



CIVIL SERVICE COMMISSION

*James F. Struna, Chairman
Diane L. Pauley, Co-Chair
Daniel W. Llewellyn, Member
Sharon L. Glady, Recording Secretary*

Date Rcv'd: _____

Time Rcv'd: _____

Rcv'd By: _____

FOR OFFICE USE ONLY

**FULL-TIME POLICE OFFICER APPLICATION
2024**

CITY OF MENTOR

An Equal Opportunity Employer
8500 Civic Center Blvd., Mentor, Ohio 44060

(PLEASE TYPE OR PRINT CLEARLY)

NAME _____ SSN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME OR CELL PHONE: _____ BEST TIME TO CALL: _____

MAY WE CONTACT YOU AT WORK? _____ IF YES, WORK #: _____

BEST TIME TO CALL: _____ E-MAIL ADDRESS: _____

DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

ARE YOU A U.S. CITIZEN? _____ IF NOT, ARE YOU OBTAINING CITIZENSHIP? _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. EQUIVALENCY? _____

ARE YOU AT LEAST **20** YEARS OLD, BUT HAVE NOT YET REACHED THE AGE OF **36**? _____

AGE: _____ DATE OF BIRTH: _____

ARE YOU WILLING TO SIGN A WAIVER AND TAKE A PHYSICAL AGILITY TEST, POLYGRAPH EXAM, DRUG SCREENING, MEDICAL EXAM AND PSYCHOLOGICAL EVALUATION? _____

HAVE YOU EVER BEEN **INVOLUNTARILY** REMOVED BY MENTOR'S CIVIL SERVICE COMMISSION FROM FURTHER CONSIDERATION AFTER TAKING AN EXAM WITH THE CITY OF MENTOR? _____

IF YES, GIVE DATE OF REMOVAL: _____ (DOES NOT INCLUDE VOLUNTARY REMOVAL)

ARE YOU A VETERAN OF ANY UNITED STATES ARMED SERVICES? _____

IF SO, **PROVIDE A COPY OF HONORABLE DISCHARGE FORM DD214, PG. 4 WITH SIGNATURES**; OR ARE YOU CURRENTLY ON ACTIVE DUTY IN GOOD STANDING? _____ A LETTER FROM YOUR C.O. IS NEEDED (SEE FACT SHEET). **TO RECEIVE ADDITIONAL 2 POINTS FOR MILITARY SERVICE, PROOF MUST BE RECEIVED BY CLOSE OF REGISTRATION, MARCH 4, 2024.**

ARE YOU A GRADUATE OF AN OHIO POLICE ACADEMY **AND** CURRENTLY HOLD A VALID (NOT MORE THAN 12 MONTHS OLD) OHIO POLICE CERTIFICATION AS DEFINED BY THE OPOTC? _____

POLICE ACADEMY CERTIFICATES ALONE ARE NOT ACCEPTABLE PROOF; MUST BE AN OPOTC ISSUED CERTIFICATE OR LETTER FROM STATE OF OHIO ATTORNEY GENERAL; OR, A COPY OF A CURRENT POLICE I.D. (SEE FACT SHEET). TO RECEIVE ADDITIONAL 2 POINTS FOR OPOTC, PROOF MUST BE RECEIVED WITH YOUR APPLICATION.

Extra Pts. Received:

MIL: _____ OPOTC: _____ EDU: _____

FOR OFFICE USE ONLY

DO YOU HAVE AN **ASSOCIATES DEGREE OR HIGHER** FROM AN ACCREDITED UNIVERSITY/COLLEGE AS DEFINED BY THE U.S. DEPARTMENT OF EDUCATION? _____ **OR**, DO YOU HAVE EARNED CLASS CREDITS **EQUAL TO 2 COMPLETE YEARS (60 HRS) AND CURRENTLY ENROLLED IN A 4-YEAR DEGREED PROGRAM** AT AN ACCREDITED UNIVERSITY OR COLLEGE AS DEFINED BY THE U.S. DEPARTMENT OF EDUCATION? _____ **TO RECEIVE ADDITIONAL 2 POINTS FOR EDUCATION, PROOF MUST BE RECEIVED WITH YOUR APPLICATION.**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO (check one)

IF YES, EXPLAIN IN DETAIL: _____

1. I hereby certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge. I understand and agree that any misstatement of material fact contained in this application may cause rejection of this application, removal of my name from the eligibility list and dismissal from City Service, and hereby authorize investigation of any and all statements contained in this application. I understand that misrepresentation or omission of facts requested is grounds for dismissal in the event I enter into the employ of the City of Mentor. I understand and agree that my employment is subject to the rules and regulations of the City of Mentor Civil Service Commission, the Ordinances of the City of Mentor, and the rulings of the City Manager or designee, the Rules and Regulations of the Mentor Police Department, and the Agreement between The City of Mentor and the Ohio Patrolmen's Benevolent Association.
2. I further understand that to be processed for possible appointment as a Police Officer, I must possess a valid TRI-C physical agility certificate and that the cost for this is at my own expense. It is my responsibility to keep my physical agility certificate current. I hereby release the City of Mentor from any injuries that might occur during said agility test and waive any and all objections to said test.

Signature of Applicant: _____ Date: _____

Completed forms must be submitted to the Mentor Civil Service Commission
on or before **MARCH 4, 2024** – **NO EXCEPTIONS**

Completed mailed applications postmarked on or before **MARCH 4, 2024** will be accepted and date/time recorded when received by the Recording Secretary

*Applications will be matched with test scores when received from the National Testing Network.
Be sure to designate **CITY OF MENTOR, OHIO** when submitting scores.*

CIVIL SERVICE RECORDING SECRETARY: Mentor Civil Service Commission – City Manager's Office
8500 Civic Center Blvd., 3rd Floor, Mentor, Ohio 44060
Direct: 440-974-5790 Email: MentorCSC@cityofmentor.com