



# Frazeytsburg Police Department

68 North State Street P.O. Box 160 Frazeytsburg, Ohio 43822 (740) 828-2911 Fax (740) 828-9485  
Nick R. Garver, Chief of Police

## APPLICATION PACKET CHECKLIST

- Job Description – please read over the job description, and if still interested, continue.
- Application - please complete and sign in its entirety. Anything that does not apply, mark N/A.
- Attach a list of at least 3 work and 3 personal references, include names, addresses, phone numbers, and email addresses if applicable.
- Background check waiver – must be signed
- Homeland Security terrorist form – must be completed and signed.
- Questionnaire

## PRE-EMPLOYMENT FORMS

- Complete SF-400 form, print or type legibly, fill in blanks you are certain you know the answers to. Call OPOTA to complete page 3 (work history), unless you have complete dates and time frames of previous law enforcement employment, and academy dates.
- Emergency Contact Information – must be completed and signed.
- Fitness for Duty – have a currently licensed medical physician complete the form indicating you are able to do police work. The form must be legible when turned in.
- Obtain a BMV driver's abstract, available for \$2-\$5 at the BMV.

## INITIAL EMPLOYMENT FORMS

- LEOT BMV user agreement – must be completed, must list functional email address, must sign it.
- OHLEG Access request form – must be completed, list functional email, sign
- Issued items form – sign for police property issued to you

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## AUXILIARY OFFICER JOB DESCRIPTION

### Minimum Qualifications:

**Education:** A high school diploma or equivalent.

**Age:** 21 years of age at the time of appointment or employment.

**Background:** Must pass an extensive background investigation. Criminal arrests or convictions may preclude employment at the discretion of the Chief of Police or where required by law.

### Special Requirements:

1. Possess or obtain OPOTA basic police academy certificate within 12 months before performing functions as a "peace officer."
2. Have a valid Ohio Driver License.
3. Driving record must have 6 points or less, no open suspensions or closed suspensions within the past five (5) years.
4. No OVI convictions within the past five (5) years; no more than one (1) OVI or similar offense.
5. No convictions of "crimes of violence," felonies, or crimes that could be felonies in Ohio.
6. Be physically able to perform the duties of a peace officer, and show proof of such in the form of a physical examination or fitness for duty letter from a doctor or nurse practitioner.
7. Possess good communication skills – reading, writing, and speech.
8. Have the ability to take orders from supervising officers and follow a department "chain of command."
9. Attend  $\frac{3}{4}$  of monthly department meetings
10. Attend special events such as the Home Coming, Parades, Fireworks, Trick or Treat, and department fundraisers.
11. Be able to attend court when issued a subpoena or to fill in as a bailiff in Mayor's Court for other officers.
12. Residency: There is no residency requirement however officers must be able to report for duty within one (1) hour (for emergency call-in purposes) from their primary place of residency under normal traffic conditions.

### General Duties:

Provide for public safety by maintaining order, responding to emergencies, protecting people and property, enforcing motor vehicle and criminal laws, and promoting good community relations.

Identify, pursue, and arrest suspects and perpetrators of criminal acts.

Record facts to prepare reports that document incidents and activities.

Review facts of incidents to determine if criminal act or statute violations were involved.

Render aid to accident victims and other persons requiring first aid for physical injuries.

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Testify in court to present evidence or act as witness in traffic and criminal cases.

Evaluate complaint and emergency-request information to determine response requirements.

Patrol areas in the corporate limits.

Monitor, note, report, and investigate suspicious persons and situations, safety hazards, and unusual or illegal activity in patrol area.

Investigate traffic accidents and other accidents to determine causes and to determine if a crime has been committed.

Photograph or draw diagrams of crime or accident scenes and interview principals and eyewitnesses as needed.

Monitor traffic to ensure motorists observe traffic regulations and exhibit safe driving procedures.

Relay complaint and emergency-request information to appropriate agency dispatchers.

Issue citations or warnings to violators of motor vehicle ordinances or state laws.

Direct traffic flow and reroute traffic in case of emergencies or special events.

Inform citizens of community services and recommend options to facilitate longer-term problem resolution.

Provide road information to assist motorists.

Process prisoners, and prepare and maintain records of prisoner bookings and prisoner status during booking and pre-trial process.

Inspect public establishments to ensure compliance with rules and regulations if applicable.

Act as official escorts, such as when leading funeral processions or firefighters if requested.

Assist other agencies as requested & pursuant to any applicable mutual aid agreements.

Complete other tasks as assigned by the Chief or higher-ranking members, obey the chain of command, follow lawful orders.

Approved:

*Nick R. Garver, Chief*

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## PRE-APPLICATION

Applying For:  Auxiliary  Part-Time  Full-Time Date of Application: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(last) (first) (middle) (month/day/year)

Address \_\_\_\_\_  
(street name & number) (apartment no.) (city) (county) (state)

Phone Numbers \_\_\_\_\_  
(home) (cell) (work)

Social Security No. \_\_\_\_\_ Operator's License No. \_\_\_\_\_ State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Previous Address \_\_\_\_\_  
(street name & number) (apartment no.) (city) (county) (state)

Years Lived There \_\_\_\_\_ Current Employer \_\_\_\_\_ Boss \_\_\_\_\_  
ex. (2004-2005) name (first & last name)

Employer Address \_\_\_\_\_  
(street name & number) (apartment no.) (city) (county) (state)

OPOTA Certificate Number \_\_\_\_\_ Year Graduated Academy \_\_\_\_\_

Previous Police Department Employment? Yes  / No  If Yes, Where \_\_\_\_\_

Chief's Name \_\_\_\_\_ Department Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Department Address \_\_\_\_\_

Last Firearms Qualification Date \_\_\_\_\_ Radar Certified? \_\_\_\_\_ ADAP? \_\_\_\_\_

Total # Years As Officer \_\_\_\_\_ # Years "Road Time" \_\_\_\_\_ Weapon \_\_\_\_\_

(Auxiliary Only) Will You Be Able To Work 16 Hours Per Month? Yes  No  \_\_\_\_\_

- Attachments:  OPOTC Certificate  Baton Certificate  O.C. Spray Certificate  
 Last Firearms Qualification Papers  Taser Certificate  First Aid / CPR Card  
 High School Diploma  Physical Exam Form  Driving Record Abstract

**\*Attach any law enforcement or public safety related certificates.**

I certify all information provided hereon/herein is true and accurate: \_\_\_\_\_  
Signature of Applicant



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## QUESTIONNAIRE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Do you possess a valid OPOTA certificate?
2. What other police certificates do you possess?
3. Do you possess your own duty gear, firearm, and bulletproof vest or if not, can you obtain them?
4. Do you have enough time to dedicate a minimum of 16 hours per month to the police department?
5. How many years of law enforcement experience do you have?
6. Have you ever been disciplined at a job before? If so, what was it about?
7. Are you married?
8. What have you been arrested for? Explain.
9. Have you ever been convicted of a criminal offense other than a minor traffic offense?
10. Is your driver's license valid? How many points do you have (last 3 years)?
11. Have you ever used or experimented with illegal drugs or have you ever abused prescription drugs?
12. How many alcoholic beverages do you consume a week on average?
13. If we contacted your last 3 jobs, what would your bosses say about you?
14. What would your former co-workers say about you?
15. Are you currently receiving collection notices, or have you filed for bankruptcy?
16. What was the last day you were employed by an Ohio law enforcement agency?
17. Have you ever solicited sex from anyone?
18. Are you planning to obtain full-time police work or are you simply interested in auxiliary work?
19. What skills do you possess that will benefit the Frazeytsburg Police Department?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## AUXILIARY OFFICER CONTRACT

Name of Officer: \_\_\_\_\_

Date: \_\_\_\_\_

In exchange for a valid Ohio Peace Officer Appointment as an auxiliary officer with the Frazeytsburg Police Department, I subject myself to the following terms and conditions:

1. **“At Will Employment”** - Employment as an auxiliary officer is considered “at will” employment and it may be terminated at any time with or without cause.
2. **Chain-of-Command** – You must follow the chain of command, which is explained in detail in the Standard Operating Guidelines. You shall not discuss or share information or opinions about police investigations, movements, or activities with anyone who is not a sworn law enforcement officer with our agency unless you have received written permission from the Chief of Police.
3. **Compensation** - There is no monetary compensation available for auxiliary officers at this time; this will not be “gainful” employment.
4. **Criminal History Check** – I authorize the Chief of Police or his designee to conduct a criminal background check on me prior to my appointment and annually or as needed throughout the course of my employment. I understand I must report any negative off-duty police encounters, including arrests and criminal charges to the Chief immediately.
5. **Driving Record Check** – I authorize the Chief of Police or his designee to conduct a check into my driving history before I am appointed and annually or as needed throughout the course of my employment. I understand if I am made aware that I have six (6) points or more on my driving record, or if I am charged with a traffic offense that results in more than two (2) points, or if my license is suspended or revoked, I must advise the Chief of the situation immediately.
6. **Field-Training Program** – You will be required to complete a field-training program and expected to master certain objectives. Failure to accomplish these objectives with reasonable training and during a reasonable time period (not to exceed the probationary period) subjects you to termination.
7. **Firearms Qualification** – You must qualify with every weapon that you intend to carry on duty as a service weapon, on duty as a back-up weapon, or off-duty. You will be responsible for providing ammunition for any back-up or off-duty weapons. The department will furnish ammunition for your service weapon and for annual qualification.
8. **Fit For Duty** – I understand I must, at my own expense, and within 30 days of appointment, secure documentation that I am fit for duty as a police officer using a form provided by the department.
9. **Hours** – You will be required to complete at least sixteen (16) hours of patrol time per month in order to be considered in good standing. The Chief may approve time spent in other capacities that benefit the department in lieu of actual patrol time.
10. **Laws** – As you are a “Law Enforcement” officer, you shall not knowingly violate any Federal, State, or Local law, except if such action is otherwise authorized by law or necessary to carry out the duties of the office to which you are appointed.
11. **Mandatory Attendance** – I understand that the Chief may mandate my attendance for emergency situations or special events with reasonable notice.
12. **Meetings/Trainings** – As a general rule, there will be at least one meeting and/or training session each month to provide continuing education to the members of the department. This time is required and will

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generally not exceed four (4) hours per month. This time will be in addition to the required sixteen (16) hours of patrol time.

13. **Off-Duty Carry** – If you wish to carry a firearm off duty, you must obtain written permission to do so from the Chief of Police. If you have a CCW permit, or wish to “open-carry” a firearm while off duty, that is acceptable, so long as you are in compliance with the law – however you will not display a badge or police identification without the written permission from the Chief.
14. **Probation** - There is a six month probationary period during which time you will be evaluated. You must also complete some ride-alongs before being eligible to be appointed. This saves both you and us the associated paperwork if you feel this is not the job for you.
15. **Training** – You must complete all required trainings, whether they are required by the Federal, State, or Local governments or by department policy. Examples include “Continuing Professional Training,” “Update Training,” and annual firearms training and qualification.
16. **Uniforms** – I understand that I will be required to provide my own uniforms, which will be in accordance with the established uniform Standard Operating Guidelines. The Chief may provide in part or in full, any required uniform items if such items are available or there are funds set aside for them.
17. **Repayment For Training** – If you request to be sent to, or are required to attend any training that costs more than \$500.00 (all expenses included), you will be required to provide at least one additional year of good service to the department or repay the amount in full.
18. **Non-Compliance With Contract** – I understand that if I violate any provision of this contract it subjects me to disciplinary action up to termination, subject to the discretion of the Chief of Police.

Signature of Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_



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To: Physician

From: Village of Frazeytsburg

Ref: Fitness for duty

Date: \_\_\_\_\_

Dear Physician –

The Village of Frazeytsburg is requesting a medical release showing the following person is fit for duty as described below. Physicals are required pursuant to local rules & regulations as well as 737.16/161 of the Ohio Revised Code for municipal police officers.

Please read over the below listed tasks which are considered to be standard law enforcement duties which the candidate is likely to undertake. This is a two page physical. The person who is the subject of this physical is responsible for any costs associated with the exam.

Police applicant printed name: \_\_\_\_\_

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**FOR PHYSICIAN USE ONLY: *Please print legibly or type:***

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I swear or affirm I am a physician licensed to practice medicine by the State of Ohio and routinely conduct physical examinations and have no known conflicts of interest with the above listed subject. In my professional medical opinion, I believe the subject of this physical is:

Capable	Incapable	Description
		of having using/moving his/her fingers, thumbs, hands, arms, legs, feet, toes, neck (to be able to move around, look around, and conduct simple tasks such as walking)
		of standing for lengthy periods of time ( ex. directing traffic)
		of running (full exertion) for at least five (5) minutes (ex. foot pursuits)
		of sitting for lengthy periods of time (ex. driving a cruiser)
		of fully exerting him/herself for at least (5) minutes (ex. defending self in a fight)
		of lifting heavy objects or persons for brief periods of time (ex. pulling another person of average height/weight to safety; climbing from street level into windows, etc.)
		of carrying normal police equipment for 8 to 16 hours weighing approximately 30 lbs (ex. bullet proof vests, duty belts and equipment such as firearms, radios, etc.)

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Capable	Incapable	Description
		of going through standard annual firearms qualifications, which would include visualizing a target at 50 feet, visualizing a target no farther than 30 feet under low-level light conditions, running for short periods, squatting to take cover, holding a firearm weighing about 5 lbs steadily to acquire a target, ambidextrous use of firearms.
		of having corrected or uncorrected vision of at least 20/20 (ex. reading road maps, reading address numbers on houses, seeing street signs, etc.)
		of hearing (conversations with other people, sounds in the immediate area, etc.)

Physician Notes:

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Signature: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

\_\_\_\_\_  
Name (Print legibly)

\_\_\_\_\_  
Hospital Affiliation (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Fax Number

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