

## CIVIL SERVICE COMMISSION

### Meeting Minutes of October 11, 2016

Meeting called to order at 3:00 pm.

Present: Thomas Majeski, Chairman Thomas Kicher, Vice Chairman Carolyn Patton, Secretary Janet Majka, Council Member Cheryl Ota and Linda Fulton, City Residents

**OLD BUSINESS** Thomas Kicher questioned the appropriate place for application and credential drop-off. It was determined that these papers be given to Human Resources, photocopied from originals, stamped to verify originality then disseminated to Dept. heads. This also applies to any upgrade in certification given.

Janet Majka asked that the City Council be informed as to the stage of vetting for the candidate.

**NEW BUSINESS** Presentation from Thomas Kicher

Mr. Kicher presented the Preamble to the Vetting Procedure (see attachment). Much of the report was based upon information provided by Psychologist, Dr. Thurston Cosner. Mr. Kicher explained that some of the screening procedures and questions would differ between the Police and Fire Dept. because of varied situations present in the occupations.

Mr. Kicher continued to explain how the CSC gets its guidelines and the ground rules for CSC authority and responsibilities in this regard. These are generated through the Ohio State Board of Review and the Ohio Civil Service Mandates.

On page 2 of his report, the steps to follow to prepare this classification plan are listed.

RE: Updating job descriptions....these job descriptions need to be updated yearly, in late January.

Mr. Kicher will continue working with the interim Fire Chief to establish an appropriate procedure for vetting Fire Fighter candidates and it will be the same for both full-time and part-time positions.

Cheryl Ota questioned if the interim Fire Chief has been vetted and if the previous Fire Chief had managerial qualifications. Tom Majeski replied that the interim Fire Chief had been vetted as a Lieutenant and that the previous Fire Chief had been in the process of turning in his credentials for vetting. His termination stopped the process. Discussion followed as to the various levels of education classes (levels 300 and 400).



CLASSIFICATION REPORT  
WILLOUGHBY HILLS CIVIL SERVICE COMMISSION

*Insert in Minutes  
of 10-11-14*

PREAMBLE

In Ohio, the Civil Service Commissions of municipalities and townships must follow Section 124.40 of the Ohio Revised Code, which states that “the municipal civil service commission shall prescribe, amend, and enforce rules not inconsistent with this chapter (of the ORC:124.40) for the classification of positions in the civil service of the city, ... for examinations for and resignations from those positions; for appointments, promotions, removals, transfers, layoffs, suspensions, reductions, and reinstatements with respect to those positions; and for standardizing those positions and maintaining efficiency in them. The commission’s rule shall authorize each appointing authority of a city, ... to develop and administer in a manner it devises an evaluation system for employees it appoints.” Furthermore, the City of Willoughby Hills Charter, Section 5.5 Duties and Responsibilities, mandates that the Civil Service Commission shall make rules for the appointment, promotion, certification of names of applicants from eligibility lists for the original appointment, and promotion, transfer, lay-off, reinstatement, suspension and removal of persons in the classified service and for appeals from the actions of the appointing authority.”

Recently, the City of Willoughby Hills amended the “Duties and Responsibilities” of the Civil Service Commission as follows: “...the Commission shall, prior to an employment offer by the appointing authority, review and confirm all credentials stated in the application provided by the candidate for employment by the Municipality...”

Following the directives of the Ohio Revised Code and the newly revised Charter of the City of Willoughby Hills, the Civil Service Commission has prepared this Classification Plan. The plan will be reviewed by the Mayor and the City Council and submitted to the State Board of Personnel Review in accordance with the ORC instructions.

*Attach to  
10-11-14  
minutes*

## Action items for the preparation of the Classification Plan

1. Collect copies of the most recent job description for all positions, filled and vacant, authorized by the City Council.
2. Edit all authorized job descriptions to a uniform format that includes:
  - a. Job Title
  - b. Reporting Structure
  - c. Job Purpose
  - d. Minimum Qualifications
  - e. Duties and Responsibilities
  - f. Preferred Experience
  - g. Physical Requirements
  - h. Supervisory Responsibilities
3. Review the qualifications for each position and identify the minimum educational, certification and licensing requirements.
4. Determine the appropriate testing procedures and qualification metrics for evaluating the prospective candidates.
5. Recommend to the Mayor and the City Council, which positions should be identified as "classified" and "unclassified", in accordance with the provisions of the City Charter.

*Ex: Dispatchers  
Machine operators*



City of Willoughby Hills  
35405 Chardon Road  
Willoughby Hills, OH 44094

*Attach to  
10.11.16  
minutes*

APPLICATION FOR EMPLOYMENT

*on TOP  
Job offer  
Extrinsically check-  
list*

The City of Willoughby Hills considers applicants for all positions without regard to race, color, religion, creed, sex, gender, national origin, age, ancestry, disability and/or handicap, marital or veteran status, sexual orientation or any other legally-protected status.

Applicants may request any necessary accommodations to enable them to participate in the application process.

PLEASE PRINT OR TYPE

PERSONAL INFORMATION:

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell phone/Mobile: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years or older?  Yes  No For Police & Fire Applicants only: delete this!  
(There are age requirements for Police & Fire applicants) Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Position Applying For: \_\_\_\_\_

Have you ever previously filed an employment application with the City?  Yes  No  
If yes, provide date(s) and position(s) applied for: \_\_\_\_\_

Have you ever previously been employed by the City?  Yes  No  
If yes, provide dates of employment and position(s) held: \_\_\_\_\_

Do you have any relative(s) employed by the City?  Yes  No  
If yes, list name(s), relationship(s), and position(s) within the City: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No (delete - duplicate)

Do you have a valid State of Ohio driver's license?  Yes  No  
If yes, License Number \_\_\_\_\_ State of Issue \_\_\_\_\_  
Class \_\_\_\_\_ Endorsements \_\_\_\_\_

PERSONAL INFORMATION (CONTINUED):

List all addresses (delete "states, replace with "addresses") in which you have lived or resided for the last 10 years, including dates of residence:

Address (delete "states", replace with "address")	Dates of Residence
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic offense? (A conviction will not necessarily be a bar to employment. This information will be used only for job-related purposes to the extent permitted by law. *Be candid.* Your response is *subject to verification through a criminal history investigation.* Do not include convictions that have been legally expunged)

\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, for each conviction, list the specific title of the offense, the date of conviction, the jurisdiction and the disposition. If necessary, please attach an additional sheet.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you lawfully entitled to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(The Immigration Reform and Control Act of 1986 requires that employers only hire individuals who are lawfully entitled to work in the United States by virtue of being a citizen or authorized alien.) Proof of citizenship or immigration status will be required upon employment.

WORK INFORMATION:

Position you are applying for: \_\_\_\_\_

Date you can start: \_\_\_\_\_

How did you learn about the position? Delete check boxes, replace with one line only

\_\_\_\_\_

(Please check box below)

- |  |                                    |
|--|------------------------------------|
| _____ Advertisement                                    | _____ Private Employment Agency    |
| _____ Relative   | _____ Government Employment Agency |
| _____ School   | _____ Walk-in                      |
| _____ Employee (If so, please specify employee: _____) |                                    |
| _____ Other, please specify: _____                     |                                    |

Availability (replace "check" with "circle" all that apply): Full-Time    Part-Time    Shift  
Work Temporary

If part time, specify days and hours: \_\_\_\_\_

If temporary, specify length of employment desired: \_\_\_\_\_

List any other specific days and times when you are unavailable \_\_\_\_\_

Are you willing to work overtime as necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, please list specific days and times when you are unavailable \_\_\_\_\_

\_\_\_\_\_

WORK INFORMATION (CONTINUED):

Can you travel, if required by this job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on lay-off status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you been provided an opportunity to review the job description for the position you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodations for the job description? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain/list reasonable accommodations you are requiring:  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY:

Instructions: Beginning with your present or most recent employer, list all employers whom you have worked for during the past 10 years. Include any job-related military service assignments, but do not include type of discharge., type of discharge or current military status. Please enter all information, even when submitting a resume.

1) Name and Address of Employer	Supervisor's Name <u>And Title</u>	Employment <u>Dates</u> From: Mo./Yr.	Pay <u>History</u> \$ _____ per _____
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\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

2) Name and Address of Employer	Supervisor's Name <u>And Title</u>	Employment <u>Dates</u> From: Mo./Yr.	Pay <u>History</u> \$ _____ per _____
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\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Job Title \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No



MILITARY SERVICE RECORD: MOVED FROM LATER SECTION!

Have you ever been in the U.S. Armed Forces or Reserves?  Yes  No  
 Are you presently in the Active Reserves?  Yes  No

If yes to one or both of the above questions, please complete the following:

Number of years on duty: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Discharge Type: \_\_\_\_\_

Duties: \_\_\_\_\_

Training received that may be relevant to the position you are applying for: \_\_\_\_\_

EDUCATION:

Name of School And Location	# of Years Attended	Did you Graduate?	Degree, Major/Minor Of Course of Study
High School _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Undergraduate College/University _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Graduate College/University _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Professional School _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Trade/Business School _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Correspondence School _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

High School Attended or GED \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ Diploma Received?  Yes  No

College Attended \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ Degree Received \_\_\_\_\_  
 Course of Study \_\_\_\_\_

College Attended \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ Degree Received \_\_\_\_\_  
 Course of Study \_\_\_\_\_

Trade School Attended \_\_\_\_\_  
 Dates Attended \_\_\_\_\_ Degree Received \_\_\_\_\_  
 Course of Study \_\_\_\_\_

Please list any scholastic honors, awards, subjects of special study, research, publications, and/or thesis:

ADDITIONAL SKILLS:

Do you have any personal computer skills?  Yes  No

If yes, please describe the type of hardware and software that you are proficient in:

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Personal Computer Skills:

Please list all software applications you are proficient in:

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Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak	<hr/>	<hr/>	<hr/>
Read	<hr/>	<hr/>	<hr/>
Write	<hr/>	<hr/>	<hr/>

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Please describe any specialized training, apprenticeships, and/or skills that you possess that you believe are relevant to the position you are applying for:

Do you have any other experiences, skills or training that you feel specifically qualify you for work with the City?

CERTIFICATIONS OR LICENSES:

Please list any certifications or State of Ohio licenses that you possess, including the state(s) in which they are valid: You will be required to provide original certificates and licenses for verification prior to an employment offer being made.

PROFESSIONAL ASSOCIATIONS:

Please list any professional trade business or civic activities and offices held. You may exclude membership or activities which would reveal race, color, religion, creed, sex, gender, national origin, age, ancestry, disability and/or handicap, or any other legally protected status:

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MILITARY SERVICE RECORD: DELETE HERE – MOVED TO EARLIER IN DOCUMENT

Have you ever been in the U.S. Armed Forces or Reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you presently in the Active Reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to one or both of the above questions, please complete the following:

Number of years on duty: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Discharge Type: \_\_\_\_\_

Duties: \_\_\_\_\_

Training received that may be relevant to the position you are applying for: \_\_\_\_\_

ADDITIONAL INFORMATION: DELETE HERE - DUPLICATE

Please provide any additional information you feel may be helpful to the City in considering your application: \_\_\_\_\_

REFERENCES:

Please provide three references (excluding relatives):

	Name and Address	How they know you
1.	_____	_____
	_____	Phone: _____
2.	_____	_____
	_____	Phone: _____
3.	_____	_____
	_____	Phone: _____

## APPLICANT'S PRE-EMPLOYMENT STATEMENT, AUTHORIZATION, AND RELEASE

Please read the following statements carefully and sign below:

In consideration of the acceptance of my application for employment by the City of Willoughby Hills (hereinafter referred to as "City,"), I understand, agree, and/or certify to the following:

1. I certify that all information I have provided on this application is true, accurate, and complete to the best of my knowledge and belief. I understand that falsification, misrepresentation or omission of any information on my application (including any supplemental questionnaire), resume, or any other materials, or during any interviews, will be justification for withdrawing any offer of employment or, if employed, termination from employment, regardless when the falsification, misrepresentation or omission is discovered by the City.
2. Any offer of employment I may receive from the City is contingent upon satisfactory results from the City's total pre-employment screening process. These results may include, but not be limited to the following:
  - a. Receipt by the City of references that is considers satisfactory;
  - b. Satisfactory completion of a post-offer, pre-employment medical examination that is job related and consistent with business necessity;
  - c. Passing a screening for alcohol and/or drugs;
  - d. Satisfactory completion of any pre-employment psychological examination/screening that the City may require that is job related and consistent with business necessity;
  - e. Satisfactory completion of any physical/mental skills testing or evaluation that the City may require that is job related and consistent with business necessity; and
  - f. Satisfactory completion of criminal history and background investigations.
3. I authorize the City and its agents to conduct a criminal history investigation with any or all federal, state, and local jurisdictions. This investigation may seek information on any felony and misdemeanor convictions I may have and my driving record.
4. I understand and agree that applicants for positions in the Division of Police and Division of Fire, and at the City's discretion, applicants for any other position in the City, will be subject to a more extensive background investigation. This investigation may include, but not be limited to, information as to my moral character and habits, general reputation, personal characteristics, and mode of living. This investigation may be conducted by the City's Division of Police or other agents of the City and may include interviews with my friends, neighbors, and associates. I hereby release the City and its agents, including employees of the Division of Police, my friends, neighbors, and associates, and all other parties from any and all liability for damages arising from the conduct of this investigation, and the release of information as a result thereof.
5. I hereby grant the City and its agents, permission to contact all of my present and former employers, and those individuals I have provided as personal references (unless otherwise specified on this application). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications of reemployment. Further, I authorize the City and its agents to obtain transcripts from all educational institutions I have attended. I also grant the City and its agents, permission to conduct whatever investigation which may be needed to obtain or verify information regarding statements contained in my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release the City and its agents, my present and former employers, my personal references, and all other parties from any and all liability for damages arising from furnishing the requested information.

PRE-EMPLOYMENT STATEMENT, AUTHORIZATION, AND RELEASE (CONTINUED):

6. This application is subject to the Civil Service Rules of the City Charter, as applicable. **Job classifications in the City do not necessarily reflect State of Ohio guidelines for classified service and may, by City Charter, be included as an unclassified position.**
  
7. This application shall be maintained on file for a period of at least one year.

\_\_\_\_\_  
Applicant's Notarized Signature

\_\_\_\_\_  
Date

State of Ohio  
County of Lake

I hereby acknowledge and certify that \_\_\_\_\_ appeared before me, a  
Notary Public, on \_\_\_\_\_ in \_\_\_\_\_, Ohio.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration Date

*Thank you for your interest in the City of Willoughby Hills*

*Make note that notarization available at  
WH City Hall.*

*First draft of job offer.*

Do Not Write Below This Line

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Position Interviewed For: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hired: \_\_\_\_ Yes \_\_\_\_ No Reporting Date: \_\_\_\_\_

Vetting Complete – Referred to Civil Service Commission: \_\_\_\_ Yes \_\_\_\_ No

Indicate Date Completed: \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Position Title: \_\_\_\_\_

Reports To: \_\_\_\_\_

Position Grade: \_\_\_\_\_ Classified/Unclassified: \_\_\_\_\_

Exempt/Non Exempt: \_\_\_\_\_

Salaried/Hourly: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Job Offer: **CHECK WITH DEBBIE DOLES TO SEE WHAT TO INCLUDE HERE!**

Rate of Pay \_\_\_\_\_

Vacation \_\_\_\_\_

Sick Time \_\_\_\_\_

Personal Days \_\_\_\_\_

Holidays \_\_\_\_\_

Uniform Allowance \_\_\_\_\_

## APPENDIX 2

### PROCEDURE FOR REVIEW AND CONFIRMATION OF CREDENTIALS FOR EMPLOYMENT

The following are the procedures for review and confirmation of credentials for employment:

- All employees must have BCI and Background check. Exempt employees are those seasonal, or part-time employees under the age of nineteen (19).
- All hiring is to be done per written procedures (by department) on file with WH Civil Service Commission with approved City Application, Checklist, and Job Offer utilized.
- All City employees who carry or use firearms in performance of duty must pass psychological exam, as approved by Willoughby Hills Civil Service Commission.
- All Unclassified positions: Employment conditions of Unclassified Service are documented in writing (statement in application and job offer) as per State of Ohio regulations.
- WH Civil Service Commission reserves the right to update procedures (usually at request of department head) and conduct quality control verification, with any and all aspects covered by written policies.
- Any inconsistencies discovered by the WH Civil Service Commission during the vetting procedure shall be reported to the Department Director and Appointing Authority. Recommendations may be made by WH Civil Service Commission as to employability of the candidate based on the findings of the applicant's inconsistencies.

The following pertains to the Police Department:

- *Full-time personnel:* As per Classified testing and review procedures as established by Willoughby Hills Civil Service Commission
- *Part-time personnel:* As per established written procedure on file with WH Civil Service Commission, oral interview with Board consisting of Department Head and staff member(s) or a member of Willoughby Hills Civil Service Commission.  
(if requested by Appointing Authority). An approved agility test (within last three years)  
or
- Active commissioned service, as approved by WH Civil Service Commission, physical examination and psychological examination.

*Auxiliary Police Officers:* All; except oral interview board, agility test, and physical examination may be waived if still active commissioned; other test/reviews, as determined by WH Civil Service Commission and Appointing Authority.

The following pertains to the Fire Department:

*Full-time Personnel:* As per Classified testing and review procedures as established by Willoughby Hills Civil Service Commission.

*Part-time Personnel:* As per written procedure on file with the WHCC.

Firefighter Certification NFPA 1(for Volunteer/Cadet) and NFPAII for part-time (State of Ohio); Emergency Medical Technician or Paramedic Certification, as per job classification (State of Ohio); oral interview board consisting of Department Head, and

staff designate(s) or member of Willoughby Hills Civil Service Commission; approved agility test (within last 3 years) or active service as approved by Willoughby Hills Civil Service Commission; physical exam, other tests/reviews as determined by the Willoughby Hills Civil Service Commission and Appointing Authority.

The following pertains to the Service Department:

*Full-time personnel and part-time personnel:* Review of BCI and WHPD (Detective) background checks and truth verification; employment history verification; as per written procedure on file with WH Civil Service Commission , interview by Road Superintendent and Appointing Authority, or witnessed by a member of the Willoughby Hills Civil Service Commission. Necessary physical exam, drug testing, CDL license, etc. for stated job description are required.

The following pertains to Administration/Court:

*Full-time Personnel:* BCI and WHPD (Detective) background checks and truth verification; employment history verification; license or certification, etc. necessary for job performance as per job description; oral interview by Appointing Authority or Council (if required) should be documented or otherwise witnessed by Willoughby Hills Civil Service Commission.

*Part-time Personnel:* BCI and WHPD (Detective) background checks and truth verification; interview by Appointing Authority or Department Head, documented or otherwise witnessed by Willoughby Hills Civil Service Commission.



# WILLOUGHBY HILLS POLICE DEPARTMENT

ROBERT M. WEGER  
MAYOR/SAFETY DIRECTOR

CHRISTOPHER J. COLLINS  
CHIEF OF POLICE



35405 CHARDON ROAD ♦ WILLOUGHBY HILLS, OHIO 44094  
(440) 942-9111 ♦ FAX (440) 942-1355

FOR OFFICE USE ONLY

RECEIVED BY \_\_\_\_\_

DATE \_\_\_\_\_

## PERSONAL HISTORY QUESTIONNAIRE

POSITION OF \_\_\_\_\_

PLEASE PRINT

LAST NAME	FIRST	MIDDLE

ALL PERSONAL HISTORY QUESTIONNAIRES BECOME THE PROPERTY OF  
THE WILLOUGHBY HILLS POLICE DEPARTMENT

### WARNING

CANDIDATES are cautioned to answer every question truthfully and without evasion. Both the Ohio Revised Code and the personnel rules and regulations of the Willoughby Hills Police Department provide penalties for making a false statement of material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

*Pride ♦ Courage ♦ Service*

# PERSONAL HISTORY QUESTIONNAIRE

## INSTRUCTIONS

This personal history questionnaire is intended for use of the Willoughby Hills Police Department personnel administrative section. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., source documentation, voice stress analyzer, polygraph, interviews, and other screening procedures. Information contained herein will be considered strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed in your own hand, legibly in black ink only. Each individual question must be answered; there can be no blanks. If a question Does Not Apply to your particular circumstance, insert "DNA" in that blank or area. When answering questions that require dates, insert the full date; partial month-year responses are not acceptable. You must provide complete address information when requested; partial address responses are unacceptable.

## READ THE FOLLOWING CAREFULLY BEFORE SIGNING

It is my understanding the Willoughby Hills Police Department will conduct a thorough investigation of my entire work history and may verify all data provided by me in this questionnaire, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Willoughby Hills Police Department, and I release from liability any person giving or receiving such information. Upon my receiving a conditional offer for employment, I authorize any physician, psychologist, or medical facility to release information that may be necessary to determine my ability to perform the duties and essential functions of the job for which I am being considered. I consent to take a truth verification examination (polygraph or voice stress analyzer), medical, and psychological examination by qualified professionals at the discretion of the Chief of Police. I understand falsification of data so given or other information which is unacceptable to the Willoughby Hills Police Department which is discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. I understand police department needs may at times make the following conditions mandatory: overtime, shift work, work on holidays, a rotating work schedule, or a work schedule other than Monday through Friday, and I accept these as conditions of my continuing employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PERSONAL AND MARITAL RECORD – SECTION I

LEGAL LAST NAME	FIRST NAME	FULL MIDDLE NAME
-----------------	------------	------------------

EMAIL ADDRESS:

RESIDENCE ADDRESS (NUMBER, STREET, APT., CITY, STATE AND ZIP CODE)	SOCIAL SECURITY NUMBER - -
	RESIDENCE PHONE NUMBER ( )

ARE YOU OVER 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
--	--------	--------	------------	-----------

PLACE OF BIRTH: CITY	COUNTY	STATE
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DRIVER LICENSE NO.	STATE	TYPE	EXPIRATION DATE
--------------------	-------	------	-----------------

LIST ANY IDENTIFYING MARKS (BIRTHMARKS, TATTOOS, SCARS, AMPUTATIONS, ETC)

PRESENT MARITAL STATUS	STATE MARRIAGE PERFORMED	DATE MARRIAGE PERFORMED
NAME OF PRESENT SPOUSE (FIRST, MIDDLE)	MAIDEN NAME (IF APPLICABLE)	BIRTHPLACE OF SPOUSE
NAME AND ADDRESS OF SPOUSES EMPLOYER		

FATHER (NATURAL) LAST, FIRST, MIDDLE
ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)
MOTHER (NATURAL) LAST, FIRST, MIDDLE
ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)

**PERSONAL AND MARITAL RECORD - SECTION I (CONTINUED)**

**LIST YOUR CHILDREN**

<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE
<input type="checkbox"/> Daughter		
RELATIONSHIP TO CANDIDATE: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	
<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE
<input type="checkbox"/> Daughter		
RELATIONSHIP TO CANDIDATE: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	
<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE
<input type="checkbox"/> Daughter		
RELATIONSHIP TO CANDIDATE: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	
<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE
<input type="checkbox"/> Daughter		
RELATIONSHIP TO CANDIDATE: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	
<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE
<input type="checkbox"/> Daughter		
RELATIONSHIP TO CANDIDATE: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	
<input type="checkbox"/> Son	NAME (LAST, FIRST, MIDDLE)	BIRTHDATE
<input type="checkbox"/> Daughter		
RELATIONSHIP TO CANDIDATE: <input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Foster	ADDRESS (IF DIFFERENT FROM CANDIDATE)	



**PREVIOUS RESIDENCES RECORD – SECTION II**

Addresses since age 17 - Account for all time spans with the most recent address first and descending in order there from. **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.

From (Month/Year) to (Month/Year)	Address (No., Specify N.S.E.W., St-Pl-Dr-City-State-Zip)	With whom did you live?	Relationship

**FINANCIAL RECORD – SECTION III**

1. Are you now delinquent in any financial obligation?  YES     NO
2. Do your monthly bills exceed your take-home pay?  YES     NO

**3. INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, YOUR EX-SPOUSE FOR WHICH YOU ARE LIABLE.**

TO WHOM OWED	ADDRESS	DATE INCURRED	ORIGINAL AMNT.	AMNT. DUE	MO. PAYMENT

**FINANCIAL RECORD – SECTION III (CONTINUED)**

NAME AND LOCATION OF YOUR BANK(S)	CHECKING	SAVINGS
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

YEAR, MAKE, BODY TYPE OF YOUR PRESENT VEHICLES	DATE PURCHASED	LICENSE NUMBER	NAME OF LEIN HOLDER/OWNER

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS. BE COMPLETE ON ALL EXPLANATIONS REQUESTED.

4. Do you, your spouse, or ex-spouses have any immediate civil action pending against you?     YES     NO
5. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?     YES     NO

**WORK HISTORY – SECTION IV**

Have you ever applied for a position with any Law Enforcement or Government agency?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Department or Agency	Date Applied	Accepted	If no, give reason for rejection or declining of appointment
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	

**WORK HISTORY – SECTION IV (CONTINUED)**

**EMPLOYMENT**

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 and 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 and in the block designated "Name of Employer" write "Unemployed". In the block designated "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete – Street, Apt. or Suite, City, State and Zip Code.

May we contact your present employer? (If NO, explain on last page.)

YES     NO

Have you ever been discharged or asked to resign from a job? (If YES, explain on last page.)

YES     NO

If presently employed, indicate so in first block.

FROM (DATE)	NAME OF EMPLOYER	JOB TITLE
TO (DATE)	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

FROM (DATE)	NAME OF EMPLOYER	JOB TITLE
TO (DATE)	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

FROM (DATE)	NAME OF EMPLOYER	JOB TITLE
TO (DATE)	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

**WORK HISTORY – SECTION IV (CONTINUED)**

FROM (DATE)	NAME OF EMPLOYER	JOB TITLE
TO (DATE)	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

FROM (DATE)	NAME OF EMPLOYER	JOB TITLE
TO (DATE)	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

FROM (DATE)	NAME OF EMPLOYER	JOB TITLE
TO (DATE)	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

FROM (DATE)	NAME OF EMPLOYER	JOB TITLE
TO (DATE)	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
BUSINESS PHONE		
SALARY	FULL NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING

**MILITARY AND EDUCATIONAL RECORD – SECTION V**

**MILITARY**

PRESENT DRAFT BOARD ADDRESS (Street, City, State, Zip Code)		DRAFT BOARD NO.	PRESENT D B CLASS
BRANCH OF SERVICE (Army, Navy, Ect.)	UNIT (Tank Corp, Engineers, Medics, Ect.)		MILITARY SERIAL NO.
MILITARY ACTIVE DUTY DATES (Do not include short reserve tours of 90 days or less)		HIGHEST MILITARY RANK HELD	TYPE OF SEPARATION
FROM:	TO:		
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS	
		<input type="checkbox"/> Ready <input type="checkbox"/> Standby <input type="checkbox"/> None	

1. Have you ever asked for or received deferment from military service?  YES    NO
  2. 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 action while in the armed services?  YES    NO  
If YES, Explain on continuation sheet.
  3. Have you ever received a government disability pension?  YES    NO  
If YES, Explain on continuation sheet.
- Veteran's Claim "C" Number \_\_\_\_\_
4. Have you ever taken a General Education Development (GED) test?  YES    NO

**EDUCATIONAL**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 OTHER						
LIST EACH GRAMMAR, JR. HIGH, HIGH SCHOOL, TRADE, PART TIME, NIGHT SCHOOL, BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.						
NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	ATTENDANCE DATES		GRADUATE		DEGREES OR NUMBER OF UNITS
		FROM:	TO:	YES	NO	

**MILITARY AND EDUCATIONAL RECORD – SECTION V (CONTINUED)**

**MISCELLANEOUS**

LIST ALL ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER. LIST POSITION, EG: MEMBER, ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ECT. CONTINUE ON SHEETS PROVIDED IF NECESSARY.


**REFERENCES – SECTION VI**

Fill in below the names of three adults, not related to you and not former employers, who have known you for a period of preferably more than five years.

NAME		HOME ADDRESS (City, State, Zip)	HOME PHONE (Area code/Number)
YEARS KNOWN	BUSINESS/OCCUPATION	BUSINESS ADDRESS (City, State, Zip)	BUSINESS PHONE (Area Code/Number)

NAME		HOME ADDRESS (City, State, Zip)	HOME PHONE (Area code/Number)
YEARS KNOWN	BUSINESS/OCCUPATION	BUSINESS ADDRESS (City, State, Zip)	BUSINESS PHONE (Area Code/Number)

NAME		HOME ADDRESS (City, State, Zip)	HOME PHONE (Area code/Number)
YEARS KNOWN	BUSINESS/OCCUPATION	BUSINESS ADDRESS (City, State, Zip)	BUSINESS PHONE (Area Code/Number)

## GENERAL INFORMATION INQUIRY - SECTION VII

**NOTICE:** The information requested in this section is necessary because of the position for which you are applying. It is needed for a legally permissible reason, including without limitation, national security requirements, affirmative action, a bona fide occupational qualification or department necessity. Your answers may be verified through the use of a truth verification exam. If your response is "YES" to any of the following questions, you must explain the circumstances in detail on the continuation sheet provided.

		YES	NO
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 beliefs? <b>Police Officer CANDIDATES only need answer this question.</b>		
2.	Have you ever been involved in or committed a serious criminal offense (e.g., possession or sale of illegal drugs, theft, assault, acts of violence, fraud, ect.) for which you were never arrested, charged, or convicted?		
3.	Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges?		
4.	Have you ever been convicted of a felony criminal offense?		
5.	Have you ever been convicted of a misdemeanor offense that was reduced from an original felony charge?		
6.	Have you ever been convicted of any criminal offense (e.g., theft offenses, assault and battery, domestic violence, wrongful influence of a minor, disorderly conduct, gambling, drug offenses, sex offenses, offenses involving immoral or indecent conduct, fraud, trespassing, conversion of trust, offenses involving military justice) or any other criminal offenses?		
7.	Have you ever been convicted of any traffic offense (e.g., 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?		
8.	As an adult have you ever stolen anything?		
9.	Have you bought or sold any property that you knew was stolen?		
10.	Has your driver license ever been suspended or revoked?		
11.	Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction?		
12.	Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions?		
13.	Are you currently using or have you ever used any type of hallucinogenic drugs such as marijuana, LSD, mescaline, peyote, amphetamine variants, PCP, and psilocybin or psilocin mushrooms? If YES, Age first used:                      Age last used:                      Total number of usages:		
14.	Are you currently using or have you ever used any type of illegal drugs such as cocaine, crack cocaine, heroin, barbiturates, amphetamines, hashish, ect. If YES, Age first used:                      Age last used:                      Total number of usages:		
15.	Are you currently using or have you ever used any type of narcotic drugs such as opium, morphine, codeine, methadone, or any of their derivatives such as darvon, percodan, percocet, Tylenol with codeine, demerol, dilaudid, ect.? If YES, Age first used:                      Age last used:                      Total number of usages:		
16.	Are you currently using or have you ever used any prescription drugs such as fiorinal, tuinal, diazepam, llubrium, xanax, valium, quaaludes, Ritalin, illegally or without a prescription from a doctor? If YES, Age first used:                      Age last used:                      Total number of usages:		
17.	Have you ever used any prescribed medications for the purposes other than that for which they were originally prescribed or intended? (If YES, explain type and use on continuation sheet.)		
18.	Are you currently using or have you ever used designer drugs – substances chemically altered in make-up but which give the same effect as illegal drugs? If YES, Age first used:                      Age last used:                      Total number of usages:		
19.	Are you currently using or have you ever used inhalant products such as glue, butane, or other chemical substance for the purpose of obtaining a state of intoxication or "high"? If YES, Age first used:                      Age last used:                      Total number of usages:		

**GENERAL INFORMATION INQUIRY - SECTION VII (CONTINUED)**

		YES	NO
20.	Are you currently using alcohol products? If YES, types, amount, and frequency.		
21.	Are you currently addicted to or using alcohol excessively or suffering from any alcohol related problems?		
22.	Are you currently addicted to or have you ever been addicted to any type of legal or illegal drug or controlled substances? If YES, type and action taken.		
23.	Have you ever filed for and received unemployment compensation, the amounts of which you were not eligible to receive?		
24.	Are you now, or have you ever, received any type of governmental support such as welfare, A.D.C., housing subsidy payments, medical or educational loans or grants that you were not eligible for, received in a fraudulent manner or after receiving became ineligible for but continued receiving?		
25.	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 police officer?		
26.	Do you have any problems because of gambling?		
27.	Do you have any problems controlling your temper?		
28.	Have you ever been involved in an automobile accident?		
29.	Have you ever engaged in grossly unnatural sexual acts?		
30.	Have you ever engaged in any illicit sexual activities?		
31.	Have you ever traveled outside the United States? If YES, what countries?		
32.	Are you currently receiving any psychiatric or psychological evaluations, treatments, or examinations because of current or past drug or substance abuse problems? If YES, type and status.		
33.	You have been given a written job description listing the essential job functions of the position for which you have applied. Please review the job description and answer the following question. Are you able to perform each of the essential job functions listed for the position for which you have applied? If NO, list the function(s) you are unable to perform and explain why you are unable to perform them.		
34.	What is your current uncorrected and corrected vision?		
35.	Have you ever undergone any type of eye surgery to correct your vision, e.g., radial keratotomy, etc.?		

**ALL CANDIDATES MUST READ AND SIGN THE FOLLOWING CERTIFICATE**

The facts set forth in my application for employment are true and complete. I understand that any false statements on this application may result in the disapproval of my appointment, my dismissal after appointment, and may subject me to prosecution under the Ohio Revised Code, Section 2921.13. Further, this application is not and is not intended to be a contract of employment, and does not obligate the employer in any way.

SIGNATURE OF CANDIDATE: \_\_\_\_\_

DATE: \_\_\_\_\_





EXAMPLE -- PART TIME OFFICER

(A)

## WILLOUGHBY HILLS POLICE DEPARTMENT

35405 Chardon Road  
Willoughby Hills, OH 44094  
(440) 942-9111

September 2, 2016

Mr. ~~Jeremy R. Stewart~~  
113 East Cedar Street Apt 1  
Jefferson, Ohio 44047

Dear ~~Jeremy~~,

Thank you for submitting an application for the position of part-time police officer with our department. Part-time officers augment our full time officer core frequently and are expected to perform all the basic functions of a full time officer. Part-time officers are required to complete a pre-employment interview, a full background investigation, a truth verification exam, a medical exam with a drug screen, a psychological evaluation, and a 12-week Field Training Officer (FTO) Program. Part-time officers must work a minimum of 24 hours a month and participate in upgrade training.

Part-time positions are very competitive; however, we are always looking for good candidates who can work all three shifts and weekends. **I have forwarded your application to our part-time officer selection committee for review.** This committee of supervisors reviews the candidates on file, conducts pre-employment interviews, and recommends candidates to me for employment. You will be notified by them if you are selected to be interviewed. Your application will be kept on file for one year. You will need to notify us if you have any updates or you wish for us to maintain your application for another year.

Again, thank you for your interest in our department and its important law enforcement mission.

Sincerely,

Christopher J. Collins  
Chief of Police

CJC/ds

cc: file

THIS LETTER IS SENT TO EVERY PERSON THAT SUBMITS AN APPLICATION WITH OUR DEPARTMENT.

EXAMPLE - DISPATCHER

**WILLOUGHBY HILLS POLICE DEPARTMENT**

35405 Chardon Road  
Willoughby Hills, OH 44094  
(440) 942-9111

July 14, 2016

~~Ms. Melanie Plahn~~  
~~5732 Amber Court~~  
~~Willoughby, Ohio 44094~~

Dear ~~Melanie,~~

Thank you for submitting an application for the position of dispatcher with our department. Dispatch positions are very competitive; individuals must be able to prioritize and multi-task in a fast-paced, high-stress environment as well as work all shifts including holidays and weekends.

I have forwarded your application to our dispatch selection committee. This committee of supervisors reviews the candidates on file, conducts pre-employment interviews, and recommends candidates to me for employment. You will be notified by Dispatch Supervisor Debbie Semik if you are selected to be interviewed. Your application will be kept on file for one year. You will need to notify us if you have any updates or you wish for us to maintain your application for another year.

Again, thank you for your interest in our department and its important law enforcement mission.

Sincerely,

Christopher J. Collins  
Chief of Police

CJC/ds

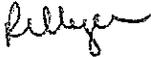
cc: file

# City of Milloughby Hills

## Interoffice Memo

**Date:** September 19, 2016

**To:** Assistant Finance Director Debbie Doles

**From:** Mayor Robert Weger 

**Subject:** Appointment of LT Patricia Heller as Acting Fire Chief

With the resignation of Fire Chief Robert DiSanto effective September 16, 2016, I have appointed LT Patricia Heller as Acting Fire Chief effective September 17, 2016.

We will discuss wages and benefits in the forthcoming week. Thank you.

## POLICE DEPARTMENT MEMORANDUM

TO: Thomas Majeski, Chairman  
Civil Service Commission

FROM: Debbie Semik, Executive Assistant to Chief Christopher J. Collins



DATE: September 20, 2016

RE: Application Process for all police employees

1. Sir, the attached information is being provided per your request. The following attachments are examples of the applications, letters and checklists used by the police department to process applicants for employment.
  - a. Example of letter(s) sent to every applicant that applies with the department
  - b. Conditional offer of employment and Personal History Questionnaire
  - c. Checklist used by our Detective Bureau
  - d. Checklist used by Executive Assistant after Employee is hired
  
2. Please do not hesitate to contact me if you have any questions. Thank you.

cc: file

CONDITIONAL OFFER OF EMPLOYMENT.  
(SENT ON DEPT LETTERHEAD)

(B)

August 17, 2016

Mr. Alexander Fleming  
34826 Lakeshore Boulevard Apt C  
Eastlake, Ohio 44095

Dear Alexander,

Congratulations!

You have been selected to process for the position of part time police officer with the Willoughby Hills Police Department. This *conditional offer of employment* is based on your successful completion of the following employment entry requirements: an extensive background investigation, truth-verification examination, general health physical to include a drug screen, and a psychological evaluation.

Please use the following information to schedule your pre-employment screening appointments. **The background investigation being conducted by our Detective Bureau and the Truth-Verification exam must be completed first before scheduling any other exam.** We will notify you when to proceed with the other tests. Inform the providers that the Willoughby Hills Police Department should be billed directly for their services.

- a. Truth-Verification Exam – Detective James Vitale, Willoughby Hills Police Department, 35405 Chardon Road, Willoughby Hills, OH, (440) 942-9111 or email at detvitale@willoughbyhills-oh.gov.
- b. Health Physical & Drug Screen – Concentra Medical Center, 3900 Ben Hur Drive, Willoughby, OH, (440) 975-4185.
- c. Dr. Thurston Cosner Psychologist – Schedule through the Chiefs Assistant.

Again, congratulations and good luck! I look forward to having you as a member of our team. Please call Debbie Semik at (440) 942-9111 if you have any questions or need more information.

Sincerely,

Christopher J. Collins  
Chief of Police

cc: file

WILLOUGHBY HILLS POLICE DEPARTMENT  
NEW EMPLOYEE CHECKLIST

EMPLOYEE'S NAME: \_\_\_\_\_

- ATTEDANCE RECORD
- ID NUMBER
- EMPLOYEE INFORMATION SHEET
- EQUIPMENT ISSUED SHEET
- FINGERPRINTS (PERSONNEL FOLDER) *SENT TO LAKE CO SHERIFF FOR PRINTING*
- INTER-OFFICE MEMO INTRODUCING NEW EMPLOYEE
- MEDICAL FILE FOLDER
- PERSONNEL FILE FOLDER
- PHOTOGRAPH OF SWEARING-IN
- PHOTOGRAPH FOR ID CARD
- TIME SHEET
- PATROL AND/OR DISPATCH CONTRACT
- IDENTIFICATION CARD
- PRE-EMPLOYMENT CONTRACT
- OATH OF OFFICE
- MISSION STATEMENT/PLEDGE
- JOB DESCRIPTION - *POLICY ENDORSEMENT COPIES ATTACHED*
- SEXUAL HARASSMENT POLICY
  
- APPOINTMENT WITH FINANCE
- COMPUTER EMAIL/LOGINS ETC.

[ EXECUTIVE ASSISTANTS CHECKLIST ]  
AFTER HIRED



# WILLOUGHBY HILLS POLICE DEPARTMENT

## Mission Statement

The mission of the Police Department is to enhance the quality of life in the City of Willoughby Hills by providing a proactive and full range of professional police services, enforcing the laws, reducing the fear of crime, promoting joint problem-solving for safe, secure neighborhoods, and working in partnerships with the community to preserve life, property, and the constitutional rights of all. Our dedication to service and commitment to excellence will ensure we meet the present and future needs of our community.

## Core Values

### \* **Respect**

We will ensure that all persons are treated with equality, dignity and courtesy.

### \* **Integrity**

We are people of character and principle and hold ourselves accountable to the highest level of honesty and ethical conduct. We are truthful in our words and in our actions.

### \* **Professionalism**

We are committed to the highest level of professional standards through the development of highly trained, motivated and ethical employees.

### \* **Innovation**

We are dedicated to an ever expanding body of knowledge of police practices and self-evaluation to develop the most efficient and economical way to accomplish our mission.

### \* **Pride**

We take pride in ourselves as individuals, our department as a team and our citizens as a community.

### \* **Loyalty**

We will remain faithful to our community, to our department and to our Core Values.

# WILLOUGHBY HILLS POLICE DEPARTMENT

## ETHICAL GUIDELINES

### **A. Discharge of Duties as a Public Trust**

1. Employees of the Willoughby Hills Police Department, as professionals, shall maintain an awareness of those factors affecting their job responsibilities.
2. Employees, during their tour of duty, shall diligently devote their time and attention to the effective and professional performance of their job responsibilities.
3. Employees, with due regard for compassion, shall maintain an objective and impartial attitude in official contacts.
4. Employees shall not allow their personal convictions, beliefs, prejudices, or biases to interfere unreasonably with their official acts or decisions.
5. Employees shall recognize that their allegiance is first to the people, and then to their profession and the governmental entity or department that employs them.

### **B. Standards of Integrity**

1. Employees shall maintain a level of conduct in their personal and business affairs in keeping with the high standards of the Law Enforcement Profession. Employees shall not participate in any incident involving moral turpitude.
2. Employees shall not engage in illegal political activities in accordance with the Ohio Revised Code.
3. Employees shall not engage in any activity, which would create a conflict of interest or would be in violation of any law.
4. Employees shall, at all times, conduct themselves in a manner, which does not discredit the Law Enforcement Profession or the Willoughby Hills Police Department.
5. Employees shall not be disrespectful, insolent, mutinous, or insubordinate in attitude or conduct.
6. Employees shall be courteous and respectful in their official dealings with the public, fellow officers, superiors and subordinates.
7. Employees shall maintain a neutral position with regard to the merits of any labor dispute, political protest or other public demonstration, while acting in an official capacity.
8. Employees shall respect and uphold the dignity, human rights, and the Constitutional Rights of all persons.

# WILLOUGHBY HILLS POLICE DEPARTMENT

## LOYALTY PLEDGE

As a member of the Willoughby Hills Police Department, I understand my continued employment is based in part on my willingness and ability to be accountable and by making the following commitments to the citizens of our community, my superior-ranked personnel and fellow members.

### **I. First Understanding: Follow the Law**

I can never violate the law while enforcing the law.

### **II. Second Understanding: Observance of the Laws and Directives**

While on duty, I must observe all constitutional and statutory laws as well as lawfully established departmental directives (i.e. code of conduct, rules, policies, procedures and established practices), whether such directives are written or established verbally or through customs of the department.

While off-duty, I must conduct myself in a manner that does not result in a direct and negative affect on the professional image or reputation of this department.

### **III. Third Understanding: Courtesy and Respect**

I must act with respect and courtesy to all others at all times and under all circumstances. I will never have a justifiable excuse for discourteous or disrespectful conduct or behavior towards another human being.

### **IV. Fourth Understanding: Performance of Tasks, Duties, and Responsibilities**

I must perform all job tasks, duties and responsibilities in a thorough, complete and competent manner.

### **V. Fifth Understanding: Impartiality**

I can never illegally discriminate in the performance of any assigned or assumed job tasks, duty, or responsibility.

I can never let personal associations, relationships or situations create a conflict of interest or the potential of a conflict of interest with the values or goals of my department or with my assigned or assumed job tasks, duties, and responsibilities.

### **VI. Sixth Understanding: Maintaining Confidence and Trust**

I must conduct myself, behave and perform in a manner that does not cause serious damage or create the potential of seriously damaging the trust, faith, and confidence of those to whom I am legally or fiducially accountable.

## Confirmation

I confirm by my signature I have read and understand the department's mission statement, core values, ethical guidelines, and loyalty pledge. I further understand my failure to uphold the standards of this Loyalty Pledge are just cause for disciplinary action up to and including termination.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Pride \* Courage\* Service*

## NOTICE

Pursuant to the recent congressional enactment of the "Omnibus Consolidated Appropriations Act" of 1997, it is now unlawful for any person convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. This prohibition applies to law enforcement officers. For purposes of this Act, a "misdemeanor crime of domestic violence" means an offense that: 1) Is a misdemeanor under federal or state law; and 2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian of the victim. This definition includes all misdemeanors that involve the use or attempted use of physical force if the offense is committed by a defined party.

In addition, the foregoing prohibition applies to all persons convicted of such misdemeanors at any time, even if the conviction occurred before September 30, 1996, the effective date of the law. After September 30, 1996, a person convicted of a misdemeanor crime of domestic violence may no longer possess a firearm or ammunition.

In as much as law enforcement officers employed by the City of Willoughby Hills may be required to use and possess firearms and ammunition, it is necessary for all law enforcement officers to certify that they have not been convicted of a misdemeanor crime of domestic violence.

## CERTIFICATION

**I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING NOTICE AND THAT I UNDERSTAND ITS CONTENTS. I FURTHER MORE CERTIFY THAT I HAVE NEVER BEEN CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE. THIS CERTIFICATION IS TRUTHFUL AND VOLUNTARILY MADE.**

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE: \_\_\_\_\_

(C)

# WILLOUGHBY HILLS POLICE DEPARTMENT BACKGROUND INVESTIGATION CHECKLIST

Name: \_\_\_\_\_

Documents Verified:	Date	By	Date	By
Birth Certificate			Military Discharge/Registration	
Initial Photograph			Ohio Drivers License	
Fingerprint Card			Authority to release forms	
Residence Visit			Background Information Packet	
Traffic Record (BMV)			O.P.O.T.A. Certificate	
Criminal History (CCH)			School Diplomas/Certificates	
			Truth Verification Exam	

*References Checks Completed*

	Relatives and References:			By	Neighbors:	Landlords:			By
	Personal Contact	Letter Mailed	Reply Rec'd			Personal Contact	Letter Mailed	Reply Rec'd	
<b>Employers, Supervisors, Co-Workers Present</b>					<b>Landlords:</b>				
<b>Past Employment:</b>					<b>School/Educational Record Verification:</b>				

*Handwritten signature/initials*

# WILLOUGHBY HILLS POLICE DEPARTMENT

## BACKGROUND INVESTIGATION CHECKLIST – CONTINUED

Credit Records	Personal Contact	Letter Mailed	Reply Rec'd	By	Military Records	Personal Contact	Letter Mailed	Reply Rec'd	By

<i>Application and Questionnaire Review</i>		<i>Applicant Interview</i>		<i>Narrative Investigation Report Completed</i>	
By	Date	By	Date	By	Date

\* WE COULD ADD BOX FOR CIVIL SERVICE SIGNATURES .

Applicant Status:	Comments:	Date:
Employed <input type="checkbox"/>		
Withdrew <input type="checkbox"/>		
Rejected <input type="checkbox"/>		



# City of Willoughby Hills

35405 Chardon Road  
Willoughby Hills, Ohio 44094

## APPLICATION FOR EMPLOYMENT

The City of Willoughby Hills considers applicants for all positions without regard to race, color, religion, creed, sex, gender, national origin, age, ancestry, disability and/or handicap, marital or veteran status, sexual orientation or any other legally-protected status.

Applicants may request any necessary accommodations to enable them to participate in the application process

PLEASE PRINT OR TYPE

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number & Street or P.O. Box City State Zip Code

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older?  Yes  No  
There are age requirements for Police & Fire applicants

**Police & Fire Applicants Only:**  
Date of Birth: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Have you ever previously filed an employment application with the City?  Yes  No  
If yes, provide date(s) and position(s) applied for: \_\_\_\_\_

Have you ever previously been employed by the City?  Yes  No  
If yes, provide dates of employment and position(s) held: \_\_\_\_\_

Do you have any relatives employed by the City?  Yes  No  
If yes, list name(s), relationship(s) and position with the City: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Do you have a valid state driver's license?  Yes  No  
If yes, License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a valid Commercial Drivers License (CDL)?  Yes  No  
If yes, License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Class \_\_\_\_\_ Endorsements \_\_\_\_\_

PERSONAL INFORMATION: (Cont'd).

List all states in which you have lived or resided for the last 10 years, including dates of residence

State	Dates of Residence
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic offense? (A conviction will not necessarily be a bar to employment. This information will be used only for job-related purposes to the extent permitted by law. Be candid. Your response is subject to verification through a criminal history investigation. Do not include convictions that have been legally expunged)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, for each conviction list the specific title of the offense, the date of conviction, the jurisdiction and the disposition. If necessary, please attach an additional sheet.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Are you lawfully entitled to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(The Immigration Reform and Control Act of 1986 requires that employers only hire individuals who are lawfully entitled to work in the United States by virtue of being a citizen or authorized alien.) Proof of citizenship or immigration status will be required upon employment.

WORK INFORMATION:

Position you are applying for: \_\_\_\_\_

Date you can start: \_\_\_\_\_

How did you learn about the position? (please check box below)

- Advertisement
- Private Employment Agency
- Friend
- Government Employment Agency
- Relative
- Walk-In
- School
- Employee. If so, please specify employee: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

Availability (check all that apply): Full Time Part Time Shift Work Temporary

If part time, specify days and hours: \_\_\_\_\_

If temporary, specify length of employment desired: \_\_\_\_\_

WORK INFORMATION: (Cont'd)

List any other specific days and times when you are unavailable \_\_\_\_\_  
\_\_\_\_\_

Are you willing to work overtime as necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please list specific days and times when you are unavailable: \_\_\_\_\_  
\_\_\_\_\_

Can you travel, if required by the job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on lay-off status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you been provided an opportunity to review the job description for the position you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, can you perform the essential functions of the position for which you are applying, with or without reasonable accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT HISTORY:

Instructions: Beginning with your present or most recent employer, list all employers whom you have worked for during the past 10 years. Include any job related military service assignments, but do not include type of discharge. Please enter all information, even when submitting a resume.

1. Name and Address of Employer	Supervisor's Name and Title	Employment Dates	Pay History
		From: Mo/Yr	\$ _____ per _____ Start Rate
		From: Mo/Yr	\$ _____ per _____ Final Rate

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Job Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Name and Address of Employer \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Employment Dates \_\_\_\_\_

Pay History

From: Mo./Yr. \_\_\_\_\_  
To: Mo./Yr. \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_  
Starting Rate  
\$ \_\_\_\_\_ per \_\_\_\_\_  
Final Rate

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for a reference?  Yes  No

3. Name and Address of Employer \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Employment Dates \_\_\_\_\_

Pay History

From: Mo./Yr. \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_  
Starting Rate

To: Mo./Yr. \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_  
Final Rate

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for a reference?  Yes  No

**EMPLOYMENT HISTORY: (Cont'd.)**

Please answer the following questions for all current and past employers. Do not include information relating to military service.

Within the past 10 years:

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for poor job performance? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for theft or a related offense? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for fighting, assault or related behavior? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for insubordination? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for violating safety rules? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for absenteeism, tardiness, failure to notify your company of your absence or any other attendance related reason? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for being under the influence of alcohol or drugs, or for possession, sale, use or abuse of alcohol or drugs, or for violating your company's substance abuse policy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

**EDUCATION:**

Name of School and Location	No. of Years Attended	Did You Graduate?	Degree, Major/Minor or Course of Study
High School	_____	Yes _____ No _____	_____
Undergraduate College or University	_____	Yes _____ No _____	_____

Graduate College/University

\_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Professional School

\_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Trade/Business School

\_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Correspondence School

\_\_\_\_\_

Yes \_\_\_\_\_

No \_\_\_\_\_

Please list any scholastic honors, awards, subjects of special study, research, publications, and/or thesis:

**ADDITIONAL SKILLS:**

Do you have personal computer skills? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the type of hardware and software that you are proficient in:

\_\_\_\_\_

Indicate any foreign languages you can speak, read, and/or write:

Fluent

Good

Fair

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

Please describe any specialized training, apprenticeships, and/or skills that you possess that you believe are relevant to the position you are applying for.

Do you have any other experiences, skills, or licenses that you feel specifically qualify you for work with the City?

**CERTIFICATIONS OR LICENSES:**

Please list any certifications or licenses that you possess, including the state(s) in which they are valid.

**PROFESSIONAL ASSOCIATIONS:**

Please list any professional, trade, business, or civic activities and offices held. You may exclude membership or activities which would reveal race, color, religion, creed, sex, gender, national origin, age, ancestry, disability and/or handicap, or any other legally protected status.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD:**

Have you ever been in the U.S. Armed Forces or Reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you presently in the Active Reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to one or both of the above questions, please complete the following?

Number of years of duty: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Duties: \_\_\_\_\_

Training received that may be relevant to the position you are applying for: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please provide any additional information you feel may be helpful to the City in considering your application: \_\_\_\_\_

**REFERENCES:**

Please provide three references (excluding relatives):

	Name and Address	How they Know You
1	_____ _____ _____ Telephone _____	_____
2	_____ _____ _____ Telephone _____	_____
3	_____ _____ _____ Telephone _____	_____

PPE-EMPLOYMENT STATEMENT, AUTHORIZATION, AND RELEASE (Cont'd.)

regarding statements contained in my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release the City and its agents, my present and former employers, my personal references, and all other parties from any and all liability for damages arising from furnishing the requested information.

- 6 This application is subject to the Civil Service Rules of the City, as applicable.
- 7 This application shall be maintained on file for a period of one year.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*Thank you for your interest in the City of Willoughby Hills*

Do Not Write Below This Line

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Position Interviewed For: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Reporting Date \_\_\_\_\_

Position Title \_\_\_\_\_

Reports To: \_\_\_\_\_

Position Grade: \_\_\_\_\_ Exempt/Non Exempt: \_\_\_\_\_

Salaried/Hourly: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

**JOB TITLE: FIRE CHIEF - UNCLASSIFIED**

**REPORTS TO: MAYOR/SAFETY DIRECTOR**

**Job purpose:**

The Fire Chief provides leadership, administration and job functions of the Fire Department and serves as the Emergency Management Director to assist with the City's overall emergency management and preparedness for both fire and emergency medical situations. The Fire Chief responds to and will direct activities and assume or delegate command at the scene of major incidents or disasters. The Fire Chief will assist the duty crews in day to day operations in firefighting and emergency medical services, reporting to and setting his/her work schedule under the direction of the Mayor/Safety Director.

Possesses managerial responsibility for the operational and support functions of the Fire Department, serving as the primary advisor to the Mayor/Safety Director. Takes command responsibility at emergency and non-emergency incidents and serves as the liaison between the department and a variety of local, state and federal agencies and commissions.

**Minimum Qualifications:**

Must currently hold and maintain the following licenses and/or certifications:

State of Ohio Certified Emergency Medical Technician or Paramedic  
State of Ohio Certified Fire Fighter Level I and II (Professional Fire Fighter)

State of Ohio Certified Fire Safety Inspector, optional  
State of Ohio Certified Fire Fighter Instructor, optional  
State of Ohio Certified Incident Safety Officer, optional  
State of Ohio Fire Officer I and II, optional  
State of Ohio Arson Investigator, optional  
Blue Card in IMS (Incident Management Service) Certification, optional

National/Federal certifications include: ("\*" denotes a mandatory certification)  
#IS-00001      Emergency Program Manager, Emergency Management Institute  
#IS-00100      \* Introduction to the Incident Command System (ICS)  
#IS-00200      \* Incident Command System for Single Resources and Initial Action Incidents  
#ICS-300      \* Intermediate ICS for Expanding Incidents  
#ICS-400      \* Advanced ICS Command and General Staff-Complex Incidents  
#IS-00700      \* National Incident Management System (NIMS) FEMA  
#IS-00800A    \* National Response Plan (NRP), an Introduction FEMA  
Unified Command for Multi-Agency and Catastrophic Incidents, National Fire Academy

Thorough knowledge of the principles and practices of modern fire department administration and fire science.

Thorough knowledge of the principles that affect the Rescue Squad and lifesaving procedures as it relates to all incidents requiring assistance.

Graduation from an accredited two or four-year college or university with a major in fire science or the equivalent combination of education and experience which provides the skills and abilities necessary to perform the job duties.

Must have a valid Ohio Drivers' License with an acceptable driving records; have a creditable personal background, free of any felony or misdemeanor criminal activity or arrests.

Must have strong verbal, written and interpersonal skills.

Must provide accuracy, good judgment and integrity with excellent organizational skills.

**Duties and responsibilities:**

1. Performs, plans, organizes, directs, and evaluates fire suppression, fire prevention, and emergency rescue and medical services.
2. Supervises directly, or through subordinate supervisors, all employees of the department; takes personal command of activities at major emergency incidents when required.
3. Exercises purchasing and budgetary control and prepares, administers and monitors the annual operating budget; reviews, approves and recommends specifications for new equipment and apparatus; determines personnel and facility requirements. Maintains records of all purchases, repairs and associated costs.
4. Directs the preparation and analysis of records and reports to secure efficient operation, to meet service demands, and to comply with authorized requests for information regarding firefighting and emergency medical activities and personnel; submits reports to Safety Director.
5. Recommends changes in fire codes.
6. Coordinates recruitment and hiring for the Fire Department. Conducts and/or directs background investigations and references.
7. Evaluates employee performance, approves and/or implements discipline as needed, ensures that employees of the department adhere to the policies and procedures of the department, coordinates priorities of the department to ensure maximum efficiency and productivity, resolves manpower, facility, and equipment needs of the department to meet the needs of the community.
8. Directs the development of programs for training, utilization, and development of personnel; resolves disputes and grievances; disciplines personnel; recommends personnel actions, including appointment and removal; evaluates command personnel.

9. Maintains liaison with other city departments and addresses civic clubs and other groups regarding firefighting activities, fire prevention and emergency medical services programs, in order to explain and promote public understanding.
10. Provides effective and efficient customer service and promotes and maintains responsive community relations. Resolves complaints, concerns or responds to questions from the general public, officials, and department personnel.
11. Plans, develops and implements departmental strategic goals, objectives, policies, procedures and guidelines; ensures compliance with Federal, State and local laws.
12. Oversees the preparation and reviews and finalizes grant application packages for various funding assistance opportunities related to the Fire Department.
13. Prepares and presents reports to City's Administration and Council.
14. Develops and maintains the City's Emergency Operations Plan; supervises emergency management activities, including preparedness, response, recovery, and mitigation and ensures readiness of Emergency Operations Center.
15. Submits incident reports to the National Fire Incident Report System (NFIRS).
16. Performs other related duties as assigned.

**Experience Preferred:**

- Prior experience in government accounting and budget preparation and financial reporting/analysis preferred.
- Prior experience with investment theory and management.
- Knowledge of applicable city, state and federal laws, rules, procedures and standards governing fiscal and budgetary operations.
- Prior experience in database management and knowledge of financial systems and application software.
- Knowledge of government structure and legislative process.
- Knowledge of Insurance Services Office (ISO) – grading schedule
- Five years, or equivalent, supervisory experience in fire service

**Working conditions/Physical requirements:**

**Physical Requirements:** Described here are those physical demands that must be routinely met by an employee to successfully perform the essential duties of this position, including firefighting and emergency medical services. Must be able to:

- Maintain a level of physical agility and fitness sufficient to engage in walking and physical activity consistent with the job requirements of firefighting and EMS.
- Communicate effectively both orally and in writing

- Listen, comprehend, and respond to discussions involving one-on-one or group settings
- Operate job-related equipment
- Drive a motor vehicle and all applicable firefighting and EMS equipment

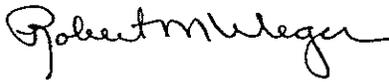
**Direct reports:**

- All Fire Department personnel

*This position description is not intended to be a complete list of all responsibilities, duties, or skills required for the job and is subject to review and change at any time, with or without notice, in accordance with the needs of the City. Since no position description can detail all the duties and responsibilities that may be required from time to time in the performance of a job, duties and responsibilities that may be inherent in a job, reasonably required for its performance, or required due to the changing nature of the job shall also be considered part of the job holder's responsibilities.*

*The City of Willoughby Hills does not unlawfully discriminate on the basis of color, national origin, sex, religion, veteran status, age, or disability in employment. Persons requesting accommodation for the purpose of testing must provide seventy-two (72) hours' notice to the Civil Service Commission in order to have the request fulfilled*

Approved by:



Date Approved: April 8, 2016

# Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # ( ) Cellular/Other Phone # ( ) E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source** (Please check the appropriate category and list the source.)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- Other Internet \_\_\_\_\_
- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Government Employment Agency \_\_\_\_\_
- Other \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_ AM/PM  
 Home  Cellular/Other

May we contact you at work? .....  Yes  No  
If yes, work number and best time to call:  
( ) : \_\_\_\_\_ AM/PM

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No  
If no, please explain: \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No  
If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No  
If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? .....  Yes  No

If yes, additional information may be requested.

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work ..... \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it? .....  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position? ...  N/A  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. **NOTE: You are not obligated to disclose convictions that have been sealed or expunged.**

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? .....  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? .....  Yes  No

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

**Related Information**

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

\_\_\_\_\_  
\_\_\_\_\_

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

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

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$
What were the things you liked least about the position?		

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
Summarize the type of work performed and job responsibilities.		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
What did you like most about your position?		Commission/Bonus/Other Compensation \$
What were the things you liked least about the position?		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

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

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_  
 E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Social Security Number

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.