



BURTON POLICE DEPARTMENT
14588 WEST PARK ST. P.O. BOX 24
BURTON, OHIO 44021
CHIEF RICHARD SMIGELSKI

440-834-1234

440-834-9094

Title: Entry level job requirements for the position of Police Officer

Effective date: 6/6/11

Authorized by: Richard Smigelski, Chief of Police

1. It is the policy of the Burton Police Department to require job related entry level requirements for the individuals applying to become a police officer.
2. Individuals who cannot meet or are not willing to comply with the following requirements will not be considered for employment.
3. The conditions for employment as a Police Officer are:
 - A. United States citizen
 - B. Twenty-one (21) years of age at date of application.
 - C. No physical or mental condition that would prevent the applicant from fully discharging the responsibilities of the position for which they are applying.
 - D. No serious misdemeanor conviction or any felony convictions.
 - E. Negative drug screening
 - F. Non-tobacco user
 - G. No membership in the communist party or any organization that advocates the overthrow of the government of the United States, any state or any local government by illegal means.
 - H. Participation in a successful completion of the department's selection process, including background investigation, drug screen, Voice Stress Analysis (VSA) screen, psychological exam and physical exam.
 - I. Successfully completing the basic Ohio Peace Officer's Training Council requirements prior to or within twelve (12) months of employment. Training will be at the applicant's expense.



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**LIST OF ITEMS THAT NEED TO BE INCLUDED WITH YOUR
APPLICATION PACKET (DO NOT SUBMIT ORIGINALS):**

- 1. VALID DRIVER'S LICENSE**
- 2. SOCIAL SECURITY CARD**
- 3. BIRTH CERTIFICATE**
- 4. HIGH SCHOOL DIPLOMA OR GED**
- 5. DD-214 IF APPLICABLE**
- 6. COLLEGE DIPLOMA IF APPLICABLE**
- 7. COMPLETED APPLICATION WITH NOTORIZATION WHERE
REQUESTED.**
- 8. OHIO PEACE OFFICER CERTIFICATION**
- 9. RESUME**
- 10. FINGERPRINTS (CONTACT GEAUGA COUNTY SHERIFF'S
OFFICE TO OBTAIN 440-279-2009 EXT. 4346)**
- 11. CURRENT CREDIT REPORT
(WWW.ANNUALCREDITREPORT.COM)**



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Name

Date

Address

Home Phone

Cell Phone

Social Security Number

Date of Birth

Are you twenty-one (21) years of age or older?

Yes

No

Are you a United States citizen?

Yes

No

Do you possess a valid State of Ohio
driver's license?

Yes

No

Driver's license number? _____

Have your driving privileges ever been
suspended?

Yes

No

If yes, what for and when? _____

Are you currently employed? Yes No

If yes, where? _____

How long with current employer? _____

Are you on layoff and subject to recall? Yes No

Have you ever been fired from a place of employment? Yes No

If yes, which employer and explain what for. _____

Date you can start work? _____

Can you travel and do you have reliable transportation? Yes No

Have you ever been involved in a traffic accident? Yes No

If yes, when and were you cited for the accident? _____

Are you or have you ever been a member of any organization that advocates violence or discrimination? Yes No

If yes, what group and when? _____

Do you possess a valid high school diploma or GED equivalent? Yes No

Are you currently certified under the State of Ohio's Police Training Commission? Yes No

Have you ever been convicted of any crime? Yes No
(Include traffic violations)

If yes, explain in detail. _____

Have you ever used narcotics or controlled substances, other than those prescribed by a physician? Yes No

If yes, what and when? _____

Do you consume alcoholic beverages? Yes No

If yes, how often? _____

Are you addicted to either alcohol or drugs? Yes No

Have you ever received compensation, disability pension or other compensation for illness or injury? Yes No

If yes, explain in detail. _____

Do you know of any information that might disqualify you from being hired as a Police Officer? Yes No

If yes, explain in detail. _____

EDUCATION

LIST EACH GRAMMAR, JR. HIGH, HIGH SCHOOL, TRADE, PART-TIME, NIGHT SCHOOL, BUSINESS COLLEGE, UNIVERSITY OR TRAINING PROGRAM THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.

NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	
NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	
NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	
NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	
NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	
NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	
NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	
NAME AND LOCATION OF SCHOOL			
DATES ATTENDED	DEGREE/DIPLOMA/CERTIFICATION	GRADUATED?	
		YES	
		NO	

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR MOST RECENT JOB. INCLUDE MILITARY ASSIGNMENTS AND VOLUNTEER ACTIVITIES. DO NOT EXCLUDE POSITIONS YOU WERE TERMINATED FROM.

EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
SUPERVISOR'S NAME:			
DATES EMPLOYED:	TO:		FROM:
JOB TITLE:			
REASON FOR LEAVING:			
JOB DUTIES:			
EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
SUPERVISOR'S NAME:			
DATES EMPLOYED:	TO:		FROM:
JOB TITLE:			
REASON FOR LEAVING:			
JOB DUTIES:			
EMPLOYER:			
ADDRESS:			
PHONE NUMBER:			
SUPERVISOR'S NAME:			
DATES EMPLOYED:	TO:		FROM:
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I, _____, authorize, _____,

to release to the Burton Police Department any and all information contained
in my personnel file maintained during my employment with:

Name, address and phone number of current or former employer

 Signature

 Date

 Witness

 Date

Sworn to me on this _____ day of _____, 20_____.

 Notary (SEAL)



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I, _____, do hereby authorize any and all school officials, both public and private, the Veterans Administration, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, medical doctors, insurance companies, state and federal tax bureaus, Ohio Bureau of Criminal Investigations (B.C. I.) and the Federal Bureau of Investigations (F.B.I.) to furnish the Burton Police Department with any and all available information regarding me in order that they may determine my suitability for law enforcement work.

I authorize the Burton Police Department to make inquiry of my present and past employers, references, family members, neighbors and acquaintances regarding my character, integrity and reputation.

If there is any entity that you do not authorize us to contact list here and explain why: _____

 Signature

 Date

Sworn before me this _____ day of _____, 20_____.

 Signature (SEAL)

 Date



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TRUTH VERIFICATION RELEASE FORM

I, _____, do hereby volunteer, without duress, coercion, promise, reward or immunity, submit to examination by the voice stress analysis truth verification technique and release, absolve and forever hold harmless the NITV and Burton Police Department, it's servants, agents and anyone acting in it's behalf, from any and all claims, demands, or other damages from any matter, act or thing arising out of the aforesaid examination. I understand that this examination may be videotaped and I release into the possession of the Burton Police Department all materials, recordings and all other documents for the purpose of testimony and/or training.

Signature

Date

Witnessed

Date

DI

NDI

ADDS

NO ADDS



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RELIEF FROM LIABILITY WAIVER

I, _____, hereby state that I am in sound physical condition to participate in the physical agility test as administered by the staff of the Burton Police Department. I relieve the Burton Police Department and it's agents of liability from any injury I might sustain as a result of my taking the physical agility test.

Signature

Date

Witness

Date