



**CITY OF NORTHWOOD
CIVIL SERVICE COMMISSION
POLICE PATROLMAN ONLINE EXAMINATION
NATIONAL TESTING NETWORK (JUNE 11, 2018 - JULY 16, 2018)**

DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION:

HOMELAND SECURITY DECLARATION

Applicant Signature Required

APPLICANT DATA RECORD

AUTHORIZATION TO RELEASE INFORMATION

Signature of Applicant and Witness Required

COPY OF DRIVERS LICENSE

**COPY OF EDUCATIONAL DEGREES, OR OFFICIAL TRANSCRIPTS, OR
WRITTEN DOCUMENTATION OF PROOF OF FIVE YEARS OF
CONTINUOUS FULL-TIME LAW ENFORCEMENT EXPERIENCE
(transcripts marked student copy are not acceptable)**

**COPY OF OPOTC CERTIFICATE OR PROVIDE PROOF THAT HE OR
SHE WILL BE CERTIFIED FOR PEACE OFFICER EMPLOYMENT AT
THE TIME OF APPOINTMENT**

Copy of DD214 (If veteran)

PLEASE REVIEW THE SECTION DISQUALIFICATION OF APPLICANTS FOUND IN THE RECRUITMENT PACKET. IF ANY PART OF THIS SECTION APPLIES TO YOU, YOU WILL BE DISQUALIFIED FROM THE ELIGIBILITY LIST.



WELCOME TO
THE CITY OF NORTHWOOD
6000 Wales Road, Northwood, Ohio 43619
Phone: (419) 690-1600

**CITY OF NORTHWOOD, OHIO CIVIL SERVICE COMMISSION
APPLICATION FOR EMPLOYMENT**

PLEASE PRINT CLEARLY

Position Applied For: _____ Date of Application: _____

First Name _____ Middle Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Cell # _____ Other Telephone # _____ Social Security Number _____

- Best time to contact you is: _____

- Are you capable of performing the essential functions of the job, with or without reasonable accommodations for which you have applied? Yes No If accommodations are needed, please list: _____

- Have you ever been employed here before? Yes No If yes, give date(s): _____

- Are you employed now? Yes No If yes, may we contact your current employer(s)? Yes No

- On what date would you be available to start work? _____

- Can you travel if a job requires it? Yes No

- Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, state their name(s), relationship and department that they work in: _____

NOTE: Your driving record may be requested from the Bureau of Motor Vehicles.

- Do you have a valid State of Ohio Driver's License? Yes No License #: _____

- How many points do you have on your driving record at the time you submitted this application? _____

- Do you have a valid State of Ohio Commercial Driver's License? Yes No License #: _____
Class _____

- Is your CDL restricted to vehicles without air brakes (#L)? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or disability. You may exclude from this application any responses that indicate race, color, religion, sex, national origin, disability, age or ancestry.

EDUCATION

TYPE OF SCHOOL	NAME	CITY/STATE	DATES ATTENDED	DEGREE	MAJOR/MINOR
High School		City: State:	To: From:		
Vocational/ Trade		City: State:	To: From:		
College		City: State:	To: From:		
College		City: State:	To: From:		
Other Training		City: State:	To: From:		

MILITARY SERVICE

- Describe any job-related training received in the United States Military: _____

- Are you a Veteran? Yes No , if yes, were you honorably discharged? Yes No (if yes, you must provide a copy of DD-214 to show proof of service. If you successfully pass the exam, and have shown proof of service prior to taking the exam, you will be given 5 additional points.)
- Do you need any special accommodations for taking the exam? Yes No
- If yes, please explain: _____

PERSONAL/PROFESSIONAL REFERENCES

- Give name, address and telephone numbers of three (3) references. Do not use the name of past employers or relatives. These references may be called upon to furnish detailed information concerning your habits, character, job reference and ability.

	<u>Name</u>	<u>Address/Phone Numbers</u>	<u>Occupation</u>
1.	_____		
2.	_____		
3.	_____		

EMPLOYMENT EXPERIENCE

- Start with your present job or last job (if unemployed). Include military service agreements and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, age or other protected status.

Dates Employed _____ to _____ mo./yr. mo./yr.	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
Hourly Rate / Salary \$ _____ to \$ _____ Starting Final	_____ (Address)	Reason for Leaving: _____ _____ _____	
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ mo./yr. mo./yr.	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
Hourly Rate / Salary \$ _____ to \$ _____ Starting Final	_____ (Address)	Reason for Leaving: _____ _____ _____	
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ mo./yr. mo./yr.	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
Hourly Rate / Salary \$ _____ to \$ _____ Starting Final	_____ (Address)	Reason for Leaving: _____ _____ _____	
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____

- Comments (Include explanations of any gaps in employment): _____
- List professional, trade, business or civic activities and offices held: _____
- List specialized skills (skills/equipment operated): _____
- Office machines operated _____
- Factory, construction or street equipment operated: _____
- Typing Speed: _____ w.p.m.
- Describe any other Special Training or Skills which are related to the kind of work you are applying for:

- Resume attached: Yes No

STATEMENT OF UNDERSTANDING AND SIGNATURE

I understand a physical examination will be required.

I understand a credit check may be required, the results of which may have an impact on my eligibility to be employed by the City of Northwood.

I understand a positive drug screen will discharge me from further consideration for employment with the City of Northwood or cause me to be terminated as a city employee.

The City of Northwood established a drug-free workplace policy in accordance with the Drug-Free Workplace Act of 1988. I understand that all employees of the City of Northwood are required to sign the Employer's Drug Free Workplace Policy as a condition of employment.

The City of Northwood has residency requirements. Other than Employees holding positions created by the City Charter or those positions that fall under the fire department residency policy, employees must reside in the State of Ohio within the County of Wood or an adjacent county by the end of their probationary period. I understand that I must adhere by this residency policy.

I understand that I must sign a full release of information statement has a condition of my employment with the city for the purpose of verifying the information I have provided on this application.

I hereby certify that the answers given and statements made on this application are true are correct. I am aware that a representative of the City of Northwood may conduct an investigation of my background to assist in determining my suitability for this employment. I further understand that any applicant who intentionally makes a false statement or who practices fraud in filling out this application will be refused employment. If already appointed, subsequent evidence of misrepresentation will be considered adequate cause for termination of employment.

I hereby authorize all my previous employers and references to furnish any information concerning my personal character, health, reputation, habits and work records. I hereby release all such persons and the City of Northwood from liability or damages incurred as a result of furnishing or obtaining this information.

(Applicant's Signature)

(Date)

THIS SECTION IS FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Position / Test Applying For _____

Date Filed _____

Time Filed _____

Grade : _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Placement: _____
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THE CITY OF NORTHWOOD
6000 Wales Road Northwood, Ohio 43619
Phone: (419) 690-1600

Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date of Birth _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In

 Employment Agency Other _____

Name _____ Phone _____
LAST FIRST MIDDLE Area Code

Address _____
NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic

 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual



CITY OF NORTHWOOD

AUTHORIZATION TO RELEASE INFORMATION

TO: Any Doctor, Physician, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association or other Health Care Provider; the U.S. Armed Forces, Maritime Services, Veterans Association; any Academic Dean, Registrar, Principal, Guidance Counselor, or person authorized to release information at any: School, College, University, Business School, Trade School, High School, or Elementary School; any Local, State or Federal Law Enforcement Agency; any past or present Employer, Credit Bureau, Retail Merchant Association, U.S. Selective Services, or any Government Agency; any renter of Realty Property.

I, _____, have applied for employment with the City of Northwood. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request release of any and all information you have concerning me, including, but not limited to my employment, military, credit, psychological, criminal (including expunged records pursuant to Ohio Revised Code 2953.33), medical, educational (including transcripts of any academic record) and any other records relating to achievement, attendance, personal history, discipline, and credit records. I hereby authorize you to release this information upon request to the bearer of this document. This release is executed with full knowledge and understanding that the information is for the official use of the City of Northwood. Consent is hereby granted for the City of Northwood to furnish this information as described above to third parties in the course of fulfilling its official responsibilities relative to my employment with the City of Northwood. I hereby release the City of Northwood, its officers, agents, employees and independent contractors as the custodian of such records, and employer, educational institution, physician, psychologist, psychiatrist, hospital, or other repository of medical records, credit bureau, consumer reporting agency, or military or governmental entity, including its officers, employees, or related personnel, both individually and collectively, from any and all responsibility or liability for damages of whatever kind, which may at any time result to me, my heirs, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

(printed full name) (signature) (date)

(street address) (city) (state) (zip code)

(telephone number) (date of birth)

(witness's signature) (date)

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY		STATE	ZIP	COUNTY
HOME PHONE () -		WORK PHONE () -		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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Revised April 03, 2017

CURRENT LIST OF DESIGNATED FOREIGN TERRORIST ORGANIZATIONS

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group (ADG)
3. Aum Shinrikyo (AUM)
4. Basque Fatherland and Liberty (ETA)
5. Gama'a al-Islamiyya (Islamic Group) (IG)
6. HAMAS
7. Harakat ul-Mujahidin (HUM)
8. Hizballah
9. Kahane Chai (Kach)
10. Kurdistan Workers Party (PKK) (Kongra-Gel)
11. Liberation Tigers of Tamil Eelam (LTTE)
12. National Liberation Army (ELN)
13. Palestine Liberation Front (PLF)
14. Palestinian Islamic Jihad (PIJ)
15. Popular Front for the Liberation of Palestine (PFLP)
16. PFLP-General Command (PFLP-GC)
17. Revolutionary Armed Forces of Colombia (FARC)
18. Revolutionary People's Liberation Party/Front (DHKP/C)
19. Shining Path (SL)
20. Al-Qa'ida (AQ)
21. Islamic Movement of Uzbekistan (IMU)
22. Real Irish Republican Army (RIRA)
23. Jaish-e-Mohammed (JEM)
24. Lashkar-e Tayyiba (LeT)
25. Al-Aqsa Martyrs Brigade (AAMB)
26. Asbat al-Ansar (AAA)
27. Al-Qaida in the Islamic Maghreb (AQIM)
28. Communist Party of the Philippines/New People's Army (CPP/NPA)
29. Jemaah Islamiya (JI)
30. Lashkar i Jhangvi (LJ)
31. Ansar al-Islam (AAI)
32. Continuity Irish Republican Army (CIRA)
33. Islamic State of Iraq and the Levant (formerly al-Qa'ida in Iraq)
34. Islamic Jihad Union (IJU)
35. Harakat ul-Jihad-i-Islami/Bangladesh (HUJI-B)
36. Al-Shabaab
37. Revolutionary Struggle (RS)
38. Kata'ib Hizballah (KH)
39. Al-Qa'ida in the Arabian Peninsula (AQAP)
40. Harakat ul-Jihad-i-Islami (HUJI)
41. Tehrik-e Taliban Pakistan (TTP)

42. Jundallah
43. Army of Islam (AOI)
44. Indian Muhahedeen (IM)
45. Jemaah Anshorut Tauhid (JAT)
46. Abdallah Azzam Brigades (AAB)
47. Haggani Network (HQN)
48. Ansar al-Dine (AAD)
49. Boko Haram
50. Ansaru
51. Al-Mulathamun Battalion
52. Ansar al-Shari'a in Benghazi
53. Ansar al-Shari'a in Darnah
54. Ansar al-Shari'a in Tunisia
55. ISIL Sinai Province (formally Ansar Bayt al-Magdis)
56. Al-Nusrah Front
57. Mujahidin Shura Council in the Environs of Jerusalem (MSC)
58. Jaysh Rijal al-Tariq al Nagshabandi (JRTN)
59. ISIL-Khorasan (ISIL-K)
60. Islamic State of Iraq and the Levant's Branch in Libya (ISIL-LIBYA)
61. Al-Qa'ida in the Indian Subcontinent



Change of Personal Information

Northwood Civil Service Commission

6000 Wales Road
Northwood, OH 43619
(419) 693-9327 (419) 693-3603 (Fax)

If you change your home address or phone number(s) at any time during the duration of the eligibility list, you must complete and submit this Change of Personal Information form. You may submit this form by one of the following methods:

1. Bring the completed form to the Northwood Civil Service Commission, 6000 Wales Road, Northwood, OH 43619;
2. Fax the form to the Commission Office at (419) 693-3603;
3. Mail the completed form to the Commission Office at:

Northwood Civil Service Commission
6000 Wales Road,
Northwood, OH 43619

Be sure to complete all the information requested below:

Please print clearly.

Previous Home Address and Telephone Number
--

Social Security Number _____

Last Name _____

First Name and Middle Initial _____

Street Address _____

City, State, Zip _____

Home Phone Number _____

Cell Phone _____

New Home Address and Telephone Number

Social Security Number _____

Last Name _____

First Name and Middle Initial _____

Street Address _____

City, State, Zip _____

Home Phone Number _____

Cell Phone _____

Which eligibility list are you on? _____

For Civil Service Commission Use Only

Date Entered: _____ Initials: _____