

CIVIL SERVICE EXAMINATION

Notice is hereby given that the Civil Service Commission of Marion, Ohio will conduct a two-phase entrance examination for:
POLICE DEPARTMENT – PATROL OFFICER

Applicants must be 21 years of age on or prior to **October 11, 2019** but cannot have reached the age of 35.

PHASE 1 - The **Written Examination** portion of the entrance process will be administered by the National Testing Network and must be completed **PRIOR TO MIDNIGHT October 11, 2019**. Applicants must complete the online registration for the entrance examination at <https://nationaltestingnetwork.com/>. Applicants will have the option to choose the date, time, and location they wish to take the examination. If an applicant has already taken the exam through National Testing Network, included the Marion Police Department as a choice of departments when they took the examination, and their examination date is no earlier than **January 11, 2019**, the applicant will have the option of using his/her prior score. If the examination was prior to **January 11, 2019**, the applicant will need to re-test with the National Testing Network. The Personal History Questionnaire (PHQ) is also required to be completed during the examination signup process through the National Testing Network.

IN ADDITION TO the examination with the National Testing Network, the applicant **MUST** also submit an application to the Human Resources Office for the City of Marion **PRIOR TO October 11, 2019 at 2:00 P.M.** Application forms may be secured beginning **August 26, 2019 at 8:30AM** at Marion City Hall in the Human Resources Office, 233 West Center Street, Marion, Ohio 43302 OR the application packet can be downloaded from www.marionohio.us. If unable to personally deliver the application, the required paperwork may be emailed to aconnor@marionohio.org **PRIOR TO October 11, 2019 at 2:00 P.M.** Early submission is recommended as any tie scores are ranked based on the date and time the completed application has been received. We also recommend that you obtain a receipt or a confirming email that your application has been received. **ALL APPLICANTS MUST FURNISH A COPY OF THEIR BIRTH CERTIFICATE AND A COPY OF THEIR VALID DRIVER'S LICENSE WITH THE APPLICATION.**

EXTRA CREDIT DOCUMENTS MUST ACCOMPANY THE APPLICATION AT THE TIME IT IS SUBMITTED. IF CLAIMING MILITARY CREDIT, A COPY OF YOUR **DISCHARGE PAPERS (DD214) MUST ACCOMPANY THE APPLICATION.** IF CLAIMING CREDIT FOR A 2-YEAR OR 4-YEAR DEGREE, A COPY OF YOUR **GRADE TRANSCRIPT MUST ACCOMPANY THE APPLICATION.** IF CLAIMING CREDIT FOR OPOTA TRAINING, A COPY OF YOUR **OPOTA CERTIFICATION MUST ACCOMPANY THE APPLICATION.**

NO LATE SUBMISSION OF APPLICATIONS OR DOCUMENTATION WILL BE CONSIDERED.

Completed applications and attachments **MUST** be on file in the Human Resources Office **no later than Friday, October 11, 2019 at 2:00 P.M.** Applications are not considered complete until all documents (including extra credit documents) have been submitted.

Those applicants successfully completing Phase 1 with a video score of 70% or higher will move to Phase 2.

PHASE 2 - The **Physical Agility** portion (see attached requirements) will be conducted on:

WEDNESDAY, OCTOBER 23, 2019 at 5:00 P.M. OR

SATURDAY, OCTOBER 26, 2019 at 10:00 A.M.

Location will be available at a later date. You will receive a letter advising that you have qualified to take the agility portion of the exam and where to report. Applicants wishing to continue in the hiring process **MUST** attend and pass one (1) of the sessions. Due to the fact that the **agility test** requires physical exertion, **BEFORE** you will be permitted to take the agility test, you **MUST** present a **CURRENT** statement (dated no earlier than **September 23, 2019** from your doctor certifying that you are free of cardiovascular and pulmonary disease and are physically capable to participate and withstand the agility test. **NO EXCEPTIONS.** The medical statement may be submitted to the Human Resources Office with the application, or brought with you to the agility test.

Civil Service Commission

CITY OF MARION

Ted McKinniss, Chairman
Kim Frank, Member
Rocky Ratliff, Member
Sheila Travis, Secretary

233 W. Center Street
Marion, Ohio 43302

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**MARION POLICE DEPARTMENT
PHYSICAL AGILITY TEST STANDARDS**

PHYSICAL AGILITY TEST STANDARDS – OPOTA CERTIFIED				
	Males	Females	Males	Females
Exercise	≤29	≤29	30-34	30-34
Sit-ups (1 minute)	32	23	28	18
Push-ups (1 minute)	19	9	15	7
300m run	69	88	70	93

PHYSICAL AGILITY TEST STANDARDS – <u>NOT</u> OPOTA CERTIFIED				
	Males	Females	Males	Females
Exercise	≤29	≤29	30-34	30-34
Sit-ups (1 minute)	40	35	36	27
Push-ups (1 minute)	33	18	27	14
1.5-mile run	11:58	14:15	12:25	15:14

BIRTH CERTIFICATE AND DRIVER'S LICENSE REQUIRED -

NO EXCEPTIONS

APPLICATIONS SUBMITTED WITHOUT A COPY OF THE REQUIRED BIRTH CERTIFICATE AND VALID DRIVER'S LICENSE WILL BE CONSIDERED INCOMPLETE. CANDIDATE CAN SIT FOR TEST HOWEVER TEST WILL NOT BE SCORED.

EXTRA CREDIT DOCUMENTS -

NO EXCEPTIONS

PLEASE VERIFY THAT EXTRA CREDIT DOCUMENTS ARE ATTACHED TO YOUR APPLICATION. DOCUMENTS FOR MILITARY CREDIT, OPOTA CERTIFICATION AND CERTIFIED GRADE TRANSCRIPTS FOR A 2-YEAR OR 4-YEAR DEGREE WILL NOT BE ACCEPTED AFTER YOUR APPLICATION HAS BEEN SUBMITTED TO HUMAN RESOURCES.

Non-Tobacco Users Only



City of Marion
Department of Public Safety
233 West Center Street
Marion, Ohio 43302-3643
Telephone 740-387-2020

Application for Employment
Position: POLICE OFFICER

*If applying for Fire Fighter, you must be 18 year of age or older by test date.
If applying for Police Officer, you must be 21 years of age or older by test date.*

(PLEASE PRINT)

SECTION 1: General Information

Name _____
(Last) (First) (Middle)

Social Security Number _____ - _____ - _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

County of Residence _____

Telephone (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
(Home) (Work) (Cell)

How long have your resided here? _____ (years) _____ (months)

List all previous address:

Number/Street	City	State	From (mo./yr.)	To (mo./yr.)

SECTION 2: Education and Training

School	Name and Location of School	Course of Study	Graduate?	Degree
High School			Yes / No	
College			Yes / No	
Graduate School			Yes / No	
Vocational Training/ Other			Yes / No	

Other Training: _____

SECTION 3: Motor Vehicle Experience and License

Driving experience in years _____

Miles driven in past three (3) years _____

Operator/Commercial Drivers License Number _____ State Issued: _____

List all motor vehicle accidents you have been involved in as a driver. Give the general location, date, and Police organization which investigated each accident.

SECTION 4: Court Information

Have you ever been convicted of a Felony or a Misdemeanor? Yes No (circle one)

If yes, list all convictions below, including traffic and bond forfeitures

Date of Arrest	Place of Arrest	Offense	Fine/Sentence/Dismissal

SECTION 5: Military Service

Did you serve in the Armed Forces? Yes No (circle one)

If yes, which Branch of the Service? _____

Date of Service (month/year to month/year) _____ to _____

SECTION 6: Work History

Length of Employment (include dates)	Position/Title	Duties Performed	Name and Address of Employer

If more space is needed for listing previous employment, please list on an additional sheet of paper (typed) and attach to the back of the application.

SECTION 7: Personal

Please list the names of five (5) persons as references (other than relatives, former employers, or fellow employees)

Name	Address City, State, Zip Code	Occupation	Phone Number
			() -
			() -
			() -
			() -
			() -

Have you submitted a previous application for a position with the City of Marion? Yes No

If yes, what position? _____

Have you been previously employed by the City of Marion? Yes No

If yes, in what capacity? _____ *Dates* _____

Have you ever taken any kind of illegal drug (Drugs/Narcotics which are either classified as being illegal or Drugs/Narcotics which were not obtainable without a Doctor's prescription and were not prescribed for you)? Yes No

If you are currently married, is your spouse willing to be interviewed as to his/her feelings about your applying for this position? Yes No

To the Applicant: Read this carefully before signing.

I understand that the immigration reform and control act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am aware that the failure to provide such proof at the time of the request may legally force my termination. I understand nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the City of Marion for either employment or the provision or any benefits. I understand that no promise, representation or agreement contrary to the forgoing is binding on the City unless made in writing and signed by me and an authorized representative of the City. I understand, in addition to the Civil Service examination, I may be required to submit to a polygraph examination, a drug screening, and a psychological assessment as part of this application process.

Applicants Signature _____

Date _____

Application will not be accepted if this oath is omitted. You must personally appear before an authorized Notary for this purpose.

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief and that said answers are in my own handwriting. I hereby waive all provisions of the law forbidding my physician or other person who have attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment, or any other person(s) who may have information which may be deemed important for the purpose of a background investigation, and I hereby consent that they may disclose such knowledge or information to the City of Marion/Division of Police.

Applicants Signature _____

Subscribed and duly sworn before me according to the law, by the above named applicant this _____ day of _____ 20____ at _____, County of _____ and State of _____.

Signature of Notary _____

Date of Expiration _____

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position applied for _____ Date _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ () _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | |

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

(Please print) Date _____

Name _____ Soc. Sec. # _____

Address _____
Number Street City State Zip

Telephone No. _____ Email Address: _____

Are you over 18 years of age? Yes No **If NO, a work permit will be required.**

Are you legally eligible for employment in the United States? Yes No *(If hired, verification will be required by law.)*

Position you are applying for: _____ Full Time Part Time

Referred by: Job Posting Employment Agency Business/Organization Friend or Relative Other

Date you are available to start work: _____ Salary or Wages desired: \$ _____ hr.

Have you worked for us before? Yes No If YES, when? _____ Position _____

Indicate special training, qualifications, or skills (equipment, machinery, types of office skills) _____

Indicate any name(s) you have used, other than your present name _____

Do you currently have a valid Ohio Driver's License? Yes No

Operator's License # _____ CDL # _____ License Expiration Date _____

List any traffic violation convictions, including date, place of occurrence, violation and disposition (exclude parking violations):

Have you ever been convicted of a felony? Yes No If YES, list convictions:

Include date and court record. (A conviction does not necessarily disqualify an applicant for the position being applied for.)

EDUCATION

Name & Location of School	Course of Study	Years Completed	Did you Graduate?
High School			
College	Major		
	Degree		
Other			

PRIOR EMPLOYMENT

(Start with most recent employer, attach list for additional employers if needed)

Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK AND DUTIES	DATE DISCHARGED

PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

CERTIFICATION (READ CAREFULLY BEFORE SIGNING)

I hereby authorize the City to conduct an investigation concerning all statements contained in my application for employment, to interview all employers, and to conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the City with all information pertaining to me concerning convictions and arrests for which convictions were obtained and I hereby release the City and any law enforcement agency, judicial officer, or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.

The Fair Credit Reporting Act (Public Law 91-588) requires that we advise you that a routine inquiry may be made into an applicant's background. If a Consumer Reporting Agency is engaged in the investigation, information relevant to the nature and scope of the inquiry, if one is made, will be provided upon applicant's written request.

I CERTIFY THAT ANY AND ALL STATEMENTS WHICH I HAVE SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO RECOGNIZE THAT ANY MISSTATEMENT I HAVE MADE HEREIN MAY SUBJECT ME TO DISCHARGE IN THE EVENT THAT I AM HIRED. I FURTHER UNDERSTAND THAT EMPLOYMENT MAY BE CONTINGENT UPON SATISFACTORILY PASSING A PRESCRIBED PHYSICAL EXAMINATION, INCLUDING DRUG AND ALCOHOL TESTS. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

_____ Date

_____ Signature (must be in ink)