO

If a Naturalized Citizen, List City and State Where Naturalized. _____ Date Naturalized _____ Certificate # _____

PREVIOUS RESIDENCES RECORD – SECTION II

Addresses, since Age 15, Account for All Time Spans with the Most Recent Address First and Descending in Order Therefrom. Include All Military Addresses, Listing the Nearest City in Proximity to the Base If You Resided on Base. If Renting or Leasing Include the Agent or Management Company to Whom You Pay Rent To.

From (Month•Year) to (Month•Year)	Address (City, Zip Code & State)	With Whom Did You Live?	Relationship

REFERENCES:

FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS.

1. Name _____ Home Address (City, State, Zip-Code) _____ Home Phone (Area Code/Number) _____

Years Known _____ Business, Occupation or Profession _____ Business Address (City, State, Zip Code) _____ Business Phone (Area Code/number) _____

2. Name _____ Home Address (City, State, Zip Code) _____ Home Phone (Area/number) _____

Years Known _____ Business, Occupation or Profession _____ Business Address (City, State, Zip Code) _____ Business Phone (Area Code/number) _____

3. Name _____ Home Address (City, State, Zip Code) _____ Home Phone (Area Code/number) _____

Years Known _____ Business, Occupation or Profession _____ Business Address (City, State, Zip Code) _____ Business Phone (Area Code/number) _____

WORK HISTORY – SECTION II

Have You Ever Applied for a Position with Any Law Enforcement or Other Government Agency? Yes No

Name of Department or Agency	Date Applied	Accepted	If No Give Reason for Rejection or Declining of Appt.
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT – SECTION III

Begin with your most recent job and list your complete work history in chronological order, include in sequence all part-time jobs, periods of unemployment and military service. When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior. Substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In that block designated “name of employer” write-in unemployed. Address information must be complete - street, apt. or suite, city, state and zip-code.

May we contact your present employer? Yes No If no, explain on the last page

If presently unemployed, indicate so in first block.

PLEASE EXPLAIN FULLY THE ANSWERS TO THESE QUESTIONS ON LAST PAGE

From Date	Name of Employer	Job Title	List Hours Worked And Days Off On
To Date	Address of Employer	Description of Duties	Salary
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Business Telephone Number

From Date	Name of Employer	Job Title	List Hours Worked And Days Off On
To Date	Address of Employer	Description of Duties	Salary
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Business Telephone Number

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To Date	Address of Employer	Description of Duties	Salary
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Business Telephone Number

GENERAL INFORMATION INQUIRY – SECTION V

NOTICE:

WHEN ANSWERING THE QUESTIONS BELOW: IF THERE ARE ANY “YES” BLOCKS CHECKED, EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS, BE COMPLETE ON ALL EXPLANATIONS REQUESTED. THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLYGRAPH (LIE DETECTOR TEST).

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES – IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

THE APPLICANT IS HEREBY ASSURED THAT IN ANSWERING THESE QUESTIONS, HE/SHE IS NOT WAIVING HIS/HER CONSTITUTIONAL RIGHT AGAINST SELF-INCRIMINATION. INFORMATION OBTAINED FROM THESE INQUIRIES WILL NOT BE USED AGAINST THE APPLICANT IN THE EVENT OF SUBSEQUENT CRIMINAL PROCEEDINGS.

YEAR MAKE, BODY TYPE & LICENSE NO. OF YOUR PRESENT VEHICLES	DATE PURCHASED
1.	
2.	
3.	

1.	If it Became Necessary in the Course of Your Police Duties to Take a Human Life, Would You Have Any Reluctance to Do So Because of Religious or Other Belief?	YES	NO
2.	Have You Ever Been Placed on or Served in a Criminal Diversion Type Program That Led to the Eventual Dismissal of Any Criminal Charges	YES	NO
3.	Have You Ever Been Convicted of a Felony?	YES	NO
4.	Have You Ever Been Convicted of a Misdemeanor That Has Been Reduced from Original Felony Charges?	YES	NO
5.	Have You Ever Been Convicted of Any Criminal Offense? i.e. Theft Offenses, Assault and Battery, Wrongful Influence of a Minor, Disorderly Conduct, Gambling, Drug Offense, Sex Offenses, Offenses Involving Immoral or Indecent Conduct, Fraud, Trespassing, Conversion of Trust, Offense	YES	NO
6.	Have You Ever Been Convicted of Any Traffic Offense? i.e. Operating a Motor Vehicle While under the Influence of Alcohol or Drugs, Reckless Operation, Hit Skip, Vehicular Homicide, Speeding, Drag Racing, Willfully Fleeing or Eluding Police, Operating an Unsafe Vehicle, Driving Without a License, Passing a School Bus Receiving or Discharging Passengers, or Any Other Traffic Offense, Excluding Parking and Equipment Violations?	YES	NO
7.	Have You Ever Bought or Sold Any Property That You Knew Was Stolen?	YES	NO
8.	Has Your Driver's License Ever Been Suspended or Revoked?	YES	NO
9.	Have You Ever Been Committed to Any Penal Institution as a Result of Either a Felony or Misdemeanor Conviction?	YES	NO
10.	Are You Presently under Indictment or a Defendant in Any Pending Criminal or Traffic Actions?	YES	NO
11.	Are You Currently Using Any Illegal Substances?	YES	NO
12.	Are You Currently Using Any Prescription Drugs Without the Benefit of a Prescription? (If Yes, Age of First Usage, Total Number of Usages and Type)?	YES	NO
13.	Are You Currently Using Any Prescribed Medications for Purposes Other than That for Which They Were Originally Prescribed or Intended? (If Yes, Type and Use)?	YES	NO
14.	Have You Ever Sold, Been Party to the Sale, or in Any Other Way Been Financially Paid Due to the Sale of Any Controlled Substances or Prescription Drugs, Without a Lawful Prescription?	YES	NO
15.	Are You Currently Involved in Glue Sniffing or Using Any Other Such Chemical Agents for the Purpose of Obtaining a State of Intoxication?	YES	NO
16.	Do You Currently Use Alcohol? If So, to What Extent?	YES	NO
17.	Have You Ever Received Any Form of Governmental Payment in a Fraudulent Manner or Continued to Receive after No Longer Being Eligible?	YES	NO
18.	Do You Have Any Hatreds or Prejudices Toward Others Because of their Race, Sex, National Origin, Religion or Color, that would be Detrimental to Your Functioning as a Patrolman?	YES	NO
19.	Do You Have Any Problems Because of Gambling?	YES	NO
20.	Do You Have Any Problem Controlling Your Temper?	YES	NO
21.	Are You Sexually Attracted to Children or Have You Ever Been Diagnosed or Treated for Pedophilia?	YES	NO
22.	Do You, Your Spouse or Ex-spouses Have Any Immediate Civil Action Pending Against You?	YES	NO
23.	If Employed by the Police Department, Do You Anticipate Any Other Additional Employment?	YES	NO

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I Certify That the Statements Contained in this Questionnaire Are True 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 Appointment. I Further Realize That Any Falsehoods May Subject Me to Prosecution under Ohio Revised Code Section 2921.13. I Authorize the Investigation of All Statements Contained in this Application for Employment as May Be Necessary in Arriving at a Decision for Employment.

SIGNATURE OF APPLICANT: _____
(Full Legal Signature)

DATE: _____

NOTICE:

IF I AM A SUCCESSFUL CANDIDATE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAINTAIN THE CURRENCY OF MY CERTIFICATE FOR OHIO PEACE OFFICER BASIC TRAINING PROGRAM THROUGH MY DATE OF HIRE, AND I ACKNOWLEDGE SUCH RESPONSIBILITY BY PLACING MY INITIALS HERE: _____

City of University Heights Police Department

ASSUMPTION OF RISK AND RELEASE OF LIABILITY RELATING TO CORONAVIRUS

Coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization. Coronavirus is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend physical distancing and have, in many places, prohibited the assembly of large groups (usually of 10 or more).

You acknowledge that the UNIVERSITY HEIGHTS POLICE DEPARTMENT has put in place certain “coronavirus rules,” and taken certain preventative measures, to reduce the spread of coronavirus within the facility; however, the UNIVERSITY HEIGHTS POLICE DEPARTMENT cannot guarantee that you will not be exposed to or become infected with coronavirus. You understand that by accessing the UNIVERSITY HEIGHTS POLICE DEPARTMENT and all its facilities, before, during and after taking the entrance exam, you may be putting yourself at increased risk for contracting coronavirus. You further acknowledge that individuals with health conditions such as heart disease, cancer or diabetes may be more likely to suffer more severe symptoms as a result of contracting the coronavirus.

By signing below, you (referred to below as a “I”) understand, acknowledge and agree to the following statements:

- I assume the risk that I, and/or my spouse or child(ren) and/or guests may be exposed to or become infected with coronavirus and the such exposure and/or infection may result in personal injury; illness, causing mild symptoms such as, fever or body aches, or more sever complications, such as pneumonia or organ failure; permanent disability or death; and
- I understand that the risk of exposure to or infection with coronavirus may result from the acts, omissions, or negligence of myself or others, including but limited to, the employees of the UNIVERSITY HEIGHTS POLICE DEPARTMENT; and
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself, my guests or my family (including, but not limited to, personal injury, disability, or death), illness, damage, loss, claim, liability or expense (including medical bills, attorneys’ fees and court costs), or any kind, that I, my guests or my family may experience or incur in connection with my access to the UNIVERSITY HEIGHTS POLICE DEPARTMENT or participation in the services provided by the UNIVERSITY HEIGHTS POLICE DEPARTMENT (collectively, “Claims”); and
- I hereby release, covenant not to sue, discharge and hold harmless the UNIVERSITY HEIGHTS POLICE DEPARTMENT, its employees, agents, representatives, and affiliates (collectively “Releasees”), of and from all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or related to my access to the UNIVERSITY HEIGHTS POLICE DEPARTMENT and its facilities or participation in the services provided by the UNIVERSITY HEIGHTS POLICE DEPARTMENT, whether arising

of the negligent or grossly negligent acts or omissions of any Releasee or otherwise, and whether any coronavirus infection or exposure before, during or after access to the UNIVERSITY HEIGHTS POLICE DEPARTMENT or participation in any of the services provided by the UNIVERSITY HEIGHTS POLICE DEPARTMENT; and

- I understand that by signing this release, I am waiving any and all Claims, including those Claims that may be unknown to me, or which I do not suspect to exist at this time.
- If any provision of this Agreement is held to be unenforceable, then this Agreement will be deemed amended to the extent necessary to render the otherwise unenforceable provision, and the rest of the Agreement, valid and enforceable. If a court or arbiter declines to amend this Agreement as provided herein, the invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of the remaining provisions, which shall be enforced as if the offending provision had not been included in this Agreement. Releasees are third-party beneficiaries to this Agreement and shall have the right to enforce this Agreement as if Releasees were a party hereto.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT, HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW ITS TERMS, AND AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY FOR CLAIMS, WHETHER KNOWN OR UNKNOWN, ARISING OUT OF THE ACTIVITIES.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____