

*City of Logan  
Division of Police*



*An Equal Opportunity Employer*



# LOGAN POLICE DEPARTMENT

## APPLICATION FOR EMPLOYMENT

### Elements of the selection process for a sworn officer may include:

- Initial Interview
- Job Related Skills Evaluation
- Written Test
- Background Investigation
- Oral Panel Interview
- Polygraph Examination
- Drug Test
- Psychological examination
- Physical (medical) examination

### Elements of the selection process for a civilian may include:

- Oral Interview
- Job Related Skills Evaluation
- Background Investigation
- Polygraph Examination

### Duration of the Selection Process:

- From the beginning of the hiring process, the expected duration may take up to five months.

### Re-Application:

- All applications will remain active for a period of one year from the date of application. Once the one-year time period has expired, a new application may be completed entirely and submitted.

**MINIMUM QUALIFICATIONS FOR BELOW POSITIONS:** Preferably, the applicant will have no criminal history. If a criminal history exists, the applicant must not have been convicted of a felony or a misdemeanor involving honesty or public safety. There should not be a criminal misdemeanor 3 or 4 conviction within the past five years or any criminal minor misdemeanor within the past year.

**SWORN OFFICER:**

- Twenty-one Years of Age
- Earned a high school Diploma or GED
- Valid Ohio Police Officer Training Academy Basic Certificate
- Valid Ohio Drivers License

**CIVILIAN POSITIONS:**

- Twenty-one Years of Age
- Earned a high school Diploma or GED

**DUTIES, RESPONSIBILITIES and REQUISITE SKILLS include, but are not limited to, the following:**

**SWORN OFFICER:**

- Patrols the City in a vehicle or on foot during an assigned shift or turn, to prevent or detect criminal behavior, maintain order, and observe public safety conditions and circumstances within the City.
- Investigates crimes, incidents, traffic crashes, alarms, and suspicious activity or circumstances.
- Prepares and submits written reports and forms in accordance with departmental policy and procedures
- Receives complaints, inquiries, and information from citizens, in person or by telephone; provides aid, assistance, information, or referrals as required.
- Talks to residents, merchants, and visitors to maintain good community relations.
- Enforces traffic laws by stopping motorists and issuing citations or warnings as appropriate; directs traffic around traffic crashes, disabled vehicles, or obstructions; enforces parking regulations
- Performs other related tasks as assigned.

**DISPATCHER:**

- Maintains a complete working knowledge of the function and operation of the telephone, radio, computer-aided-dispatch, and LEADS/NCIC systems. Maintains a working knowledge of the manual system of dispatch in the event the CAD system fails.
- Dispatches calls for service to appropriate units in accordance with established priorities.
- Properly uses radio signals and codes, phonetic alphabet, and clear speech procedures.
- Monitors all radio traffic on the primary channels. Monitors secondary radio channels for activity that may affect units on the primary channel.
- Operates the LEADS/NCIC terminal.
- Performs other related tasks as assigned.

**CLERICAL POSITION:**

- Operates a computer terminal to input or retrieve data.
- Answers telephone, assists customers at the counter, and corresponds with parties requesting information or copies of reports. Serves as receptionist, referring calls and visitors to the proper party.
- Maintains and updates a number of files. Maintains active files, including labeling file folders and drawers.
- Answers in-coming telephone calls and assists citizens with information and referral as requested
- Performs clerical and general office tasks as assigned.

## APPLICATION FOR EMPLOYMENT

Application Date:

Position(s) Applied For:  
 Reserve Police Officer  
 Police Officer  
 Dispatcher  
 Office/Clerical

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of any non-job related medical condition or handicap. This application will remain on file for one year from the date of application with the Logan Police Department.

NAME (Last, First, Middle)

(Maiden Name)

CURRENT ADDRESS (Street, Apt, City, State, Zip Code)

Length of Time at Address

PREVIOUS ADDRESS (Street, Apt, City, State, Zip Code)

Length of Time at Address

Home Phone Number & Area Code

Work Phone Number & Area Code (ext.#)

Cell Number & Area Code

Email Address:

Operators Drivers License Number/ State

Social Security No

18 years of age or older  Yes  No  
 21 years of age or older  Yes  No

### EDUCATION High School

SCHOOL NAME:

FULL ADDRESS:

Diploma Received  
 G.E.D. Received

Date Received:

GPA

Course of Study

### EDUCATION - Undergraduate

SCHOOL NAME:

FULL ADDRESS:

Associate Degree  
 Bachelors Degree

Date Received:

GPA

Major

Minor

### EDUCATION - GRADUATE

SCHOOL NAME:

FULL ADDRESS:

Masters Degree

Date Received:

GPA

Major

Minor

### EDUCATION Other/Academy

SCHOOL NAME:

FULL ADDRESS:

Masters Degree  
 Date Received:

GPA

Course of Study

### MILITARY INFORMATION

Branch

From:

To:

Highest Rank or Grade

Discharged Rank or Grade

Type of Discharge

Nature of Duties:

Awards/Honors:

## EMPLOYMENT INFORMATION

List **ALL** employment starting with your present position, then the position before that, and so forth. Use additional forms if needed. Do not omit any employment.

1. Company Name		Telephone Number
Address (Street, City, State, Zip Code)		Employed (Starting & Ending Dates)
Name of Immediate Supervisor:		Other Supervisor:
State Job Title and Describe Your Work		
Reason for Leaving (Voluntary/Involuntary) Please Explain:		
2. Company Name		Telephone Number
Address (Street, City, State, Zip Code)		Employed (Starting & Ending Dates)
Name of Immediate Supervisor:		Other Supervisor:
State Job Title and Describe Your Work		
Reason for Leaving (Voluntary/Involuntary) Please Explain:		
3. Company Name		Telephone Number
Address (Street, City, State, Zip Code)		Employed (Starting & Ending Dates)
Name of Immediate Supervisor:		Other Supervisor:
State Job Title and Describe Your Work		
Reason for Leaving (Voluntary/Involuntary) Please Explain:		
We may contact the employers listed above unless you indicate those you do not want us to contact.		
DO NOT CONTACT: Employer Number(s) _____ Reasons _____		

4. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
5. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
6. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
We may contact the employers listed above unless you indicate those you do not want us to contact.	
DO NOT CONTACT: Employer Number(s) _____ Reasons _____	

7. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
8. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
9. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Dates)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title and Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
We may contact the employers listed above unless you indicate those you do not want us to contact.	
DO NOT CONTACT: Employer Number(s) _____ Reasons _____	

## JOB RELATED QUESTIONS/PLANS/GOALS

Applicant's Name: (print)

List all certifications you have obtained related to the position applied for.

Have you ever been denied a commission status with any law enforcement agency?       Yes     No  
If yes, please explain:

What special skills, experiences or qualifications, related to the position(s) applied for, do you possess? (Sell yourself).

List all departments at which you have current applications filed. Note status of employment opportunities for each application (Best guess):

Do you have any driving convictions?  Yes  No. If "Yes," please explain.

Do you have any Criminal or Traffic charges pending?  Yes  No. If "Yes," please explain.



## REFERENCES

**List three (3) references (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS:**

Name	Years Known	
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		
Name	Years Known	
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		
Name	Years Known	
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Cell Phone
Email Address:		

**WAIVER OF CONFIDENTIAL RECORDS**

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**Name (print)**

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**Social Security Number**

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**Address: Street**

**Township/City**

**State**

**Zip Code**

To Whom It May Concern:

I am an applicant for a position with the City of Logan, Logan, Ohio. The City needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above township.

I hereby authorize any representative of the Logan Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Logan Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Logan Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

**Initial:** \_\_\_\_\_

For and in consideration of the City of Logan's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Logan. I understand my rights under title 5, United States Code, section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the City of Logan in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid upon my signature during the time associated with the selection process of the City of Logan.

I agree to indemnify and hold harmless the person to whom this request and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

**The following information must be completed in the presence of a certified Notary Public:**

\_\_\_\_\_, having been duly sworn under oath states that this is his/her  
(Print Name of Applicant)

lawful affidavit and request for release of records.

\_\_\_\_\_  
**Signature of Applicant**

Sworn and subscribed before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires \_\_\_\_\_.

**SEAL MUST BE AFFIXED**

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary

(Out of state notary must submit Certificate)

\_\_\_\_\_  
Printed Address of Notary

The Logan Police Department does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, veteran status or any non-job related handicap or disability except where such characteristic constitutes a bona fide occupational disqualification. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. The application will remain active and retained on file with the Logan Police Department for one year from the date of application.

In the event of employment with the Logan Police Department, I understand that I am responsible for learning, understanding and complying with all rules, regulations, policies and procedures of the Logan Police Department. My failure to do so may result in my discharge.

I understand that any job offer which may result out of this employment application is contingent upon my producing satisfactory documentation specified under the Immigration Reform and Control Act of 1986 proving my identity and authorization for employment in the United States. All employment offers are conditioned upon the applicant passing the elements of the selection process (see cover page of application).

In processing this application, the Logan Police Department may request that an investigative consumer and criminal investigative report be prepared, which may include information as to my credit and criminal history.

I certify that all statement made by me on this application are true and complete to the best of my knowledge and that I have nothing that would, if disclosed, affect this application unfavorably. I hereby authorize the Logan Police Department to investigate the statements contained in the application and any other information I provide in connection with my application for employment. I understand that any false or misleading statements or omission may result in my application being rejected or, if I am hired, in my discharge from employment.

I hereby acknowledge that I have read the above statement, that I understand the same, and I agree with and/or consent to the terms, conditions and requirements as stated above.

**The following information must be completed in the presence of a certified Notary Public:**

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_

**SEAL MUST BE AFFIXED**

\_\_\_\_\_  
Signature of Notary Public

(Out of state notary must submit Certificate)

\_\_\_\_\_  
Printed Name of Notary

