



**Village of Thornville
1 South Main Street
Thornville, Ohio 43076
(740) 246-6020**

APPLICATION FOR CHIEF OF POLICE

MINIMUM QUALIFICATIONS

- Must be a United States citizen.
- Must possess a valid Ohio Driver's License without a suspension or revocation of any state within the - past five (5) years.
- Must be at least twenty-one (21) years of age.
- Must possess a high school diploma or GED.
- Must have a current Ohio Peace Officer Certification through the Ohio Peace Officer's Training Council (OPOTC) or basic law enforcement training academy certification.
- Must be in good physical and mental health. No Color blindness. Must have hearing acuity of 20/20 each ear.
- Must be current on OPOTA CPT's requirements.
- Must possess good moral character.
- Must be able to pass a background check.
- Must have no criminal conviction, or not placed on diversion by any State, Federal government for a crime which a felony or its equivalent under the Uniform Code of Military Justice.
- Must possess a current certification in CPR, AED and First Aid.
- Must pass a drug screening.
- Must take and pass, not more than sixty days prior the appointment, a physical examination given by a licensed physician, a physician assistant, a clinical nurse specialist, a certified nurse practitioner, or a certified nurse-midwife, showing that you meet the physical requirements necessary to perform the duties of police chief

Preferred Skills & Qualifications:

- Minimum of 5 years full time law enforcement experience with at least 2 years in a supervisory role (Sergeant & above).
- Be knowledgeable of modern law enforcement principal, practices, procedures, equipment, investigative methods, current laws, and court opinions.
- Ability to communicate effectively, verbally, and in written form and prepare meaningful, concise and accurate reports.
- Possess practical experience working with government budgets, grants, purchasing procedures, and scheduling.
- Ability to train and supervise subordinate personnel.
- Ability to exercise sound judgement in evaluation situations and in making decisions in accordance with laws, regulations, and policies.
- Be knowledgeable about school safety drills and statutory requirements to work collaboratively with the administration, staff, and students at local elementary.

RESIDENCY:

Appointees who reside more than thirty-five (35) miles from the Police Department are required to establish and maintain their residency inside thirty-five (35) miles of the Police Department within six (6) months after appointment.

WORKING CONDITIONS:

Work period and workdays are subject to change, dependent upon Village operational requirements. This appointment and council's consent shall be for a probationary period and shall not be finally made until the candidate has satisfactorily served his/her probationary period and the Mayor, with the concurrence of Council, have finally appointed the individual. Because a final appointment is necessary to end the probationary period, and unless/until that occurs, the position is at-will. Will be required to work a flexible schedule of days, nights and weekend shifts including attendance at Village meetings, providing coverage during special events and situations where targeted enforcement is needed. Occasional emergency call-ins will be required.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit, talk, hear and see. The employee is occasionally required to stand, walk or run; handle objects, tools or controls; jump, climb, kick or balance; stoop, kneel, crouch, bend, twist, turn or crawl; push or pull objects and people; drive at high speeds.

The noise level in the work environment is usually moderate with police radio noise always present. Must be able to cope with general traffic noises, gunshots, traffic collisions, yelling and screaming, use of profanity, very loud sirens and other loud noises.

APPLICATION PROCESS:

Round 1: Submit your resume and a brief cover letter outlining your relevant experience and certifications to: Village Administrator: Melissa Brofford via email to administrator@thornville.gov

Round 2: Applicants selected will be asked to complete personal history background application.

The Village of Thornville is an Equal Opportunity Employer.



SECTION 1: GENERAL APPLICATION

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Street) (City) (State) (Zip)

Cell Phone #: _____

Email Address(es): _____

Date of Birth: _____ SSN #: _____

Ohio Driver License #: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Single: _____ Married: _____ Separated: _____ Widowed: _____

Number of Children: _____ Number of dependents other than wife and children: _____

Are you related to anyone employed by the Village of Thornville? If so, explain:

Referred to the Village of Thornville Police Department by:

Position Desired: _____ Date you can start: _____

Salary or Hourly Rate Desired: _____ Have you previously applied to TPD? YES _____ NO _____

When? _____ What Position? _____

Current Employer: _____

May we contact them? _____

Signature

Date application submitted

SECTION 2: EDUCATION

High School Graduate? YES: ____ NO: ____ Month: _____ Year: _____

List High Schools, Trade Schools, Colleges, or Universities that you have attended. Start with the most recent school attended (*attach a separate sheet of paper if needed*):

School	Location	Dates Attended	GPA	Graduation Year

List any achievements, awards, or honors.

List any other certificate programs attended:

School	Location	Dates Attended	Program Type	Degree Certification Earned

List any other training and/or education not listed above. Make sure to include copies of certificates or completion letters with application:

Indicate any non-English language you can read, write, or speak, and your level of proficiency:

Describe any special abilities and your degree of proficiency:

Indicate any special skills you may have which may be related to your desired position:

List any computer programs which you are proficient in using:

SECTION 3: EMPLOYMENT HISTORY

Begin with your most recent job and list your *complete* work history in reverse chronological order for the past 10 years. Include in sequence, all part time jobs, periods of unemployment, and military service. All time must be accounted (*attach a separate sheet of paper if needed*).

Employer: _____
Address: _____
Phone Number: _____
Start Date: _____ End Date: _____
Job Title: _____ Wage/Salary: _____
Supervisor: _____ Reason for leaving: _____
Job Duties: _____

Employer: _____
Address: _____
Phone Number: _____
Start Date: _____ End Date: _____
Job Title: _____ Wage/Salary: _____
Supervisor: _____ Reason for leaving: _____
Job Duties: _____

Employer: _____
Address: _____
Phone Number: _____
Start Date: _____ End Date: _____
Job Title: _____ Wage/Salary: _____
Supervisor: _____ Reason for leaving: _____
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Employer: _____
Address: _____
Phone Number: _____
Start Date: _____ End Date: _____
Job Title: _____ Wage/Salary: _____
Supervisor: _____ Reason for leaving: _____
Job Duties: _____

Employer: _____
Address: _____
Phone Number: _____
Start Date: _____ End Date: _____
Job Title: _____ Wage/Salary: _____
Supervisor: _____ Reason for leaving: _____
Job Duties: _____

Which position did you like the most and why?

Which position did you like the least and why?

Are you willing to work odd hours such as afternoons, nights, and weekends? YES ___ NO ___

Have you ever had disciplinary action taken against you by an employer? YES ___ NO ___

If yes, explain in detail: *(attach a separate sheet of paper if needed)*

Have you ever ended employment in poor standing, terminated/fired, resigned in lieu of termination or a consent decree (mutual agreement with employee and ending with conditions)? YES _____ NO _____

If yes, identify the employer and explain in detail *(attach a separate sheet of paper if needed)*:

SECTION 4: OPOTA HISTORY

Identify all Ohio Peace Officer Basic Training Academies you attended (*attach a separate sheet of paper if needed*):

Academy Name	Location	Dates Attended	Commander	Completed Y/N

Have you ever applied for a position with any law enforcement agency? YES: ____ NO: ____ If so, identify below (*attach a separate sheet of paper if needed*):

Name/ Department/ Agency	Date Applied	If not accepted, give reason.

Do you currently have a commission with another agency? Yes _____ No _____ If so, identify below (*attach a separate sheet of paper if needed*):

Agency Name and Phone	Position	Supervisor

SECTION 5: PREVIOUS RESIDENCES

Please list the addresses which you have lived since you were 15 years of age. List your most recent address first. Do not list present address. During Military Service, list all addresses of the base other than government quarters (attach a separate sheet of paper if needed).

From	To	Address (street, city, state, zip)	With whom did you live? / Relationship

Have you ever been evicted or legally ordered to leave any of the above residence? YES___ NO___ If yes, please explain the circumstances: _____

SECTION 6: PERSONAL REFERENCES

Name	Phone #	Occupation	Years Known	Employer

SECTION 7: PERSONAL ACTIVITIES

1. List any organizations, clubs, or groups you are or have been affiliated with:

2. List any hobbies, interests or, leisure activities:

3. List any volunteer activities:

SECTION 8: SOCIAL MEDIA

List all Social Media platforms used and account/profile names (*attach a separate sheet of paper if needed*):

Facebook: _____
Instagram: _____
Snapchat: _____
X/Twitter: _____
Whatsapp: _____
LinkedIn: _____
Telegram: _____
Other: _____
Other: _____
Other: _____
Other: _____

SECTION 9: CITIZENSHIP AND NATURALIZATION

Legal Last Name: _____
First: _____
Middle: _____
Maiden name: _____
Other Aliases and/or Nicknames: _____

Place of Birth: _____
Facility *Street* *City* *Zip*

If a naturalized citizen, list date of naturalization and the city and state where naturalized:

Date of Naturalization *City, State of Naturalization*

SECTION 10: MILITARY RECORD

(Attach copy of DD214)

Have you ever served in the U.S. Armed Forces? YES: _____ NO: _____

If yes, please give branch: _____

Registered with selective service? YES: _____ NO: _____

Have you ever been rejected for service in the Armed Forces? YES: _____ NO: _____

Active-Duty Dates: _____

Type of Discharge: _____

Highest Rank Held: _____

Duties of Classification: _____

Have you ever been discharged from Military Service because of physical or mental reason?

YES: _____ NO: _____ If yes, why? _____

Are you a member of the Armed Forces Reserves or National Guard? YES: _____ NO: _____

If yes, give the location and unit: _____

SECTION 11: DRIVING HISTORY

1. Do you currently possess a valid driver's license? Y/N _____

License Number: _____ State: _____ Expiration Date: _____

Restrictions: _____ Class: _____

2. Have you ever had your driver's license suspended or revoked? Y/N _____ If yes, please explain the circumstances: _____

3. Have you ever been charged (not necessarily convicted) with the moving offense OVI, DUI, or OMVI? Y/N _____

Date of Charge: _____

Charging Agency: _____

Court Disposition: _____

4. How many moving violations (traffic citations) have you received in the past ten years? _____

5. List all citations (*attach additional pages if necessary*):

Date of Citation (Mo/Yr) _____ Type of Violation _____

Agency Issuing violation _____

Date of Citation (Mo/Yr) _____ Type of Violation _____

Agency Issuing violation _____

Court of Jurisdiction _____

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Court of Jurisdiction _____

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Agency Issuing violation _____

Court of Jurisdiction _____

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Agency Issuing violation _____

Court of Jurisdiction _____

SECTION 12: CONFIDENTIAL BACKGROUND INFORMATION

The personal history application is intended for the use of the Village of Thornville Police background investigators. All information contained herein will be verified through investigation and/ or polygraph (lie detector) examination. Answers must be printed or handwritten legibly in ink. Write D.N.A. (does not apply) if a question does not apply to you. The interviewing authority will review with you, in person on an individual basis, in the event you cannot answer a question or questions contained herein because of personal reasons. Information given must be accurate. False information will be grounds for application denial, for discharge after appointment, and/or subject to criminal charges.

ACKNOWLEDGEMENTS

A. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing. Initials _____

B. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subjected to disciplinary action, including termination, if any information required by the application has been falsified or intentionally excluded. Initials _____

C. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record or unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity. Initials _____

D. I hereby authorize the employers, schools, and personal references names in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer. Initials _____

QUESTIONS

1. Have you ever used or experimented with Marijuana or its derivatives? Y/N _____
Number of Times used in life: _____ Number of Times used in past 2 years: _____
Date of last use (mo/yr): _____

2. Have you ever used or experimented with Cocaine or its derivatives? Y/N _____
Number of Times used in life: _____ Number of Times used in past 5 years: _____
Date of last use (mo/yr): _____

4. Have you ever used or experimented with Amphetamines or its derivatives (Meth, speed, etc.)? Y/N _____
Number of Times used in life: _____ Number of Times used in past 5 years: _____
Date of last use (mo/yr): _____

5. Have you ever used or experimented with PCP or its derivatives? Y/N _____
Number of Times used in life: _____ Number of Times used in past 5 years: _____
Date of last use (mo/yr): _____

6. Have you ever used or experimented with Opiates, Morphine, or Heroin or their derivatives? Y/N _____
Number of Times used in life: _____ Number of Times used in past 5 years: _____
Date of last use (mo/yr): _____

7. Have you ever used or experimented with LSD, Mushrooms, or other Hallucinogens? Y/N _____
Number of Times used in life: _____ Number of Times used in past 5 years: _____
Date of last use (mo/yr): _____

8. Have you ever used or experimented with any other illegal drug or narcotic not listed in the above questions?
Y/N _____ Type of drug used: _____
Number of Times used in life: _____ Number of Times used in past 5 years: _____
Date of last use (mo/yr): _____

9. Have you ever lied, misled, or misrepresented facts during an application or employment evaluation process?
Y/N _____. If yes, identify the employer: _____

10. Have you ever intentionally or unintentionally slapped, punched, struck, or otherwise injured a spouse, ex-spouse, or domestic partner? Y/N _____. If yes, identify the spouse, ex-spouse, or domestic partner _____

11. Have you ever been served or been subject of a domestic violence protection order? Y/N _____
If yes, identify the court that issued the order: _____

12. List former spouse(s) Names and Address(es), if known (*attach a separate sheet if more space is needed*):
Name: _____
Street Address: _____
DOB: _____ SSN: _____

13. Can you perform the essential functions of the job duties set forth in the job description for which you are applying, either with or without reasonable accommodation? Y/N _____

14. Can you take the test or examination either with or without reasonable accommodation for jobs which include testing or examination? Y/N _____

15. Have you ever been involved with criminal activity or a criminal gang? Y/N _____. If so, when and are you currently still involved? _____

AUTHORITY TO RELEASE INFORMATION

To whom it may concern:

I hereby permit any authorized representative of the Village of Thornville Police Department bearing this release, or copy thereof, to obtain any information you may have concerning of my moral, mental, and physical suitability for the position of POLICE OFFICER.

I hereby direct you to release to the bearer, upon request any information in your files pertaining to my employment, military, education, attendance, athletic, personal history, disciplinary records, financial records, and medical records. This release is executed with full knowledge and understanding that the information is for the official use of the Village of Thornville Police Department. Consent is granted to the THORNVILLE POLICE DEPARTMENT to furnish such information, as is described above, to third parties while fulfilling its official responsibilities.

I hereby release you, as custodian of such records, and any school, college universities, or other educational institutions, hospital, or other repository of medical records, lending institution, consumer reporting agency, or other business establishment including its officers, employees or related personnel, both individually and collectively, from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature: _____ Date: _____

Printed Name: _____

Date of Birth: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

State of Ohio, County of _____

The foregoing instrument was acknowledged before me on this _____ (date) by _____ (name of person acknowledging).

(Notary Seal)

Signature of Notary Public – State of Ohio

My commission expires: _____
(date)