

# Civil Service Commission

## CITY OF MARION

Ted McKinniss, Chairman  
Kim Frank, Member  
Rocky Ratliff, Member  
Sarah Bice, Secretary

233W. Center Street  
Marion, Ohio 43302

### 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**

All applicants must be citizens of the United States or have a valid permanent resident card. Applicant for entrance examination for original appointment to the Police Department must have obtained age 21 on or prior to graduation from a police academy but cannot have reached the age of 35 on or prior to the close of applications.

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 ON TUESDAY, JANUARY 18, 2022**. 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 **APRIL 19, 2021**, the applicant will have the option of using his/her prior score. If the examination was prior to **APRIL 19, 2021**, the applicant will need to re-test with 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 WEDNESDAY, JANUARY 19, 2022 at 2:00P.M.** Application forms may be secured beginning **MONDAY, DECEMBER 6TH, 2021 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](http://www.marionohio.us). If unable to personally deliver the application, the required paperwork may be emailed to [aconnor@marionohio.org](mailto:aconnor@marionohio.org) **PRIOR TO WEDNESDAY, JANUARY 19, 2022 at 2:00P.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 **PRIOR TO WEDNESDAY, JANUARY 19, 2022 at 2:00P.M.** Applications are not considered complete until all documents (including extra credit documents) have been submitted.

Those applicants successfully completing Phase 1 with a score of 70% or higher on all segments of the NTN exam will move to Phase 2. An average score of all segments will be used in the final scoring process.

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

**WEDNESDAY, FEBRUARY 2, 2022 at 5:00 P.M.** AND **SATURDAY, FEBRUARY 5, 2022 at 10:00 A.M.**

Location will be at the **Harding High School, 1500 Harding Hwy E, Marion, OH 43302.** You will receive a letter advising that you have qualified to take the agility portion of the exam and when 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 **January 2, 2022** 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.

**MARION POLICE DEPARTMENT  
PHYSICAL AGILITY TEST STANDARDS**

<b>PHYSICAL AGILITY TEST STANDARDS – OPOTA CERTIFIED</b>				
	<b>Males</b>	<b>Females</b>	<b>Males</b>	<b>Females</b>
<b>Exercise</b>	≤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

<b>PHYSICAL AGILITY TEST STANDARDS – NOT OPOTA CERTIFIED</b>				
	<b>Males</b>	<b>Females</b>	<b>Males</b>	<b>Females</b>
<b>Exercise</b>	≤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

POLICE DEPARTMENT

APPLICATION FOR CIVIL SERVICE ENTRANCE EXAMINATION

AGE: Must have obtained age 21 on or prior to graduation from police academy but cannot have reached the age of 35 on or prior to close of applications.

VISION: Must be correctable to 20/20 in each eye

ALL applicants must furnish a BIRTH CERTIFICATE (copy) with this application, together with a copy of a VALID DRIVER'S LICENSE. If claiming military credit, a copy of your DISCHARGE PAPERS (DD214) must accompany this application. If claiming credit for a 2-year or 4-year degree, a copy of your CERTIFIED GRADE TRANSCRIPT must accompany this application. If claiming credit for OPOTA training, a copy of your OPOTA CERTIFICATION must accompany this application.

City Civil Service Commission, Marion, Ohio \_\_\_\_\_, 20\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_
Street City State Zip

PLEASE NOTE: NOTIFY THE COMMISSION OF ANY CHANGE OF ADDRESS.

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

Social Security No.: \_\_\_\_\_

U.S. Citizen? YES [ ] NO [ ]

Served in Armed Forces? YES [ ] NO [ ]

(If YES, Discharge Papers Required)

OPOTA Certified as Peace Officer? YES [ ] NO [ ]

2-Year Degree YES [ ] NO [ ]

Year Certified \_\_\_\_\_

4-Year Degree YES [ ] NO [ ]

(If YES, copy of Current Certificate Required)

(If YES, Grade Transcript Required)

Have you ever been arrested? YES [ ] NO [ ]

(If YES, give details below. If additional space is needed, please use the reverse side of this page.)

(ALL APPLICANTS WILL HAVE A POLICE BACKGROUND CHECK BEFORE APPOINTMENT.)

List Name and Address of three (3) references. Can they be contacted? YES [ ] NO [ ]

I, \_\_\_\_\_, solemnly swear that the above statements are true.

Signature of Applicant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

Filed with the Commission:

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

Time: \_\_\_\_\_

By: \_\_\_\_\_ (Please Initial)

**BIRTH CERTIFICATE AND DRIVER'S LICENSE REQUIRED -**

**NO EXCEPTIONS**

APPLICATIONS SUBMITTED WITHOUT A COPY OF THE REQUIRED BIRTH CERTIFICATE AND VALID DRIVERS 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 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 you 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 all applicants must be citizens of the United States or have a valid permanent resident card and 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