



**CITY OF NORTHWOOD  
CIVIL SERVICE COMMISSION  
ENTRY LEVEL POLICE PATROLMAN ONLINE EXAMINATION  
NATIONAL TESTING NETWORK  
DECEMBER 28, 2020 - FEBRUARY 5, 2021**

**DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION:**

- APPLICANT DATA RECORD
- AUTHORIZATION TO RELEASE INFORMATION
- COPY OF DRIVERS LICENSE
- COPY OF EDUCATIONAL DEGREES, OR OFFICIAL TRANSCRIPTS  
(transcripts marked student copy are not acceptable. For e-mail submitted applications, transcripts need to be mailed to the city office marked, "Attention: Civil Service".)
- COPY OF OPOTA CERTIFICATE
- COPY OF DD214 (IF VETERAN)

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PLEASE REVIEW THE SECTION DISQUALIFICATION OF APPLICANTS. IF ANY PART OF THIS SECTION APPLIES TO YOU, YOU WILL BE DISQUALIFIED FROM THE ELIGIBILITY LIST.

REQUEST FOR ADDITIONAL TIME OR ACCOMMODATION FOR A HANDICAPPED OR DISABLED APPLICANT (must be submitted in writing with supporting documentation)

ALL E-MAIL APPLICATIONS WILL BE CONFIRMED BY AN E-MAIL FROM CIVIL SERVICE OF ITS RECEIPT. IF YOU DO NOT RECEIVE THIS CONFIRMATION E-MAIL, THEN CIVIL SERVICE HAS NOT RECEIVED YOUR APPLICATION PACKET.



WELCOME TO  
**THE CITY OF NORTHWOOD**  
6000 Wales Road, Northwood, Ohio 43619  
Phone: (419) 690-1600

**CITY OF NORTHWOOD, OHIO CIVIL SERVICE COMMISSION  
APPLICATION FOR EMPLOYMENT**

PLEASE PRINT CLEARLY

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Other Telephone # \_\_\_\_\_ Social Security Number \_\_\_\_\_

- Best time to contact you is: \_\_\_\_\_

- Are you capable of performing the essential functions of the job, with or without reasonable accommodations for which you have applied? ☐ Yes ☐ No If accommodations are needed, please list: \_\_\_\_\_

- Have you ever been employed here before? ☐ Yes ☐ No If yes, give date(s): \_\_\_\_\_

- Are you employed now? ☐ Yes ☐ No If yes, may we contact your current employer(s)? ☐ Yes ☐ No

- On what date would you be available to start work? \_\_\_\_\_

- Can you travel if a job requires it? ☐ Yes ☐ No

- Do any of your friends or relatives, other than your spouse, work here? ☐ Yes ☐ No

If yes, state their name(s), relationship and department that they work in: \_\_\_\_\_

**NOTE:** Your driving record may be requested from the Bureau of Motor Vehicles.

- Do you have a valid State of Ohio Driver's License? ☐ Yes ☐ No License #: \_\_\_\_\_

- How many points do you have on your driving record at the time you submitted this application? \_\_\_\_\_

- Do you have a valid State of Ohio Commercial Driver's License? ☐ Yes ☐ No License #: \_\_\_\_\_  
Class \_\_\_\_\_

- Is your CDL restricted to vehicles without air brakes (#L)? ☐ Yes ☐ No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or disability. You may exclude from this application any responses that indicate race, color, religion, sex, national origin, disability, age or ancestry.

## **EDUCATION**

TYPE OF SCHOOL	NAME	CITY/STATE	DATES ATTENDED	DEGREE	MAJOR/MINOR
High School		City: State:	To: From:		
Vocational/ Trade		City: State:	To: From:		
College		City: State:	To: From:		
College		City: State:	To: From:		
Other Training		City: State:	To: From:		

## **MILITARY SERVICE**

- Describe any job-related training received in the United States Military: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you a Veteran? ☐ Yes ☐ No , if yes, were you honorably discharged? ☐ Yes ☐ No (if yes, you must provide a copy of DD-214 to show proof of service. If you successfully pass the exam, and have shown proof of service prior to taking the exam, you will be given 5 additional points.)
- Do you need any special accommodations for taking the exam? ☐ Yes ☐ No
- If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PERSONAL/PROFESSIONAL REFERENCES**

- Give name, address and telephone numbers of three (3) references. Do not use the name of past employers or relatives. These references may be called upon to furnish detailed information concerning your habits, character, job reference and ability.

	<u>Name</u>	<u>Address/Phone Numbers</u>	<u>Occupation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## EMPLOYMENT EXPERIENCE

- Start with your present job or last job (if unemployed). Include military service agreements and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, age or other protected status.

<p>Dates Employed _____ to _____ mo./yr.                  mo./yr.</p> <p>Hourly Rate / Salary \$ _____ to \$ _____ Starting                  Final</p>	<p>_____ (Employer Name)                  (Phone #)</p> <p>_____ (Address)</p> <p>_____ (Name of Supervisor)</p>	<p>Your Title and Duties: _____ _____ _____</p> <p>Reason for Leaving: _____ _____ _____</p>	<p>May we contact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initials _____</p>
<p>Dates Employed _____ to _____ mo./yr.                  mo./yr.</p> <p>Hourly Rate / Salary \$ _____ to \$ _____ Starting                  Final</p>	<p>_____ (Employer Name)                  (Phone #)</p> <p>_____ (Address)</p> <p>_____ (Name of Supervisor)</p>	<p>Your Title and Duties: _____ _____ _____</p> <p>Reason for Leaving: _____ _____ _____</p>	<p>May we contact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initials _____</p>
<p>Dates Employed _____ to _____ mo./yr.                  mo./yr.</p> <p>Hourly Rate / Salary \$ _____ to \$ _____ Starting                  Final</p>	<p>_____ (Employer Name)                  (Phone #)</p> <p>_____ (Address)</p> <p>_____ (Name of Supervisor)</p>	<p>Your Title and Duties: _____ _____ _____</p> <p>Reason for Leaving: _____ _____ _____</p>	<p>May we contact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initials _____</p>
<p>Dates Employed _____ to _____ mo./yr.                  mo./yr.</p> <p>Hourly Rate / Salary \$ _____ to \$ _____ Starting                  Final</p>	<p>_____ (Employer Name)                  (Phone #)</p> <p>_____ (Address)</p> <p>_____ (Name of Supervisor)</p>	<p>Your Title and Duties: _____ _____ _____</p> <p>Reason for Leaving: _____ _____ _____</p>	<p>May we contact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initials _____</p>

- Comments (Include explanations of any gaps in employment): \_\_\_\_\_  
\_\_\_\_\_
- List professional, trade, business or civic activities and offices held: \_\_\_\_\_  
\_\_\_\_\_
- List specialized skills (skills/equipment operated): \_\_\_\_\_
- Office machines operated \_\_\_\_\_
- Factory, construction or street equipment operated: \_\_\_\_\_
- Typing Speed: \_\_\_\_\_ w.p.m.
- Describe any other Special Training or Skills which are related to the kind of work you are applying for:  
\_\_\_\_\_
- Resume attached: ☐ Yes ☐ No

## STATEMENT OF UNDERSTANDING AND SIGNATURE

I understand a physical examination may be required.

I understand a credit check may be required, the results of which may have an impact on my eligibility to be employed by the City of Northwood.

I understand a positive drug screen will discharge me from further consideration for employment with the City of Northwood or cause me to be terminated as a city employee.

The City of Northwood established a drug-free workplace policy in accordance with the Drug-Free Workplace Act of 1988. I understand that all employees of the City of Northwood are required to sign the Employer's Drug Free Workplace Policy as a condition of employment.

The City of Northwood has residency requirements. Other than Employees holding positions created by the City Charter or those positions that fall under the fire department residency policy, employees must reside in the State of Ohio within the County of Wood or an adjacent county by the end of their probationary period. I understand that I must adhere by this residency policy.

I understand that I must sign a full release of information statement has a condition of my employment with the city for the purpose of verifying the information I have provided on this application.

I hereby certify that the answers given and statements made on this application are true are correct. I am aware that a representative of the City of Northwood may conduct an investigation of my background to assist in determining my suitability for this employment. I further understand that any applicant who intentionally makes a false statement or who practices fraud in filling out this application will be refused employment. If already appointed, subsequent evidence of misrepresentation will be considered adequate cause for termination of employment.

I hereby authorize all my previous employers and references to furnish any information concerning my personal character, health, reputation, habits and work records. I hereby release all such persons and the City of Northwood from liability or damages incurred as a result of furnishing or obtaining this information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

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THIS SECTION IS FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Position / Test Applying For \_\_\_\_\_

Date Filed \_\_\_\_\_

Time Filed \_\_\_\_\_

Grade : _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Placement: _____
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## THE CITY OF NORTHWOOD

6000 Wales Road Northwood, Ohio 43619  
Phone: (419) 690-1600

### Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date of Birth \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In

☐ Employment Agency ☐ Other \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
LAST FIRST MIDDLE Area Code

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

#### Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: ☐ Male ☐ Female

Check one of the following:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic  
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual



## **CITY OF NORTHWOOD**

### **AUTHORIZATION TO RELEASE INFORMATION**

TO: Any Doctor, Physician, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association or other Health Care Provider; the U.S. Armed Forces, Maritime Services, Veterans Association; any Academic Dean, Registrar, Principal, Guidance Counselor, or person authorized to release information at any: School, College, University, Business School, Trade School, High School, or Elementary School; any Local, State or Federal Law Enforcement Agency; any past or present Employer, Credit Bureau, Retail Merchant Association, U.S. Selective Services, or any Government Agency; any renter of Realty Property.

I, \_\_\_\_\_, have applied for employment with the City of Northwood. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request release of any and all information you have concerning me, including, but not limited to my employment, military, credit, psychological, criminal (including expunged records pursuant to Ohio Revised Code 2953.33), medical, educational (including transcripts of any academic record) and any other records relating to achievement, attendance, personal history, discipline, and credit records. I hereby authorize you to release this information upon request to the bearer of this document. This release is executed with full knowledge and understanding that the information is for the official use of the City of Northwood. Consent is hereby granted for the City of Northwood to furnish this information as described above to third parties in the course of fulfilling its official responsibilities relative to my employment with the City of Northwood. I hereby release the City of Northwood, its officers, agents, employees and independent contractors as the custodian of such records, and employer, educational institution, physician, psychologist, psychiatrist, hospital, or other repository of medical records, credit bureau, consumer reporting agency, or military or governmental entity, including its officers, employees, or related personnel, both individually and collectively, from any and all responsibility or liability for damages of whatever kind, which may at any time result to me, my heirs, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

\_\_\_\_\_  
(printed full name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

\_\_\_\_\_  
(telephone number)

\_\_\_\_\_  
(date of birth)

\_\_\_\_\_  
(witness's signature)

\_\_\_\_\_  
(date)



## **EXAMINATION INFORMATION**

### **CIVIL SERVICE COMMISSION, CITY OF NORTHWOOD, OHIO**

#### **Disqualification of applicants**

The Commission may refuse to examine or, after an examination, refuse to certify as eligible, or after certification revoke that certification, of any person: who is found to lack any of the established preliminary requirements for the examination; who is physically so disabled as to be rendered unfit for the performance of the duties of the position which he or she seeks; who is addicted to the habitual use of intoxicating liquors or drugs to excess; who has been convicted of a felony, theft offense, and domestic violence including lesser included offenses, job-related non-traffic non-juvenile misdemeanors less than seven (7) years old, repeated O.V.I.'s (formally known as D.U.I.'s), O.V.I. within the last three (3) years; who has been issued a permanent civil protection order; who is uninsurable; who has been guilty of infamous or notoriously disgraceful conduct; who has been dismissed from either branch of the civil service for delinquency or misconduct; or who has made false statements of any material fact, or practiced, or attempted to practice, any deception or fraud in his or her application or his or her examination, in establishing his or her eligibility, or securing his or her appointment. In relation to such inquiries, the Civil Service Commission may require such certificates of persons having knowledge of the applicant as the good of the civil service may require, subject to the requirements of the Fair Credit Reporting Act, if and to the extent those provisions are applicable. The Commission may also take into consideration that convictions (e.g., for misdemeanor) are more than seven (7) years old.

#### **Identity of Entry Level Examinees Concealed**

The identity of all persons taking competitive entry-level assembled examinations shall be concealed by the use of an identification number, which shall be used on all examination papers. This number shall be used from the beginning of the examination until the papers have all been rated. Any papers bearing the name of the applicant or any other identification mark shall be rejected and the candidate so notified.

#### **Extension of Time in Examination**

No applicant shall be given a longer time on any subject than prescribed by the Commission for the completion of the examination.

Separate time limits may be established as a reasonable accommodation for a handicapped or disabled applicant.

Requests for additional time, or accommodation, must be submitted with supporting documentation at the time of filing application for the examination.



## **Fraud Prohibited**

Frauds in examination are prohibited in accordance with Section 124.58 of the Revised Code. No person or officer shall:

- Willfully or corruptly by himself or herself in cooperation with one or more persons defeat, deceive, or obstruct any person in respect of their right of examination, appointment, or employment arising under the Civil Service Law or any rules and regulations prescribed pursuant thereto; or
- Willfully or corruptly, falsely mark, grade, estimate or report upon the examination or proper standing of any person examined, registered, or certified pursuant to the provisions of the Civil Service Law, or aid in so doing; or
- Willfully or corruptly, make any false representation concerning the results of such examinations or concerning any person examined; or
- Willfully or corruptly furnish to any person any special or secret information for the purpose of either improving or injuring the prospects or chances of any person so examined, registered or certified, or to be appointed, employed or promoted; or
- Willfully personate any person or permit or aid in any manner any other person to personate him or her in connection with any examination, registration or appointment or application or request to be examined, registered or appointed; or
- Furnish any false information about himself or herself or any other person, in connection with any examination, registration, or appointment or application or request to be examined, registered, or appointed; or
- Make known, or assist in making known to any applicants for examination, any questions to be asked on such examination; or
- (For any applicant taking an examination) assist any other applicant in any manner whatsoever; or
- Personally solicit a favor from any member of the Commission, appointing officer, or any person in his or her behalf solicit a favor; or
- In any examination use any means of information, other than that provided in the examination itself, such as memoranda, pamphlets, or books of any kind to assist him in answering the question, and if so, shall have his or her examination papers taken up and filled with a zero “0” marking, when the circumstances justify such action.

## **Additional of Credits**

Applicants for original appointment shall be entitled to only such credit as set forth in Section 6.02 (relating to Veteran's credit).

In scoring all original and promotional examinations, no additional credit shall be given to any applicant, unless such applicant has achieved the minimum passing grade as determined prior to the addition of any additional credit and had filed with the Commission at the time of filing application for the examination, such proof of credit as is required by the Commission under these rules.

## **Inspection and Grading of Examination Papers**

Any competitor shall have the right at any time within the period of ten (10) calendar days after receiving his or her notice of examination grade to review his or her own papers and inform himself or herself as to the markings given him or her on each subject or question and to submit in writing for the Commissioner's consideration, any objection or protest he or she may wish to make concerning the grades given him or her.

No objections or protests concerning an examination, not submitted in writing, shall be considered unless it relates to the conduct of examiners, the securing of lawful assistance by a competitor or such other circumstances in connection with an examination as would call for an investigation on the part of the Commission, and which would require that the information submitted be given in confidence.

An applicant who exercised the right to inspect his or her examination papers shall not be permitted to again take an examination for the same classification within a six (6) month period following the inspection, unless an alternate form of examination is given.

Inspection shall not be permitted of standardized tests prepared by experts outside the state service, where such inspection would tend to reduce the validity of test results.

No grades given in any examination shall be changed after the posting of an eligible list, except after the consideration or reasons submitted in writing by the competitor objecting and report thereon by the Commission's properly authorized examiners; provided that the Commission may correct clerical errors of examiners or employees at any time before the cancellation of such lists.

## **Disqualifications from Eligible List and Waiver**

The name of any person appearing on an eligible list who:

1. Fails to report or arrange within six (6) days from date of notification (Saturday, Sunday, City holiday excluded) for an Interview with the appropriate appointing authority;
2. Fails to respond to a notice from the Commission;
3. Fails to report to work after accepting appointment;
4. Fails to pass a qualifying test prior to appointment;
5. Lacks any of the established requirements for the classification;
6. Has made false statements on his or her application;
7. Separates from employment with the City;
8. Has received a permanent appointment through certification from an eligibility list for another position of equal or more salary of rate;
9. Has become incapacitated subsequent to examination;
10. Has had errors discovered in the computation of the examination score of the eligible;
11. Has requested that his or her name be removed;
12. Fails to file with the Commission written notice of changes of address, or, for whom notification is provided by postal authorities of their inability to locate him or her at last known address;
13. Becomes deceased;
14. For any reasons set forth in Chapter Four, which would have caused his or her application to have been rejected;

Shall not thereafter be certified to any appointing authority as eligible for appointment. The potentially disqualified person shall be notified concerning the application of this section unless his or her whereabouts are unknown. The disqualified candidate's name may again be certified from the eligible list only where a thoroughly satisfactory explanation of the circumstances is made to the Commission. In the event of the refusal of an appointment by an eligible candidate, the appointing authority shall so notify the Commission.

In case an eligible person's name appears on more than one list, appointment to a position in one class shall be considered a waiver for appointment from eligible lists for classes in which the salary is equal or lower.

If, at any time after creation of an eligible list, the Commission has reason to believe that any person whose name appears on any list is disqualified from appointment because of false statement made on his or her application, inability to perform the job duties, lack of a necessary license, lack of insurability, or for other comparable reasons, such person shall be notified and given an opportunity to be heard. If such person shall fail to appear for hearing, or upon being heard, fail to satisfy the Commission, his or her name shall be removed from such eligible list.

A request for waiver of certification and appointment or reinstatement, specifying reasons for such request must be filed with the Commission within three (3) workdays after the eligible individual has been notified or his or her certification to the appointing authority. A certification is not charged when the waiver is approved. Denial of such waiver shall cause removal from the eligible list.

Except that each eligible on a particular list, if a present City of Northwood employee, may receive, upon receipt of his or her written request, one (1) automatic waiver from certification and appointment from the eligibility list. Such request must be filed with the Commission within three (3) workdays after the eligible employee has been notified of his or her certification to the appointing authority. In such instance where a sufficient number of eligible are not available for certification for a particular position due to the use of the automatic waiver, those eligible utilizing waivers will again be certified in the usual manner.

### **Duty of Eligibles**

Each person on an eligible list shall file with the Commission written notice of any changes of address, and failure to do so may be considered sufficient reason for not certifying his or her name to the appointing authority for future appointment.

### **Appointment Procedure/Number of Names Certified**

The appointing authority of a department in which a position in the classified service is to be filled shall notify the Commission of the classification title and the number of positions to be filled. The Commission shall certify to the appointing authority the names and addresses of the ten (10) candidates standing highest on the eligible list for the class or grade to which the position belongs; provided that the Commission may certify less than

ten (10) names if ten (10) names are not available. When less than six (6) names are certified to an appointing authority, appointment from that list shall not be mandatory.

The appointing authority, having notified the Commission of the position to be filled, and having received such certified eligible list may then appoint. Except as provided in Section 8.03 with respect to Promotion within the Police Department, the appointing authority shall fill such position by appointment of one (1) of the ten (10) persons certified to him or her. If more than one position is to be filled, the Commission may certify a group of names from the eligible list.

### **Removal from Eligible List**

A person certified from an eligible list three (3) times to the same appointing authority for the same or similar positions may be omitted from future certification to such appointing authority, provided that certification for a temporary appointment shall not be counted as one of such certifications.



## **Change of Personal Information**

### **Northwood Civil Service Commission**

6000 Wales Road  
Northwood, OH 43619  
(419) 693-9327 (419) 693-3603 (Fax)

If you change your home address or phone number(s) at any time during the duration of the eligibility list, you must complete and submit this Change of Personal Information form. You may submit this form by one of the following methods:

1. Bring the completed form to the Northwood Civil Service Commission, 6000 Wales Road, Northwood, OH 43619;
2. Fax the form to the Commission Office at (419) 693-3603;
3. Mail the completed form to the Commission Office at:

Northwood Civil Service Commission  
6000 Wales Road,  
Northwood, OH 43619

**Be sure to complete all the information requested below:**

Please print clearly.

#### Previous Home Address and Telephone Number

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name and Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

#### New Home Address and Telephone Number

Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name and Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Which eligibility list are you on? \_\_\_\_\_

#### For Civil Service Commission Use Only

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_