

CITY OF ASHTABULA

NOTICE OF CIVIL SERVICE ENTRANCE EXAM **POLICE PATROL OFFICER**

WHEN: SUNDAY, March 23rd 2025 FROM 10:00 AM TO 12:30 PM - REGISTRATION STARTS AT 9:00 AM **VALID ID REQUIRED FOR ADMITTANCE TO EXAM.**

WHERE: ASHTABULA PUBLIC LIBRARY
4335 PARK AVE, ASHTABULA, OHIO 44004

APPLICATIONS AVAILABLE:

DOWNLOAD AT: **www.CityofAshtabula.com/employment-opportunities**

OR APPLICATION MAY BE OBTAINED DURING NORMAL BUSINESS HOURS AT:

**ASHTABULA MUNICIPAL BUILDING
CITY MANAGER'S OFFICE
4250 LAKE AVE, ASHTABULA, OHIO 44004**

FEE: A \$25.00 APPLICATION FEE IS DUE WITH YOUR COMPLETED APPLICATION
CASH, CHECK OR MONEY ORDER **ONLY**, MADE PAYABLE TO: **CITY OF ASHTABULA**

RETURN ALL COMPLETED APPLICATIONS AND VERIFYING DOCUMENTATION STARTING
MONDAY, FEBRUARY 10TH AT 9:00 A.M. AND NO LATER THAN FRIDAY, MARCH 14, 2025 AT
4:00P.M .TO:

**ASHTABULA MUNICIPAL BUILDING
CITY MANAGER'S OFFICE
4250 LAKE AVENUE, ASHTABULA, OHIO 44004**

(SEE ATTACHED PAGES FOR MINIMUM REQUIREMENTS AND GENERAL INFORMATION)

**CITY OF ASHTABULA CIVIL SERVICE COMMISSION
REQUIREMENTS FOR POLICE OFFICER ENTRANCE EXAM**

1. MUST BE 21 YEARS OF AGE AT THE TIME OF EXAM.
2. MUST HAVE A VALID DRIVERS LICENSE AT TIME OF TEST. MUST HAVE VALID OHIO DRIVERS LICENSE AT TIME OF HIRE.
3. A COPY OF THE FOLLOWING MUST ACCOMPANY YOUR COMPLETED APPLICATION.

VALID DRIVER'S LICENSE, BIRTH CERTIFICATE (UNCERTIFIED), HIGH SCHOOL DIPLOMA, G.E.D. EQUIVELANT OR COLLEGE DIPLOMA, HONORABLE DISCHARGE PAPERS (IF APPLICABLE) AND ANY EXTRA CREDIT DOCUMENTATION (***SEE LINE 10 BELOW**)

4. A PHOTO ID WILL BE REQUIRED FOR ADMISSION TO EXAM. PLEASE BRING TWO (2) NUMBER 2 PENCILS.
5. A BACKGROUND SCREENING AND INTERVIEW (S) WILL BE PERFORMED BY THE ASHTABULA POLICE DEPARTMENT PRIOR TO APPOINTMENT.
6. PRIOR TO APPOINTMENT, YOU MUST SUCCESSFULLY COMPLETE AND/OR PASS THE FOLLOWING HIRING CRITERIA
 - A WRITEN EXAM WITH A MINIMUM SCORE OF 70%
 - A PHYSICAL AGILITY TEST
 - A POLYGRAPH EXAMINATION
 - A PSYCHOLOGICAL EXAMINATION
 - A PHYSICAL EXAMINATION
 - A DRUG SCREEN
7. ALL APPLICANTS MUST HAVE SUCESSFULLY COMPLETED THE OHIO BASIC POLICE ACADEMY AND STATE CERTIFICATION PRIOR TO FULL-TIME APPOINTMENT.
8. YOU ARE REQUIRED TO RESIDE IN THE COUNTY OF ASHTABULA OR ADJACENT COUNTY IN THE STATE OF OHIO WITHIN SIX (6) MONTHS OF APPOINTMENT.
9. APPOINTEE MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD OF UP TO 18 MONTHS.
10. *IT IS THE RESPONSIBILITY OF EACH APPLICANT TO PROVIDE THE NECESSARY DOCUMENTS AT THE TIME HIS/HER APPLICATION IS SUBMITTED IN ORDER TO RECEIVE EXTRA CREDIT POINTS ON THE EXAM. **EXTRA CREDIT POINTS WILL BE AWARDED ONLY TO THOSE WHO PASS THE WRITTEN EXAM WITH A MINIMUM SCORE OF 70%.** EXTRA CREDIT POINTS ARE AWARDED FOR THE FOLLOWING:

1. 10 POINTS FOR CURRENT OHIO OPOTA CERTIFICATION
2. 7 POINTS FOR A GRADUATE OF A POLICE ACADEMY (IF YOU ARE ELIGIBLE FOR #1, YOU ARE NOT ELIGIBLE TO RECEIVE POINTS FOR #2)
3. 2 POINTS IF YOU SPEAK SPANISH PROFICIENTLY. (“**PROFICIENTLY**” SHALL BE DETERMINED BY AND AT THE SOLE DISCRETION OF THE CITY OF ASHTABULA
4. 3 POINTS IF YOU HAVE A MASTER'S DEGREE, 5 POINTS IF MASTER'S DEGREE IS IN THE FIELD OF LAW ENFORCEMENT
5. 2 POINTS IF YOU HAVE A BACHELOR'S DEGREE, 4 POINTS IF BACHELOR'S DEGREE IS IN THE FIELD OF LAW ENFORCEMENT
6. 1 POINT IF YOU HAVE AN ASSOCIATE'S DEGREE, 3 POINTS IF ASSOCIATE'S DEGREE

IS IN THE FIELD OF LAW ENFORCEMENT

7. 5% OF THE PASSING SCORE FOR HONORABLE DISCHARGE FROM THE MILITARY. DISCHARGE PAPERWORK (DD-214) MUST BE SUBMITTED WITH APPLICATION
11. A WAIVER OF LIABILITY IS REQUIRED TO PARTICIPATE IN THE PHYSICAL AGILITY EXAM (TO BE DISTRIBUTED AT THE PHYSICAL AGILITY EXAM). **THE PHYSICAL AGILITY EXAM IS CONDUCTED AT CUYAHOGA COMMUNITY COLLEGE (CCC) BY APPOINTMENT.**

CANDIDATES WHO ALREADY HAVE OBTAINED A VALID PHYSICAL AGILITY CERTIFICATE FROM CCC MAY SUBMIT THEIR CERTIFICATE WITH THE EXAM APPLICATION DOCUMENTS. FOR THE CERTIFICATE TO BE DEEMED VALID IT MUST HAVE BEEN ISSUED NO MORE THAN 12 MONTHS FROM THE TIME IT IS SUBMITTED TO THE CITY OF ASHTABULA WITH THE APPLICATION DOCUMENTS. CANDIDATES WHO HAVE NOT YET RECEIVED A CERTIFICATE FROM CCC MAY SCHEDULE THEIR PHYSICAL AGILITY EXAM AT A LATER TIME AND IN COORDINATION WITH THE CITY OF ASHTABULA HIRING PROCESS.

STUDY MATERIAL FOR THIS ENTRANCE TEST IS AVAILABLE FOR INDIVIDUAL PURCHASE HERE:

<https://iosolutions.com/product/cwh-ngle-study-guide-online-2/>

PLEASE ARRIVE NO LESS THAN 30 MINUTES PRIOR TO TEST TIME FOR REGISTRATION!



City of Ashtabula
4250 Lake Avenue
Ashtabula, Ohio 44004

APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY IN INK)

The City of Ashtabula is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

NAME (Last)	(First)	(Middle)	Date
ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	EMAIL ADDRESS	
POSITION APPLIED FOR			
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO _____ (Proof of eligibility will be required upon offer of employment.)			
ARE YOU OVER THE AGE OF 18 YEARS? YES _____ NO _____ (If no, you may be required to provide authorization.)			
CAN YOU WITH OR WITHOUT REASONABLE ACCOMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) YES _____ NO _____			
HAVE YOU EVER WORKED FOR THE CITY OF ASHTABULA? YES _____ NO _____			
IF YES, WHEN? FROM _____ TO _____ WHERE? _____			
CLASSIFICATION : _____			
DO YOU CURRENTLY HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL)? YES _____ NO _____			
IF YES, WHAT CLASS? _____ EXPIRES _____			
HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS IN THE PAST FIVE YEARS? YES _____ NO _____			
IF YES, PLEASE EXPLAIN: _____			
IS ANYONE RELATED TO YOU EMPLOYED WITH THE CITY OF ASHTABULA? YES _____ NO _____			
IF YES, PLEASE GIVE THEIR NAME AND RELATIONSHIP TO YOU. _____			
WHAT SALARY OR RATE OF PAY DO YOU EXPECT TO RECEIVE IF EMPLOYED? \$ _____ PER _____			
ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK? _____			
HOW DID YOU HEAR ABOUT US? _____			

EDUCATION

SCHOOLS	NAME AND LOCATION	# YEARS COMPLETED	COURSE OF STUDY OR MAJOR	DIPLOMA OR DEGREE	AVERAGE GRADES
ELEMENTARY					
JR. HIGH SCHOOL					
HIGH SCHOOL					
COLLEGE					
VOCATIONAL SCHOOL					
GRADUATE SCHOOL					

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D.? YES _____ NO _____

PLEASE LIST ANY ACADEMIC HONORS, SCHOLARSHIPS, OFFICES HELD, ETC. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, LICENSES OR SKILLS. _____

HAVE YOU RECEIVED ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? YES _____ NO _____
 PLEASE GIVE DATES AND EXPLANATION: _____

EMPLOYMENT HISTORY

HOW MANY EMPLOYERS HAVE YOU HAD INCLUDING YOUR CURRENT EMPLOYMENT? _____

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES _____ NO _____

IF YES, PLEASE EXPLAIN. _____

EMPLOYMENT HISTORY (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at the City of Ashtabula.)

1. FROM: Month/year	TO: Month/year	JOB TITLE:	SUPERVISOR'S NAME AND TITLE	SALARY: START \$ _____ END \$ _____
COMPANY NAME ADDRESS AND PHONE:		REASON FOR LEAVING:		
DESCRIPTION OF DUTIES:				
2. FROM: Month/year	TO: Month/year	JOB TITLE:	SUPERVISOR'S NAME AND TITLE	SALARY: START \$ _____ END \$ _____
COMPANY NAME ADDRESS AND PHONE:		REASON FOR LEAVING:		
DESCRIPTION OF DUTIES:				
3. FROM: Month/year	TO: Month/year	JOB TITLE:	SUPERVISOR'S NAME AND TITLE	SALARY: START \$ _____ END \$ _____
COMPANY NAME ADDRESS AND PHONE:		REASON FOR LEAVING:		
DESCRIPTION OF DUTIES:				

PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
1.			
2.			
3.			

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the City of Ashtabula that such employment with the City of Ashtabula is at will, for no specified duration and may be terminated by either the City of Ashtabula or myself at any time, with or without cause or notice unless otherwise directed by a current bargaining agreement recognized by the City of Ashtabula. I understand that none of the documents, policies, procedures, actions, statements of the City of Ashtabula or its representatives used during the hiring process is deemed a contract of employment real or implied. I understand that no representative of the City of Ashtabula except the Ashtabula City Manager, the Ashtabula Municipal Court Judge, the Ashtabula City Solicitor, or City Council has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the authoritative elected official(s).

In consideration for employment with the City of Ashtabula, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Ashtabula at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the business conducted by the City of Ashtabula, attendance and punctuality are considered essential requirements of every job at the City of Ashtabula and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the City of Ashtabula, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. There is potential for disqualification if an unsatisfactory result is obtained from the testing. Refusal to cooperate or attempt to affect the results of these pre-employment tests will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Ashtabula and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that the information provided on this application for employment may be subject to public record in accordance with Ohio Sunshine Laws.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

THE CITY OF ASHTAUBLA IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

The City of Ashtabula is a Drug and Tobacco Free Workplace