

# Full-Time Patrol Officer

CITY OF SEVEN HILLS, OHIO



**NOTICE IS HEREBY GIVEN THAT AN OPEN WRITTEN EXAMINATION FOR THE POSITION OF FULL-TIME PATROL OFFICER WILL BE HELD IN ACCORDANCE WITH THE LAWS AND RULES OF THE CIVIL SERVICE COMMISSION OF THE CITY OF SEVEN HILLS, OHIO AND REVISED CODE OF OHIO.**

1. A written examination for the position(s) of full time Patrol Officer for the City of Seven Hills, Ohio will be given in two separate parts consisting of a written examination and a Physical Agility test. The written exam will be given on October 6, 2018 at 10:00 A.M. (Sign-in at 9:15 AM) at Seven Hills City Hall, 7325 Summitview Drive, Seven Hills, Ohio 44131. Candidates passing the written test (score of 70% or more) will be required to provide proof of successful completion of the Tri-C Physical Agility Test prior to consideration for employment. The physical agility test is administered by the Police Training Academy at Tri-C Western Campus, Parma, Ohio. Fees for the agility test are at the participant's expense. Information of dates and times of the agility test are available with the application.
2. Application forms can be obtained at Seven Hills City Hall, 7325 Summitview Drive, daily Monday thru Friday from 9:00 A.M. to 4:00 P.M. starting 9/10/18 and ending on Friday, 9/28/18 or at [www.sevenhillsohio.org](http://www.sevenhillsohio.org).
3. All applications for examination must be made on the application form furnished by the City of Seven Hills and must be returned by applicant in person, with a \$25.00 application fee and a current photo ID, to the Clerk of Courts office at Seven Hills City Hall, 7325 Summitview Drive, Seven Hills, Ohio between 9/10/18 and no later than 9/28/18 at 4:00 P.M. No refunds will be provided. Application fee payable by cash, money Order, or check only. Checks should be made payable to the City of Seven Hills.
4. The starting salary for the position of full-time Patrol Officer is \$57,231.84.
5. Competitive examination for full-time Patrol Officer is open to all persons who have attained the age of 21 on or before the date of the examination, who are citizens of the United States, or who have legally declared their intent of becoming a United States citizen, in good physical and mental health and have good moral and financial character that have achieved a high school diploma or equivalent (GED) and have a valid Ohio Driver's License and have not reached the age of 35 on the date of the written exam.
6. The applicants who desire to secure additional credit can have up to 20% of their passing test score added to their test total. Additional credit can be earned through the following: Supporting documentation of additional credit must be filed with the completed application at Seven Hills City Hall by the filing deadline:
 

a. Prior Military experience	Copy of DD214 required	20%
b. Currently Employed Full-Time Ohio Police Officer	Copy of current Police ID	20%
c. Currently Employed Part-Time Ohio Police Officer	Copy of current Police ID	10%
d. Bachelor Degree	Official college transcripts	20%
e. Associate College Degree	Official college transcripts	10%
f. OPTA	Certificate	10%

BY THE ORDER OF THE CIVIL SERVICE COMMISSION, CITY OF SEVEN HILLS,  
WILLIAM VON ALT, CHAIRMAN, MEMBERS RONALD ROSE AND ERIC ZIPAY  
EOE

# APPLICATION FOR EMPLOYMENT

**CITY OF SEVEN HILLS**

7325 Summitview Dr.

Seven Hills, OH 44131

(216) 524-4421 · Recreation Center (216) 524-6262

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (Voluntary)

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
 .....If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_

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

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
*Proof of citizenship or immigration status will be required upon employment.*  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate 1 2 3 shift)  
 Part-Time (please indicate Mornings Afternoon Evenings)  
 Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		From	To	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM ____	WPM ____	_____	_____
		_____	_____

*State any additional information you feel may be helpful to us in considering your application.*

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  YES  NO

## REFERENCES

1. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
\_\_\_\_\_ (Address)
2. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
\_\_\_\_\_ (Address)
3. \_\_\_\_\_ (Name) \_\_\_\_\_ ( ) Phone # \_\_\_\_\_  
\_\_\_\_\_ (Address)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

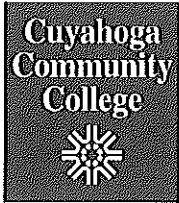
Employed  Yes  No Date of Employment \_\_\_\_\_

INTERVIEWER

DATE

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE



Public Safety Training Center  
Police Agility Program  
WESTERN CAMPUS  
11000 W. PLEASANT VALLEY RD.  
PSTC BLDG., STE. 221  
PARMA, OH 44130  
PHONE: 216-987-3033

Dear Candidate,

Congratulations on your choice of a career in Law Enforcement. The Agency you are testing with has contracted with Cuyahoga Community College to provide the Written Cognitive Assessment and Police Agility Exam. The Police Agility Exam is the result of years of research and practical application. The assessment have been validated by scientific research, and will be administered impartially and fairly at a neutral test site. The test site will be Cuyahoga Community College's Western Campus in Parma, Ohio. **We strongly recommend you consult with your personal physician before taking the agility exam.**

A registration form is enclosed with this packet. You must register and have payment in by **4:00 pm on the Wednesday before your Exam Date (exam is always on a Sunday).** Upcoming test dates: October 14<sup>th</sup>, November 18<sup>th</sup>, & December 16<sup>th</sup>. **You are solely responsible for meeting any deadlines set by the agency you are testing for, at this time.** The cost for the Police Agility Exam is \$60 and it is mandatory. Please call 216-987-3033 to register. Payment is due at the time of registration.

You are required to report to the Western Campus in Parma (11000 Pleasant Valley Road, Parma, Ohio 44130), to the Public Safety Training Center. Visit our website, [www.tri-c.edu](http://www.tri-c.edu), for a campus map (bottom of home page). Sign-in will being at 0700 and testing will begin at 0800. If you do not arrive by 0800, **YOU WILL NOT BE TESTED** and there is **NO REFUND**. You **must** bring a valid Identification Card **WITH YOUR PICTURE ON IT**, or you will not be admitted into the test facility.

The Police Agility Program does not mail out confirmations. Cancellation notice must be given three (3) business days prior to the test. **NO REFUNDS** will be given after the registration cut-off date for the test and/or the test date itself.

We wish you the best of luck. Please call if you have any questions.

Sincerely,

*Carrie Havens*

Carrie Havens  
Coordinator  
Public Safety Training Center  
Office: 216-987-3033  
Email: [carrie.havens@tri-c.edu](mailto:carrie.havens@tri-c.edu)



Cuyahoga Community College  
Public Safety Training Center  
Law Enforcement Division  
Police Agility Program

**Preparing for the Police Physical Agility Exam**

**WHAT TEST STANDARDS MUST BE MET?**

There are three events that must be successfully completed to receive a Cuyahoga Community College Certificate of Completion. Each event is scored separately and the participant must meet the standard on each and every event to a certificate. The standards are as follows:

COOPER INSTITUTE OF AEROBIC RESEARCH STANDARDS					
30 <sup>th</sup> percentile					
AGE		20-29	30-39	40-49	50-59
MEN	1.5 Run	13:08	13:48	14:33	16:16
	Sit-Ups (1 Minute)	35	32	27	21
	Push-Ups (1 Minute)	26	20	15	10
WOMEN	1.5 Run	15:52	16:38	17:22	18:59
	Sit-Ups (1 Minute)	30	22	17	12
	Push-Ups (1 Minute)	13	09	07	09*

\*Modified push-ups.

**HOW TO PREPARE FOR THE TEST?**

PHYSICAL FITNESS ASSESSMENT PREP / TRAINING ROUTINES						
WEEK	MAX PUSHUPS & SIT-UPS 3X/WEEK Determine your max push-up/sit-ups, this will be the initial training repetition/dose (ITRD). Add 2 repetitions for each successful week.		1.5 MILE RUN The progressive routine below is proven to gradually increase your running endurance. If applicable, you may advance the schedule on a weekly basis and then proceed to the next level!			
	SETS	REPS	ACTIVITY	DISTANCE	MAX TIME	FREQUENCY
1	1	ITRD	Walk	1 mile	17-20 min	5x/week
2	2	ITRD+2	Walk	1.5 miles	25-29 min	5x/week
3	3	ITRD+4	Walk	2 miles	32-35 min	5x/week
4	3	ITRD+6	Walk	2 miles	28-30 min	5x/week
5	3	ITRD+8	Walk / Jog	2 miles	27 min	5x/week
6	3	ITRD+10	Walk / Jog	2 miles	26 min	5x/week
7	3	ITRD+12	Walk / Jog	2 miles	25 min	5x/week
8	3	ITRD+14	Walk / Jog	2 miles	24 min	5x/week
9	3	ITRD+16	Jog	2 miles	23 min	4x/week
10	3	ITRD+18	Jog	2 miles	22 min	4x/week

# PUBLIC SAFETY TRAINING CENTER: ADVANCED TRAINING REGISTRATION

## REGISTRATION OPTIONS

**BY FAX: (216) 987-0639**

Credit card or Department purchase order only

**SCAN TO EMAIL: Carrie.Havens@Tri-C.edu**

Credit card or purchase order only

**IN-PERSON:**

Credit card, purchase order, check or money order at our Western Campus, Public Safety Training Center located at:  
7029 Homewood Avenue  
Parma Heights, Ohio 44130

**BY MAIL:**

Credit card, purchase order, check or money order to:  
Cuyahoga Community College  
KeyBank PSTC, ATTN: Carrie Havens  
11000 Pleasant Valley Road  
Parma, Ohio 44130-5113

*\*Tri-C is not responsible for lost or misdirected mail*

**BY PHONE: (216) 987-3033**

Police Agility Exam, Written Cognitive, and/or Pre-Screening Psychological Assessments ONLY.  
Credit card *only*- have your payment information available

## REGISTRATION INFORMATION

**APPLICANTS WILL NOT BE SENT NOTIFICATIONS OR CONFIRMATIONS.**

**REGISTRATION / CANCELLATION DEADLINES:**

Police Agility Exam, Written Cognitive, and/or Pre-Screening Psychological Assessments each have deadlines of 4PM the Wednesday prior to the Assessment date. ALL OTHER Advanced Training courses have deadlines of one (1) week prior to their start dates.

**REFUND POLICY:**

Participants will receive a full refund if cancelled by the registration deadline date. There will be NO refunds thereafter. If you register for the test and do not cancel by the registration deadline, you WILL be billed for the test.

**PARKING:**

Available in front & back lots of the KeyBank Public Safety Training Center building on Western Campus.

**DIRECTIONS TO CAMPUS:**

Exit I-71 at Bagley Road and go East  
Exit I-77 at Pleasant Valley Road and go West  
Exit the Ohio Turnpike at Exit 10 to I-71 North  
The Campus is located at the corner of Pleasant Valley and York Roads.

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Social Security Number- last 4 digits REQUIRED

Address \_\_\_\_\_  
Number Street Apt. No.

City State Zip County

Home Phone    -    -      
Area Code

Cell Phone    -    -      
Area Code

Email \_\_\_\_\_

Date of Birth:   -   -    
Month Day Year

Have you ever been convicted of a sexual related offense or a violent crime against a minor?  Yes  No

Gender:  Male  Female  
U.S. Citizen:  Yes  No  
Are You a Veteran:  Yes  No

Ethnic Background:  
 BLACK  AMERICAN INDIAN OR ALASKAN  
 WHITE (NON-HISPANIC)  ASIAN, PACIFIC ISLANDER, OR INDIAN SUBCONTINENT  
 HISPANIC  OTHER

## EMPLOYMENT INFORMATION

Complete this area if you are testing for a Department/Agency

Department Name \_\_\_\_\_

Phone    -    -      
Area Code Ext.

Address \_\_\_\_\_  
Number Street

Fax    -    -      
Area Code

City State Zip County

## PAYMENT INFORMATION

Bill Department, (via attached P.O. or 3rd Party Authorization Form)  Check or Money Order (enclosed & payable to Cuyahoga Community College)

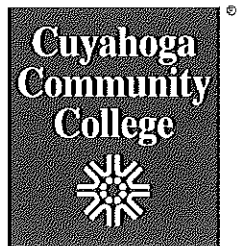
Mastercard Account Number \_\_\_\_\_  
 Visa Name on Card \_\_\_\_\_  
 Discover Signature \_\_\_\_\_  
 Amer. Express

Security Code \_\_\_\_\_  
Exp. Date \_\_\_\_\_

## IMPORTANT PAYMENT INFORMATION

Effective July 15, 2014, a 2.4 percent service fee will apply to all payments made by credit card for Cuyahoga Community College (Tri-C®) tuition, fees and other student account charges.

COURSE NO.	COURSE TITLE	START DATE	FEE
	Police Agility Exam		\$60.00



Signature (required) \_\_\_\_\_

TOTAL \_\_\_\_\_