

### Urbana Police Division PATROL OFFICER – APPLICANT PACKET

Dear Patrol Officer Applicant:

Thank you for your interest in employment with the City of Urbana. Please read this cover letter carefully prior to filling out the attached application packet for the position of Patrol Officer. You need to return the completed packet to:

Cat Jones - Human Resources City of Urbana 225 South Main Street P.O. Box 747 Urbana OH 43078-0747

You must return the packet prior to the deadline of Monday, May 10, 2024 by 3:00 P.M. Mailed applications must be received prior to the deadline. Hand-delivered applications may be dropped off at the Human Resources office at 225 South Main Street, Urbana, OH 43078. **Do not drop off applications at the police division office.** Application packets that are incomplete or received after the deadline will not be accepted. There will be no exception to this rule.

The Civil Service Written Examination will be administered on Saturday, May 18, 2024 at 8:00 A.M. The examination site will be at the Urbana Police Division, 205 South Main Street, Urbana, OH 43078. Registration will begin at 7:00 A.M. Please bring two (2) No. 2 pencils and your driver's license with you. **If you do not have your driver's license, you will not be permitted to take this examination.** Please note that the examination will begin promptly at 8:00 A.M. Should any applicant arrive late, the Civil Service Commission may refuse admission to the examination.

In accordance with the Codified Ordinances of the City of Urbana, no person shall be eligible to receive an original appointment as a police officer unless the person has reached the age of twenty-one; and no person shall be eligible to receive an original appointment on and after the person's sixty-ninth birthday. (¶149.03)

This examination is being conducted to establish an eligibility list for the position of Patrol Officer. The civil service testing procedure consists of several parts, as explained on the following pages.

Once again, thank you for your interest in employment with the City of Urbana. I hope this letter has been informative. Should you have any questions regarding the examination process, please do not hesitate to contact me at (937) 652-4313.

Sincerely,

C Jones

Cat Jones Human Resources Manager

### **URBANA POLICE DIVISION**

### 2024 Civil Service Entry-Level Testing & Selection Timeline

The activities and timeline for the 2024 Civil Service testing and selection process to establish an eligibility list for entry-level Patrol positions are listed below. An asterisk (\*) following the activity description indicates that more information is provided later in this document.

| <u>Date/Time</u><br>Friday, April 12, 2024 | Activity<br>Civil Service Meeting—announce vacancies, establish minimum qualifications and<br>testing procedures |
|--|--|
| Monday, April 15, 2024                     | Beginning of Application Period*   |
| Monday, May 10, 2024                       | Application Deadline; Mailing to Applicants*   |
| Saturday, May 18, 2024                     | Conduct Written Test & Physical Fitness Test*  |
| Monday, May 20, 2024                       | Mail / Email Test Scoring Sheets to Testing Company  |
| Saturday, May 25, 2024                     | Inclement Weather Date for Physical Fitness Test (if needed)   |
| Tuesday, May 28, 2024                      | Civil Service Meeting to Establish Eligibility/Certified Lists   |
| Wednesday, May 29, 2024                    | Mail Test Scores & Eligibility/Certified Information to Applicants   |

### **Beginning of Application Period**

- Application Notice will be posted/distributed.
- Advertisements to appear in the Urbana Daily Citizen at least once a week for three consecutive weeks. The last
  publication must be at least seven days before the application deadline, which must be published. The Application
  Notice may also be distributed to other media, including, the Springfield News-Sun, Dayton Daily News and the
  Columbus Dispatch, as well as being posted on various Internet web sites.
- Recruitment efforts will also include notifications to college students and Ohio Peace Officer Training Commission Academies throughout the State of Ohio.

### Application Deadline; Mailing to Applicants

Send information to applicants. Information will include:

- Application Notice. The application Notice will include a notice that the applicant must be 21 69 years of age on the date of the test.
- Application Information Packet.
- Information concerning the test date/time/locations.
- List of events in the physical fitness test.
- Scoring information:
  - *Written Test* minimum passing score is 70 %.
  - *Physical Fitness Test* the physical fitness test is a pass/fail test. The applicant must pass each event to pass the physical fitness test.
  - *If an applicant is eligible, military points will apply.* The applicant must provide a copy of his/her DD-214 form on or before the test date to be eligible for the military points.



### **Conduct Written Test and Physical Fitness Test**

Darany & Associates Entry Level written test will be conducted at 8:00 A.M. on Saturday, May 18, 2024 at the Urbana Police Division, 205 South Main Street, Urbana, Ohio. Registration will begin at 7:00 A.M. The written test will require 2 ½ hours to complete. The Cooper physical fitness test will begin at the same location at 11:00 A.M. and will finish at the Urbana High School track at the Urbana High School Boyce Street Complex, 987 Boyce Street, Urbana, Ohio, or, the Simon Kenton Bike Trail, beginning at the State Route 55 location.

The Darany & Associates test covers four modules: Accuracy of Observation, Written Communication Skills, Reading with Understanding, and Biographical Inventory.

The Cooper physical fitness test will require applicants to meet the following Ohio Peace Officers Basic Training Program Physical Fitness Standards (30th Percentile):

|                           |        | Age and | Gender Minimu | <u>m Score</u> |         |       |
|---------------------------|--------|---------|---------------|----------------|---------|-------|
|                           |        | (<-29)  | (30-39)       | (40-49)        | (50-59) | (60+) |
| Sit-ups (1 minute)        | Male   | 35      | 32            | 27             | 21      | 17    |
| Push-ups (1 minute)       | IVIAIE | 26      | 20            | 15             | 10      | 8     |
| 1.5 Mile Run              |        | 13:16   | 13:46         | 14:34          | 15:58   | 17:38 |
|                           |        | (<-29)  | (30-39)       | (40-49)        | (50-59) | (60+) |
| Sit-ups (1 minute)        | Famala | 30      | 22            | 17             | 12      | 4     |
| Push-ups (1 minute)       | Female | 13      | 9             | 7              | **9     | **3   |
| 1.5 Mile Run              |        | 15:52   | 16:38         | 17:22          | 18:59   | 21:20 |
| **Modified form per OPOTC |        |         |               |                |         |       |

### Selection Process

After the Eligibility & Certified lists are made by the Commission, the Division will use the following evaluations and examinations during the selection process:

- Interviews
- Psychological Examination— The result will be used along with other information to make selection or disqualifying decisions. The psychological examination is a pencil and paper test. If more information is needed to make a decision, another psychological may be given using a personal evaluation by a psychologist or psychiatrist.
- Polygraph Examination
- Background Investigation—Conducted internally by UPD members.
- Interview with the Police Chief and the Director of Administration.
- Medical Examination and Drug Screen—by state law, new police officers and firefighters must receive an extensive medical examination before they can be admitted into the police & fire pension system. The state law mandates specific tests that must be given; for example, a cardiac stress test. We will use this as our medical examination.



## **CITY OF URBANA, OHIO**

# Application for the Patrol Officer Entry Level Civil Service Examination This application must be filled out with pen or be typewritten. Please print clearly.

| 1a. Last Name   | 1b. First Na   | ame               |         | 1c. Middle Initial |
|---|----------------|-------------------|---------|--------------------|
|   |                |                   |         |                    |
|   |                |                   |         |                    |
| 2. Street Address   |                |                   |         |                    |
|   |                |                   |         |                    |
| 3a. City  | ]              | 3b. State         | 3c. Zij | o Code             |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
| 4a. Home Phone  |                | 4b. Cell Phone    |         |                    |
|   |                |                   |         |                    |
| 5a. Social Security Number  |                | 5b. Email Address |         |                    |
| -   |                |                   |         |                    |
|   |                |                   |         |                    |
| 6. Citizenship  |                |                   |         |                    |
| If hired, een veu provide written ovidenee of vour ri   | abt to work in | this country?     |         | 🗆 No               |
| If hired, can you provide written evidence of your right  | ght to work in |                   |         |                    |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
| 7. Limitations  |                |                   |         |                    |
|   |                |                   |         |                    |
| List any reason why you would be unable to perform the essential functions, or fundamental job duties, of the |                |                   |         |                    |
| position.   |                |                   | -       |                    |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
|   |                |                   |         |                    |
| 8. Previous City Employee   |                |                   |         |                    |
|   |                |                   |         |                    |
| Do you now, or have you ever, worked for the City   | of Urbana?     | 🗆 Yes 🛛 N         | lo      |                    |
| If yes, from to D   | epartment      |                   |         |                    |
|   | opur unioni    |                   |         |                    |

| 9. Driver's License  |                      |                     |                 |                 |                                  |
|----------------------|----------------------|---------------------|-----------------|-----------------|----------------------------------|
| Do you have a va     | lid driver's license | ? 🗆 Yes 🛛           | ] No            |                 |                                  |
| PRO                  | VIDE A COPY C        | F YOUR DRIVE        | R'S LICENSE WIT | TH THIS APPLICA | TION                             |
| 10. High School      |                      |                     |                 |                 |                                  |
| Do you have a hiç    | jh school diploma    | ? 🗌 Yes             | □ No            |                 |                                  |
| lf no, do you have   | a GED?               | □ Yes               | 🗆 No            |                 |                                  |
| PROVIDE A            | HIGH SCHOOL          | . TRANSCRIPT (      | OR PROOF OF G   | ED WITH THIS AF | PPLICATION                       |
| 11. Other Education  |                      |                     |                 |                 |                                  |
| Type of School       | Dates<br>From To     | Name of School      | City/State      | Course of Study | Type of Degree or<br>Certificate |
|                      |                      |                     |                 |                 |                                  |
|                      |                      |                     |                 |                 |                                  |
|                      |                      |                     |                 |                 |                                  |
|                      |                      |                     |                 |                 |                                  |
|                      |                      |                     |                 |                 |                                  |
| 12. Military Service |                      |                     |                 |                 |                                  |
| Have you ever se     | rved on active dut   | y in the armed forc | es? 🗌 Yes       | □ No            |                                  |
|                      | PROVIDE A C          | OPY OF ALL D        | D-214s WITH THI | S APPLICATION   |                                  |

| 13. Peace Officer Basic Training       |  |                                      |  |
|--|--|--------------------------------------|--|
|  |  |                                      |  |
| Do you have a letter or certificate of | of completion for Ohio Basic Peace Of  | ficer Training through an Ohio Peace |  |
| Officer Training Commission Acade      | my? 🗌 Yes 🗌 No   |                                      |  |
|  |  |                                      |  |
|  | F THE LETTER/CERTIFICATE WIT   | TH THIS APPLICATION                  |  |
|  |  |                                      |  |
| 14. Work Experience                    |  |                                      |  |
|  | e beginning with your most recent job<br><b>tion</b> . If you need additional space, mak |                                      |  |
|  |  |                                      |  |
|  |  |                                      |  |
| Dates                                  | Employer   | Position Title                       |  |
| From To                                |  |                                      |  |
| Address                                |  |                                      |  |
| Phone Number                           | Supervisor   | May we contact this employer?        |  |
|  |  | □ Yes □ No                           |  |
| Full Time  Part Time                   | Hours per Week   | Salary                               |  |
| Duties                                 |  |                                      |  |
| Reason for Leaving                     |  |                                      |  |
| Reason for Leaving                     |  |                                      |  |
| Dates                                  | Employer   | Position Title                       |  |
| From To                                |  |                                      |  |
| Address                                |  |                                      |  |
| Phone Number                           | Supervisor   | May we contact this employer?        |  |
|  |  | □ Yes □ No                           |  |
| Full Time  Part Time                   | Hours per Week   | Salary                               |  |
| Duties                                 |  |                                      |  |
| Reason for Leaving                     |  |                                      |  |
|  |  |                                      |  |
|  |  |                                      |  |

| Dates                | Employer       | Position Title                |
|----------------------|----------------|-------------------------------|
| From To              |                |                               |
| Address              |                |                               |
| Phone Number         | Supervisor     | May we contact this employer? |
|                      |                | □ Yes □ No                    |
| Full Time  Part Time | Hours per Week | Salary                        |
| Duties               | ·              |                               |
| Reason for Leaving   |                |                               |

| 15. References<br>Provide three references. Do not include relatives. |         |              |  |  |
|---|---------|--------------|--|--|
| Name and Occupation   | Address | Phone Number |  |  |
|   |         |              |  |  |
|   |         |              |  |  |
|   |         |              |  |  |
|   |         |              |  |  |
|   |         |              |  |  |
|   |         |              |  |  |

### BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Furthermore, I hereby authorize the City of Urbana to contact prior employers, educational institutions, and references listed above to obtain any and all information related to my past work performance, experience or education.

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

| Date: |  |  |
|-------|--|--|
| Date. |  |  |

### THE CITY OF URBANA IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICAN DISABILITIES ACT.

### CITY OF URBANA, OHIO EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your employment application.

| JOB DESIRED:         DIRECTION:         The City of Urbana requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information will in no way affect the processing of your application. This information equivalence of the authority of Ohio Civil Rights Commission Rule 4112-5-04.         RACE: (Select any that apply)         any that apply         White         Black or         African         Mative         Hawaiian or         Other Pacific         Islander         American         Indian or         Other Race         Difference         Mative         Alaska Native         Alaska Native         Alaska Native         Pace         Provide Did D YOU BECOME AWARE OF THIS POSITION?         Newspaper         If yes, which newspaper?         Bradio       If yes, which newspaper?         Presonal Contact       If yes, give name.         Pother       Please Explain.   |   | DATE:  |
|--|---|--|
| regard to equal employment opportunity. This information will in on way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only. It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.         RACE: (Select any that apply)       It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.         White       It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.         RACE: (Select any that apply)       Male         White       It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.         Black or       African         American       It is participation.         Native       It is participation.         Hawaiian or       It is participation.         Other Pacific       It is participation.         Islander       It is participation.         American       It is participation.         Indian or       Alaska Native         Asian       It is possible.         Other Race       It is possible.         HOW DID YOU BECOME AWARE OF THIS POSITION?       Note: Please mark all that apply.         A)       Newspaper  | JOB DESIRED:  |  |
| any that apply)       SEX:         White   | regard to equal employment oppo<br>application. This information she  | ortunity. This information will in no way affect the processing of your<br>set will be processed separately and will be used for statistical |
| Hawaiian or  | any that apply)<br>White<br>Black or<br>African   |  |
| Indian or       Indian or         Alaska Native       Alaska Native         Asian       Image: Description of the state of the st | Hawaiian or<br>Other Pacific<br>Islander  |  |
| Other Race   | Indian or   | · .  |
| A) Newspaper If yes, which newspaper?         B) Radio If yes, which station?         C) Job Posting If yes, where?         D) Personal Contact If yes, give name  |   |  |
| B) Radio If yes, which station?         C) Job Posting If yes, where?         D) Personal Contact If yes, give name  | HOW DID YOU BECOME AWARE OF THIS PO   | <b>OSITION?</b> Note: Please mark all that apply.  |
|  | <ul> <li>B) Radio If yes, which station?</li> <li>C) Job Posting If yes, where?</li> <li>D) Personal Contact If yes, give name</li> </ul> | ne   |
|  |   |  |

# **APPLICATION CHECKLIST**

- APPLICATION SIGNED AND DATED PAGE 7
- EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET PAGE 8
- COPY OF DRIVER'S LICENSE ENCLOSED
- COPY OF HIGH SCHOOL TRANSCRIPT OR GED ENCLOSED
   (Do not send copies of high school diplomas, or college transcripts.)
- COPIES OF FORMS DD-214 FOR ALL PERIODS OF ACTIVE MILITARY DUTY ENCLOSED
- COPY OF OHIO BASIC PEACE OFFICER TRAINING ENCLOSED