



TRENTON POLICE DEPARTMENT

11 E State St – Trenton OH 45067
Phone 513.988.6341 – Fax 513.988.5173
www.ci.trenton.oh.us

Police Recruit Information Document

The Trenton Police Department is currently accepting applications for **Entry-Level Police Officer** in order to establish an eligibility list. Trenton, Ohio, is a unique city that has managed to steadily grow yet still maintain that small town feel. Our residents are dedicated to hard work and strong family values, and possess a significant amount of pride in their community. At the Trenton Police Department, our officers are encouraged to develop and maintain a special relationship with the citizens and businesses in our city.

The process will include a written examination conducted by National Testing Network (NTN), an interview session conducted by a community or police administrative panel or both, a comprehensive background investigation and records check, a polygraph examination, a psychological evaluation, a full medical exam, and comprehensive drug testing. Each testing element will be scored or evaluated as pass/fail. Candidates will not be automatically eliminated on the basis of minor omissions or deficiencies on the application.

In order to be considered for this position, successful candidates must:

- Be certified through OPOTC **at the time of appointment;**
- Be 21 years of age;
- Have a high school diploma or equivalency;
- Be an Ohio resident at time of hire;
- Have a valid Ohio driver's license at time of hire;
- Be a citizen of the United States; and
- Meet all requirements to be bonded.

Current salary range is \$50,419 to \$70,844. Starting salary for lateral entry candidates may be based on law enforcement experience.

Completed application packets must be submitted to the City of Trenton Administrative Offices on or prior to Friday, May 1st, at 5:00pm in order to be considered. Packets submitted after this date and time will not be accepted. No resumes or other documents will be accepted at this time.

Online testing with National Testing Network (www.nationaltestingnetwork.com) must be completed no later than Friday, May 1st, at 5:00pm in order to be considered. Tests submitted after this date and time will not be accepted.

Arthur M. Scott, Chief of Police

The Application Packet

The attached packet contains an application and questionnaire, both of which must be completed, signed as indicated, and submitted to the City of Trenton Administrative Offices **on or prior to Friday, May 1st, at 5:00pm** in order to be considered. Packets submitted after this date and time will not be accepted. Incomplete packets will not be accepted. Submitted application packets must include the City of Trenton employment application and the Trenton Police Department Personal History Questionnaire only, and a letter of good standing in a State of Ohio approved police academy program if applicable.

Completed application packets may be submitted:

- Via fax to 513-988-0855, attention Sharon Leichman;
- Via email to sleichman@ci.trenton.oh.us; or
- In person or mailed to the Administrative offices of the City of Trenton at 11 E State St, Trenton OH 45067. Mailed packets must be received on or prior to the May 1st deadline in order to be considered.

Additional documents as listed below will be required during the hiring process; however, *do not include any of these documents or forms or any other documents with your application packet*. No resumés or training documents will be accepted as part of the application packet.

Personal documents that will be required prior to any interview:

- Valid driver's license;
- Birth certificate;
- High school diploma or equivalent;
- College diploma if applicable;
- Military discharge papers (Form DD-214) if applicable;
- OPOTA certification form;
- Background Investigation form; and
- Authorization for Release of Medical Information.



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Full-Time Patrol Officer Wage and Benefits Information

| | |
|-------------------------|--|
| Payroll | Weekly; direct deposit only |
| Probationary Period | Twelve (12) months from date of hire |
| Performance Evaluations | Yearly after initial probationary period |
| Pay Increases | Base salary increase after one (1) year plus cost-of-living increases as reflected in union contract; annually thereafter based on performance evaluations |
| Longevity Pay | Added to hourly rates after five (5) years of service |
| Holidays | Twelve (12) paid holidays each year per OPBA contract |
| Health Insurance | Medical, hospitalization, pharmaceutical, dental, and vision insurance – City contribution 90%; employee contribution 10%. Opt-out plan available. |
| Vacation Accrual | Based on years of service; starting at 80 hours per year |
| Sick Leave | 80 hours per year |
| Personal Leave | 32 hours per year |
| Life Insurance | City-provided \$20,000 term coverage |
| Tax-Deferred Savings | Ohio Deferred Compensation option available |
| Pension Plan | Ohio Police and Fire Pension System – City contribution 19.5%; employee contribution 10% |
| Take-Home Cruiser | Assigned following successful completion of FTO Program and within parameters specified in directive |

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Phone 513.988.6341 – Fax 513.988.5173
www.ci.trenton.oh.us

APPLICATION PACKET

Applicant:

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

The City of Trenton is an



Equal Opportunity Employer

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City of Trenton

Employment Application
11 E State St | Trenton, OH
t. 513.988.6304 | f. 513.988.0855
www.cityoftrenton.com
An Equal Opportunity Employer

Office Use Only
Hire Date: _____

EMPLOYMENT APPLICATION

Important Information about the Application Process

- This employment application is to be used for all internal, external, and seasonal or temporary job postings. We strongly encourage you to provide a resume and cover letter in addition to this application.
- Applications are kept on file for one year. Please keep a copy for your files.
- A separate application should be submitted for each position for which you are applying.
- Applications must specifically reflect all requirements for the position, including experience and/or required courses of study.
- Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

Applicant Information

Position for which you are applying: _____

Last Name _____ First Name _____ MI _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

General Information

- Are you now, or have you ever been employed with the City of Trenton? Yes No
- Do you have relatives employed by the City of Trenton? Yes No
If yes, please give name, relationship, and department: _____
- What are your salary expectations? _____ Date available? _____
- Are you on layoff, subject to recall? Yes No
- Are you able to perform the essential functions of this job, with or without reasonable accommodations? Yes No
- Are you at least 18 years old? Yes No

Employment History

- In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying. You may include internships, verifiable volunteer activities, self-employment, and military experience.
- **Begin with your most recent job or assignment first** and list each job separately, extending for a period of **10 years**. Please explain all periods of unemployment.
- Additional pages of work history may be attached, if necessary.
- **A resume is not a substitute for this section of the application.**

May we contact this employer? Yes No Start Date: ___/___/___ End Date: ___/___/___

Employer: _____ Position Title: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

City, State, Zip Code: _____ Full-time _____ Part-time _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No Start Date: ___/___/___ End Date: ___/___/___

Employer: _____ Position Title: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

City, State, Zip Code: _____ Full-time _____ Part-time _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No Start Date: ___/___/___ End Date: ___/___/___

Employer: _____ Position Title: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

City, State, Zip Code: _____ Full-time _____ Part-time _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

Education, Training, Certificates & Licenses

Do you have a high school diploma, GED certificate, or equivalent? Yes No

Colleges, universities, military, trade, business, or other schools attended

| Name of School | Location of School | Courses of Study (major) | Degree or Certificate Earned | Degree or Certificate Earned |
|----------------|--------------------|--------------------------|------------------------------|------------------------------|
| | | | | |
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List driver's license and any professional licenses or certificates

| Title of license or certificate | Number | Issuing Agency | Date Issued/Date of Expiration |
|---------------------------------|--------|----------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Indicate special skills that you have acquired

| | | |
|--|---|--|
| Administrative: Typing _____(wpm) Office equipment _____ Computer software _____ | Fluency in languages other than English: Read _____ Speak _____ Write _____ | Heavy Equipment/Tools: _____ _____ _____ |
|--|---|--|

Certification of Information, Authorization & Release

BY MY SIGNATURE BELOW, I:

- *Certify* that all answers given herein are true and complete to the best of my knowledge;
- *Authorize* investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision;
- *Release* the individual, company, institution, or organization and all individuals connected therewith from all liability incurred in giving such information. I further release the City of Trenton from all liability incurred in obtaining and/or using such information;
- *Understand* that this application is not intended to be a contract for employment. 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 City of Trenton.

Signature of Applicant*

Date

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TRENTON POLICE DEPARTMENT
Personal History Questionnaire

Applicant Full Name: _____
Please Print

Position applying for: [] Police Officer [] Emergency Services Dispatcher
[] Other - Specify: _____
Date Questionnaire completed: _____

Instructions

This personal history questionnaire is intended for the use of the Trenton Police Department. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, e.g., source documentation, polygraph, and screening procedures.

The answers to questions contained in this questionnaire must be printed legibly and in your own hand, and every question must be answered. If a question does not apply to your particular circumstance, write "N/A" or "Does not apply" in the space provided. Please provide complete address information where requested. If you need more space in order to answer any question completely, use the back of the form on which the question appears.

Warning

Applicants are cautioned to answer every question truthfully and without evasion. Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

The following list is not inclusive of all points of disqualification but represents some of the major considerations involved in the selection process:

- Illegal use of narcotics or drugs
• Immoral or disorderly conduct
• Inability to speak or write English
• Job-related misdemeanor conviction
• Felony conviction
• Failure to report for an interview or other scheduled appointment
• Fraud
• Gambling
• Excessive traffic convictions
• Attempting to use political influence to obtain a position
• Falsification
• Neglect of Court-ordered family support obligations
• Physical condition that renders applicant incapable of performing essential job functions with or without reasonable accommodations
• Lack of minimum job requirements



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

SECTION I – PERSONAL RECORD

| | | | | |
|-------------------------------|-------|--------|--|---------------|
| FATHER (NATURAL): LAST | FIRST | MIDDLE | FULL RESIDENTIAL ADDRESS (IF DECEASED, DATE OF DEATH) | DATE OF BIRTH |
| | | | | |
| MOTHER (NATURAL): LAST | FIRST | MIDDLE | FULL RESIDENTIAL ADDRESS (IF DECEASED, DATE OF DEATH) | DATE OF BIRTH |
| | | | | |

RELATIVES – Please list below in the following order:

| | | | | |
|---|------------------|--|---|---------------|
| 1 | Spouse (current) | | 4 | Children |
| 2 | Brother(s) | | 5 | Spouse (ex) |
| 3 | Sister(s) | | 6 | Step-Children |

| RELATIONSHIP | FULL NAME (LAST, FIRST, MIDDLE) | FULL RESIDENTIAL ADDRESS (IF DECEASED, DATE OF DEATH) | DATE OF BIRTH |
|--------------|------------------------------------|--|---------------|
| Spouse | | | |
| | | | |
| | | | |
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RESIDENCES – Please list your residential addresses since age 15 with most recent address first. Account for all times and include all military addresses, listing the nearest city in proximity to the base if you resided on base. **If renting or leasing, include the agent or management company to whom you pay rent.**

| FROM MONTH/YEAR TO MONTH/YEAR | RESIDENTIAL ADDRESS (NUMBER & STREET, APT., CITY, STATE, and ZIP CODE) | WITH WHOM DID/DO YOU LIVE (RELATIONSHIP)? |
|----------------------------------|---|--|
| | | |
| | | |
| | | |
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TRENTON POLICE DEPARTMENT
Personal History Questionnaire

SECTION II - AGENCY APPLICATION HISTORY

Have you ever applied for a position with any other law enforcement or government agency? Yes No

| Name of Department or Agency | Date Applied | Accepted | If no, give reason: |
|------------------------------|--------------|---|---------------------|
| 1. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION III – MILITARY RECORD

| | | |
|---|---|--|
| BRANCH OF SERVICE | UNIT (TANK, CORPS, ENGINEERS, MEDICS, ETC.) | MILITARY SERIAL NO. |
| MILITARY ACTIVE DUTY DATES – Do not include short Reserve tours of 9 days or less. FROM: TO: | HIGHEST MILITARY RANK OR RATE HELD | TYPE OF SEPARATION |
| TOTAL MONTHS OF COMBAT DUTY | TOTAL MONTHS OF OVERSEAS DUTY | MILITARY RESERVE STATUS <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> NONE |

1. Have you ever asked for or received deferment from military service? YES NO

If yes, list board number, dates, and full details: _____

2. Were you ever court martialed, tried on charges, or have you been the subject of a summary court martial, Captain’s mast, Article 15, company punishment, or any other disciplinary action while in the armed services? YES NO

If yes, explain in full: _____



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

SECTION IV – GENERAL INFORMATION

The following questions and answers may be verified by a polygraph exam. If the answer to any of the following is “yes,” it will be necessary for you to explain in detail. Full and comprehensive explanations are required. Include locations and dates where relevant. Use the back of this form if you need more space to complete any of these items.

| | | <i>Circle One</i> | |
|---|---|-------------------|----|
| 1 | Have you ever committed a criminal offense for which you were never arrested or convicted? | YES | NO |
| | If yes, explain in full: | | |
| 2 | Have you ever been convicted of a misdemeanor or felony offense? | YES | NO |
| | If yes, explain in full: | | |
| 3 | Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction? | YES | NO |
| | If yes, explain in full: | | |
| 4 | Are you presently under indictment or a defendant in any pending criminal, traffic, or civil action? | YES | NO |
| | If yes, explain in full: | | |
| 5 | Have you ever been convicted of a traffic offense? | YES | NO |
| | If yes, explain in full: | | |
| 6 | Is your driver’s license now or has it ever been suspended or revoked? | YES | NO |
| | If yes, explain in full: | | |
| 7 | As an adult, have you ever stolen anything and/or bought or sold any property that you knew was stolen? | YES | NO |
| | If yes, explain in full: | | |
| 8 | Have you ever used any hallucinogen, narcotic, or other illegal drug? | YES | NO |
| | If yes, list all drug(s) used, age of first and last use, and total number of usages: | | |



TRENTON POLICE DEPARTMENT Personal History Questionnaire

| | | <i>Circle One</i> | |
|----|---|-------------------|----|
| 9 | Have you ever used any prescription medication not prescribed to you or for purposes other than the medication was originally prescribed or intended? | YES | NO |
| | If yes, explain in full: | | |
| 10 | Have you ever used any substances chemically altered in make-up but giving the same effect as illicit drugs, aka "designer drugs"? | YES | NO |
| | If yes, explain in full: | | |
| 11 | Have you ever sold, been party to the sale of, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance? | YES | NO |
| | If yes, explain in full: | | |
| 12 | Have you ever been involved in glue sniffing or huffing, or used any other such chemical agent(s) for purposes of obtaining a state of intoxication? | YES | NO |
| | If yes, explain in full: | | |
| 13 | Do you, your spouse, or any ex-spouse(s) have immediate civil action pending? | YES | NO |
| | If yes, explain in full: | | |
| 14 | Have your wages ever been garnished? | YES | NO |
| | If yes, explain in full: | | |
| 15 | Have you ever filed for bankruptcy or been declared bankrupt? | YES | NO |
| | If yes, explain in full: | | |
| 16 | Have you ever received any type of government support such as Welfare, A.D.C., Housing Subsidy Payments, medical or educational loans or grants for which you were not eligible or received in a fraudulent manner or, after receiving, became ineligible but continued to receive? | YES | NO |
| | If yes, explain in full: | | |
| 17 | Have you ever engaged in illegal gambling activity? | YES | NO |
| | If yes, explain in full: | | |



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

| | | <i>Circle One</i> | |
|----|---|-------------------|----|
| 18 | Do you have a problem controlling your temper? | YES | NO |
| | If yes, explain and give an example: | | |
| 19 | Have you ever been involved in an automobile accident? | YES | NO |
| | If yes, explain in full: | | |
| 20 | If employed by the City of Trenton, do you anticipate earning outside income? | YES | NO |
| | If yes, explain in full: | | |



TRENTON POLICE DEPARTMENT

Personal History Questionnaire

| | | | | | | |
|--|------|--|--------|--------|--------------------------|-----------|
| LAST NAME | | FIRST NAME | | | MIDDLE NAME | |
| OTHER NAMES (MAIDEN, FORMER MARRIED NAME, ALIAS(ES), ETC.) | | | | | SOCIAL SECURITY NUMBER | |
| DATE OF BIRTH | | PLACE OF BIRTH (City, County, and State) | | | BIRTH CERTIFICATE NUMBER | |
| OHIO DRIVER'S LIC. # | TYPE | EXPIRATION DATE | HEIGHT | WEIGHT | HAIR COLOR | EYE COLOR |

| PERSONAL REFERENCES | | | |
|---------------------|--|--------------|--|
| Full Name | | Phone | |
| Address | | Email | |
| | | Relationship | |
| Full Name | | Phone | |
| Address | | Email | |
| | | Relationship | |
| Full Name | | Phone | |
| Address | | Email | |
| | | Relationship | |
| Full Name | | Phone | |
| Address | | Email | |
| | | Relationship | |

I certify that all statements on this document are true to the best of my knowledge and that I have provided complete disclosure of all information requested. I further affirm that I understand that any false statements made on this document may be cause for disapproval of my appointment or for discharge after appointment. I also realize that any falsification may subject me to disqualification by the City of Trenton and/or prosecution under Ohio Revised Code 2921.13.

Applicant Signature: _____ **Date:** _____



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

Consent for Background Investigation

I hereby give my consent for the City of Trenton to conduct an investigation of my background in connection with my application for employment with the Trenton Police Department. I understand that the background check will include an investigation of my past educational and employment records, as well as any past criminal record and the status of my driver's license.

I have read and fully understand the above statement.

Applicant Signature: _____ Date Signed: _____