

POLICE OFFICER – CITY OF STRONGSVILLE, OHIO
LATERAL TRANSFER
GENERAL INFORMATION:

The City is accepting applications to be placed on a Lateral Transfer Eligibility List for full time Police Officers. All applications must be made on the application form furnished by the Civil Service Commission. Applications can be picked up from the City of Strongsville, 16099 Foltz Parkway, Strongsville, Ohio 44149 (applications available Monday thru Friday 8:00 a.m. to 4:30 p.m. in the Human Resources Department). Applications may also be downloaded from the City website: www.strongsville.org. **Completed applications must be returned in person to the Civil Service Secretary located at 16099 Foltz Parkway, Strongsville, Ohio 44149 between the hours of 8:00 a.m. to 1:00 p.m. and from 2:00 p.m. to 4:30 p.m. Monday through Friday during operating hours. Applications cannot be mailed, nor do we accept completed applications returned by email or fax.**

1. Each applicant must be at least 21 years of age and have a valid driver's license.
2. Each applicant must present his/her driver's license – a copy will be made and the original returned to the applicant.
4. Be currently Ohio Peace Officer Training Academy (OPOTA) certified as an Ohio Peace Officer as defined in Chapter 109 of the Ohio Administrative Code.
5. Has received a four (4) year Bachelor's Degree from an accredited institution by the time of appointment. In lieu of a four (4) year Bachelor's Degree from an accredited institution, the Applicant will also be qualified for appointment if the Applicant has served at least four (4) years of active duty in the United States of America Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard by the time of appointment.
6. Be currently working or have worked within the past twelve (12) months, as a full-time (minimum 30 hours per week) OPOTA certified Ohio Peace Officer in a jurisdiction in the State of Ohio as defined in Section 109.71 of the Ohio Revised Code.
7. Must pass a physical agility test. The physical agility test will be scheduled by the Police Department upon receipt of your application.

If there are any questions not answered, please contact the Civil Service Secretary at 440/580-3166.

Before being placed on a Lateral Transfer List, every applicant shall submit to an oral interview before a panel consisting of the Director of Public Safety, the Police Chief and the Human Resource Director and/or their designees. In the oral interview process the panel may consider the following factors, among other job related factors, deemed appropriate by the panel:

- The reason the applicant has been separated from the applicant's former employers or wishes to leave the applicant's current employment.
- The type of agency or entity that employed the applicant in the past.
- Any public safety certifications obtained by the applicant.
- The results of any background check.
- The results of any drug screening test.
- The results of any polygraph examination and/or voice test analysis.
- The results of any psychological or medical examination.
- Any other job related factors the panel deems appropriate.

If the panel determines that the Applicant meets the criteria for the Lateral Transfer List and successfully completes the oral interview process and would be an appropriate Applicant to be placed on the Lateral Transfer List considering job related factors, the panel shall place the Applicant on the list, complete the list, and forward the list to the Civil Service Commission. There will be no ranking of the Applicants on the list. The Commission shall then certify the list if it finds everything to be in compliance with the Commission's Rules. The Commission has the discretion to leave the time period for the Lateral Transfer List open for an indefinite period of time; however, the Commission must certify any Applicant on the Lateral Transfer List before that Applicant is eligible for appointment.

Shift rotation, work on holidays and rotating days off are standard and required for this position.

David R. Knowles, Chairman, Civil Service Commission
City of Strongsville is an Equal Opportunity Employer

City of Strongsville Pre-employment Application/Police Lateral Transfer

You must complete this form to apply for employment. Answers must be complete and legible.

Applications lacking sufficient information will not be processed

The City of Strongsville is an Equal Opportunity Employer and provider of ADA services

Applicant Information				
Applicant's Name (Last, First, M.I.)			Position/Department Interested in Employment	
Street Address			Area Code/Telephone No.	
City	State	Zip Code	Alt. Telephone No./Mobile No.	
E-mail Address			County	Referral Source
Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:				
Have you ever been employed by the City of Strongsville before?		If yes, when?	Driver License No./State (attach copy)	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide names:				
Are you at least eighteen (18) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Education and Training				
Check all Applicable boxes.		School	Grade Completed	
<input type="checkbox"/>	Elementary			
<input type="checkbox"/>	High School Graduate/GED			
Active Military Duty		Branch of Service	Dates of Service	
<input type="checkbox"/>				
		College & Major	Date of Completion	
<input type="checkbox"/>	Associates Degree			
<input type="checkbox"/>	Bachelor's Degree			
<input type="checkbox"/>	Master's Degree			
<input type="checkbox"/>	Other			
Occupational Licenses, Registration, Certificates				
License/Certificates Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have the use of a motor vehicle? (If required in the performance of job duties) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain:				
Do you have supplemental employment that could be a potential conflict with the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain:				
Are you related to anyone who currently works for the City of Strongsville? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please indicate names of relatives and where they work:				

Current OPOTA Certified Ohio Peace Officer Employer within the past twelve (12) monthsName of EmployerDates of Employment

_____ to _____

_____ to _____

_____ to _____

Attach a copy of your resumé

Employment History

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. **Please attach a current resume (if available) to this application.**

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer	Supervisor Name and Title		
Business Address	Starting/Current Salary	Telephone No.	
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer	Supervisor Name and Title		
Business Address	Beginning/Ending Salary	Telephone No.	
Description of job duties and give approximate percentage of major duties		Reason for leaving	

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		From:	To:
Employer	Supervisor Name and Title		
Business Address	Beginning/Ending Salary	Telephone No.	
Description of job duties and give approximate percentage of major duties	Reason for leaving		

Special Skills: List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. and any other skills which add to your qualifications.

Do you have computer skills? Please list software programs you have used:

Do we have permission to contact your present employer? ☐ Yes ☐ No

Do we have permission to contact your previous employer? ☐ Yes ☐ No

Date available for employment:

References (List three PROFESSIONAL references who may be contacted)

Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation
Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation



The City of Strongsville will not discriminate against any individual or group because of race, gender, sexual orientation, religion, age, height, weight, genetic information, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to complete the pre-employment application or participate in the interview process should make such a request to the City of Strongsville Human Resource Department.

Visit our Internet site www.strongsville.org

Applicant Certification

I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the City of Strongsville. I understand that if accepted by the City of Strongsville, my employment is voluntarily entered into and I am free to resign at any time. Similarly, the City of Strongsville is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract, and that if hired I will be an employee at will, subject to discharge without cause unless otherwise specified by law.

Applicant Signature

Date

**CITY OF STRONGSVILLE
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to the questions below are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For _____ Date _____

OPTIONAL: Sex

☐ Male ☐ Female

OPTIONAL: Please select your age group.

☐ Under 18

☐ 18-25

☐ 26-39

☐ 40-54

☐ 55-69

☐ 70+

OPTIONAL: Race/Ethnicity

☐ **WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ **BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.

☐ **HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

☐ **ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

☐ **NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

☐ **AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

☐ **OTHER:** Please self define. _____

OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

☐ Yes ☐ No

OPTIONAL: Are you a veteran?

☐ Yes ☐ No

OPTIONAL: If you answered Yes to the previous question, please indicate if one or more of the following apply.

☐ **MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

☐ **DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

☐ **DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

☐ **VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.

Ohio Peace Officer Training Commission Fitness Norms

Male Fitness Norms

Sit-ups	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Final 50 th percentile	40	36	31	26	20

Push-ups	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Final 50 th percentile	33	27	21	15	15

1.5 Mile Run	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Final 50 th percentile	11:58	12:25	13:11	14:16	15:56

Female Fitness Norms

Sit-ups	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Final 50 th percentile	35	27	22	17	8

Push-ups	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Final 50 th percentile	18	14	11	13(modified)	8(modified)

1.5 Mile Run	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+
Final 50 th percentile	14:07	14:34	15:24	17:13	18:52

Protocol for 1 Minute Sit-ups

Purpose:

To measure abdominal muscular strength

Procedure:

1. The participant starts by lying on his/her back, knees bent, heels flat on the floor, with the fingers laced and held behind the head. Fingers must not break contact. Avoid pulling on the head with the hands. The buttocks must remain on the floor with no thrusting of the hips.
2. The administrator will hold the feet down firmly.
3. The participant then performs as many correct sit-ups as possible in 1 minute.
4. From the start position, the subject will come up and touch elbows to knees. This is one repetition. The participant will then return to the start position until the shoulder blades touch the floor and repeat the exercise.
5. Score is the total number of correct sit-ups. Any resting must be done in the up position.
6. Breathing should be as normal as possible, making sure the participant does not hold his/her breath as in the Valsalva maneuver.



How to prepare for the Sit-up test

The following routine will prepare you for this component. The first step is to see how many sit-ups you can do in a minute. That will become your initial training repetition dose or ITRD. For successive weeks keep adding 2 repetitions per week. Week 7 should be the minimum goal, one week prior to your test.

Week	Sets	Repetitions	Frequency
1	1	ITRD	3/week
2	3	# ITRD plus 2	3/week
3	3	# ITRD plus 4	3/week
4	3	# ITRD plus 6	3/week
5	3	# ITRD plus 8	3/week
6	3	# ITRD plus 10	3/week
7	3	Refer to physical fitness requirements, age & gender	3/week

Protocol for 1 Min Pushups

Purpose:

To measure muscular endurance of the upper body (anterior deltoid, pectoralis major, and triceps).

Procedure:

1. The hands are placed shoulder-width apart, with fingers pointing forward. Some part of the hands must lie within a vertical line drawn from the outside edge of the shoulders to the floor. The administrator places one fist (3.5 in. sponge for women) on the floor below the participant's chest (sternum).
2. Starting from the up position (arms fully extended with elbows locked, both hands and both feet only touching the floor), the participant must keep the back straight at all times and lower the body to the floor until the chest (sternum) touches the administrator's fist (3.5 in. sponge for women). The participant then returns to the up position with the elbows fully locked. This is one repetition.
3. Resting is permitted only in the up position. The back must remain straight during resting. No part of the participant's body, i.e., knees, quadriceps, is permitted to touch the floor.
4. When the participant elects to stop or cannot continue, the total number of correct pushups is recorded as the score. 1 Minute time limit.



How to prepare for the Pushup test

Maximum Pushup:

You can use the following routine to prepare for this component. The first step is to see how many pushups you can do. That will become your initial training repetition dose or ITRD. For successive weeks keep adding (2) two repetitions per week. If you cannot do a regular pushup at first, do the modified pushup for several weeks following this routine, then advance to the regular pushup. Week 7 should be the minimum goal, one week prior to your test.

Week	Sets	Repetitions	Frequency
1	1	ITRD	3/week
2	3	# ITRD plus 1	3/week
3	3	# ITRD plus 2	3/week
4	3	# ITRD plus 4	3/week
5	3	# ITRD plus 6	3/week
6	3	# ITRD plus 8	3/week
7	3	Refer to physical fitness requirements, age & gender	3/week

Protocol for the 1.5 Mile Run

Purpose:

The 1.5-mile run is a measure of aerobic power (cardiovascular endurance). The objective in the 1.5-mile run is to cover the distance as fast as possible.

Procedure:

1. Participants should not eat a heavy meal or smoke for at least 2 - 3 hours before the test.
2. Participants should warm up and stretch thoroughly before running.
3. The participant runs 1.5 miles as fast as possible
4. Participants should not physically touch one another during the run unless it is to render first aid.
5. Finish time should be called out and recorded.
6. Upon completion of the run, participants should cool down by walking for about 5 minutes to prevent venous pooling (i.e., pooling of the blood in the lower extremities, which reduces the return of blood to the heart and may cause cardiac arrhythmia).



How to prepare for the 1.5 Mile Run

To prepare for this test, you need to gradually increase your running endurance. The table shown here is a proven progressive routine. Begin at the level you can accommodate, and if you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then do so. Week 7 should be the minimum goal, one week prior to your test.

Week	Activity	Distance (miles)	Duration (min.)	X per week
1	Walk/jog	2	25	5
2	Walk/jog	2	24	5
3	Jog	2	23	4
4	Jog	2	22	4
5	Jog	2	21	4
6	jog	2	20	4
7	Run	1.5	Refer to physical fitness requirements, age & gender	3

Position Description

POSITION TITLE: Patrol Officer

REPORTS TO: Patrol Sergeant

MAJOR RESPONSIBILITIES AND ESSENTIAL FUNCTIONS:

- Patrols the community to deter and detect criminal activity.
- Responds to calls for service
- Documents allegations of a crime; protects persons and property; and advises on preventative practices.
- Performs preliminary and continued investigations (traffic and criminal)
- Searches for and collects physical evidence; interviews witnesses and victims.
- Enforces traffic laws by monitoring traffic movement visually and with radar or laser, contacts violators, and issues traffic citations or warnings.
- Enforces criminal laws by arrest or non-arrest dispositions.
- Testifies in court.
- Answers emergency and non-emergency calls for service.
- Investigates crimes by obtaining witness statements, collecting evidence and processing crime scenes.
- Writes reports on alleged criminal incidents, follow up investigations, arrests, juvenile records, motor vehicle crashes.
- Prepares criminal charges.
- Serves warrants.
- Handles prisoners, including booking, transporting and jailer duties.
- Responds to citizen's requests for special attention and traffic enforcement in problem areas.
- Efficiently uses discretionary patrol time for self-initiated work.
- Maintain a condition of readiness to efficiently and effectively respond to critical incidents.
- Protect the constitutional rights of citizens.
- Maintain regular and predictable attendance.

ADDITIONAL DUTIES:

- Directs traffic at accident scenes, malfunctioning traffic signals and community events.
- Identifies and solves community problems; promotes crime prevention.
- Acts as bailiff in Mayor's Court.
- Promotes police-community relations through interaction at homeowner's association meetings, school events and block parties.
- Other duties as assigned

QUALIFICATIONS, JOB-RELATED SKILLS, KNOWLEDGE AND ABILITIES REQUIRED:

- Efficiently, effectively and productively complete the essential work function of the position without direct supervision the majority of the time.
- Thorough knowledge of the accepted practices of delivering police service.
- Thorough knowledge of Department Policies, Procedures, Regulations, and Directives.
- Good knowledge of human relation techniques.
- Training and proficiency in firearms, defensive tactics, less lethal force equipment, Intoxilyzer operator, defensive driving, LEADS, radar and laser operation, domestic violence and legal updates.
- Thorough knowledge of state and local laws, recent court rulings, case law, search and seizure, and laws of arrest.
- Proper use and care of department equipment and vehicles.
- Ability to write comprehensive and detailed crime reports, accident reports, and administrative reports.
- Be able to effectively communicate orally.
- Must be able to render credible testimony in a court of law