

POLICE OFFICER
CITY OF OLMSTED FALLS
LATERAL TRANSFER
GENERAL INFORMATION

The City of Olmsted Falls is accepting applications to be placed on a Lateral Transfer List for Full-Time Police Officers. All applications must be made on the application form furnished by the Civil Service Commission. Applications can be picked up beginning Wednesday, September 27, 2023 from the City of Olmsted Falls, 26100 Bagley Road, Olmsted Falls, OH 44138 (Applications available Monday through Friday 8:30 am to 4:00 pm at City Hall). Applications may also be downloaded from the City of Olmsted Falls website: www.olmstedfalls.org beginning September 28th, 2023. **Completed applications can be returned in person to the Olmsted Falls Civil Service Commission Secretary located at 26100 Bagley Road, Olmsted Falls, OH 44138, or by email to the civil Service Secretary at amancini@olmstedfalls.org. Applications will be accepted through November 1st, 2023. This timeline may be extended at the discretion of the Safety Director/Mayor.**

1. Each applicant must be at least twenty-one (21) years of age.
2. Have a valid Ohio Driver's License.
3. Be a high school graduate or hold a GED certificate.
4. Successfully have completed the probationary period at their current or most recent place of employment as a law enforcement officer.
5. Be currently Ohio Peace Officer Training Academy (OPOTA) certified as an Ohio Peace Officer as defined in Chapter 109 of the Ohio Administrative Code.
6. Candidates shall be currently working, or have worked within the past twelve (12) months in the capacity of a full-time (minimum of thirty hours per week) as an OPOTA certified Ohio Peace Officer in Ohio, as defined in R.C. 109.71, which includes service in a full-service college police department or as a commissioned officer with a hospital dept.
7. Must not have left a current or prior law enforcement position because of a disciplinary issue, or to avoid a disciplinary action.
8. Submit to a complete background investigation that may include: polygraph or voice stress analyzer, psychological, medical and drug screenings.

Before being placed on a Lateral Transfer List, every applicant shall submit to an oral interview before a panel consisting of the Director of Public Safety/Mayor and the Chief of Police. In the oral interview process, the panel may consider the following factors, among other job-related factors, deemed appropriate by the panel:

- The reason the applicant has been separated from the applicant's former employers or wishes to leave the applicant's current employment.
- The type of agency or entity that employed the applicant in the past.
- Any additional certifications obtained by the applicant.

- The results of any background check.
- Any other job-related factors the panel deems to be appropriate.

Shift work, work on holidays, rotating days off and possible overtime shifts are standard in law enforcement and are required for this position.

If there are any questions not answered in the general information, please contact the Civil Service Secretary at amancini@olmstedfalls.org.

***The City of Olmsted Falls is an
Equal Opportunity
Employer***



City of Olmsted Falls Pre-employment Application

You must complete this form to apply for employment. Answers must be complete and legible.
Applications lacking sufficient information will not be processed

The City of Olmsted Falls is an Equal Opportunity Employer and provider of ADA services

PLEASE PRINT			Today's Date: _____	
_____ First Name		_____ M.I.	_____ Last Name	
_____ Preferred Name/Nickname				
_____ Street Address		_____ Apartment #	_____ City	_____ State
_____ Zip Code				
_____ Home Phone		_____ Alternate/Work Phone		_____ E-Mail Address

Have you ever been employed by the City of Olmsted Falls before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	

Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide names:	

Driver License No./State	SS#:
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Referral Source:

PLEASE CHECK YES OR NO TO THE FOLLOWING:	
Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Olmsted Falls will verify the status of every individual offered employment. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the use of a motor vehicle? (if required in the performance of job duties)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:	
Are you related to anyone who currently works for the City of Olmsted Falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate names of relatives and where they work:	

Have you ever served in the U.S. Armed Forces:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch of Service _____	Dates served: From _____ To _____
Present Status Active ___ Inactive _____	
Did you serve at least 180 consecutive Active Days? Yes ___ No ___ If yes, were you honorably discharged? Yes ___ No ___	

Employment History

Please list below work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. Please attach a current resume (if available) to this application.

From ____/____ To ____/____	Employer		Your position and Title		
	No & Street		Supervisors Name, Title and Position		
	City	State	Zip	Supervisors Telephone Number:	
	Type of Business		Starting Pay \$	Final Pay \$	
	Telephone Number ()		Termination <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		
	Briefly describe your major duties and reason(s) for termination				

FROM ____/____ TO ____/____	Employer		Your position and title		
	No & Street		Supervisors Name, Title and position		
	City, State Zip		Supervisors Telephone Number		
	Type of Business		Starting Pay \$	Final Pay \$	
	Telephone Number ()		Termination <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary		
	Briefly describe your major duties and reason(s) for termination				

FROM ____/____ TO ____/____	Employer		Your position and title		
	No & Street		Supervisors Name, Title and position		
	City, State Zip		Supervisors Telephone Number		
	Type of Business		Starting Pay \$	Final Pay \$	
	Telephone Number ()		Termination Voluntary Involuntary		
	Briefly describe your major duties and reason(s) for termination				

ADDITIONAL INFORMATION:

UNEMPLOYMENT: ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM ____/____	TO ____/____	HOW DID YOU SPEND THIS TIME?
FROM ____/____	TO ____/____	HOW DID YOU SPEND THIS TIME?

EDUCATION AND TRAINING:

Check all Applicable boxes	School	Grade Completed
<input type="checkbox"/> Elementary		
<input type="checkbox"/> High School Graduate/GED		
	College and Major	Date of Completion
<input type="checkbox"/> Associates Degree		
<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> Master's Degree		
<input type="checkbox"/> Other		

PROFESSIONAL DESIGNATIONS:

Designation	Organization granting designation	Date completed
Designation	Organization granting designation	Date completed

OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES:

License/Certificates Issues By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date

SPECIAL SKILLS: List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc., and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

References: List three PROFESSIONAL references who may be contacted

Name and Address (Number, Street, City, State and Zip)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip)	Telephone Number	Occupation



The City of Olmsted Falls will not discriminate against any individual or group because of race, gender, sexual orientation, religion, age, height, weight, genetic information, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to complete the pre-employment application or participate in the interview process should make such a request to the City of Olmsted Falls, Mayor's office.

Visit our Internet site www.olmstedfalls.org

Applicant Certification****READ CAREFULLY BEFORE SIGNING****

I affirm that all of the information furnished in this pre-employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided will result in forfeiting my rights to consideration for employment with the City of Olmsted Falls. I understand that if accepted by the City of Olmsted Falls, my employment is voluntarily entered into and I am free to resign at any time. Similarly, the City of Olmsted Falls is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract, and that if hired I will be an employee at will, subject to discharge without cause unless otherwise specified by law.

Applicant Signature

Date