

211 South High St.  
Mt. Orab, Ohio 45154

Jason Hahn  
Chief of Police



*Mt. Orab*  
**POLICE**

Phone: (937) 444 - 2281  
Fax: (937) 444 - 3890

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## EMPLOYMENT APPLICATION PACKET FOR THE POSITION OF POLICE OFFICER

Completion of the Police Officer Employment Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position of police officer. Read all the questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

This packet contains the following forms:

- Police Officer Employment Application
- Waiver of Liability and Release Form
- Credit Information Release Form
- Pre-employment Drug Screen Consent Form
- Police Officer Position Description

Return the entire packet to the address below:

Mt. Orab Police Department

211 South High St.

Mt. Orab, Ohio 45154

Office Use Only: Date received \_\_\_\_\_



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## POLICE OFFICER EMPLOYMENT APPLICATION

**Instructions** You must complete this application yourself. It may be printed in ink or typed. Your ability to complete this application completely and honestly is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the Village of Mt. Orab.

### Basic Personal Information

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

Please list any other names that you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Number \_\_\_\_\_ Daytime Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Driver's License: \_\_\_\_\_  
Number \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_

Place of birth: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_



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### Eligibility

1. Are you at least 21 years of age? Yes No

2. Do you have a legal right to work in the United States? (Check one) U.S. Citizen Permanent Resident Status Other (specify) \_\_\_\_\_

3. Are you a licensed peace officer in the State of Ohio? Yes No

4. If yes, where and when did you obtain your license? \_\_\_\_\_  
Post Training Academy or Department \_\_\_\_\_

Address

City

State

Zip

Date

5. Has your Ohio peace officer's license ever been suspended? Yes No

6. If yes, explain the circumstances on a separate sheet.

7. Are you a commissioned/licensed peace officer in another state of the U.S.? Yes No

8. If yes, in which state did you receive your commission/license? \_\_\_\_\_

9. If yes, when and where did you obtain your license? \_\_\_\_\_  
Post Training Academy or Department \_\_\_\_\_

Address

City

State

Zip

Date

10. Have you applied for a position with the City before? Yes No

11. If yes, when and previous position(s) applied for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## **Military Service**

Please make copies of all applicable service records including any discharge papers and attach to this application. Branch: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Date of service: \_\_\_\_\_ to \_\_\_\_\_ Reserve Status: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ If not honorable, explain: \_\_\_\_\_

**Grade and duty assignment at discharge/separation:** \_\_\_\_\_

Are you registered for the Selective Service? Yes No

Selective Service Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Are you a member of the Reserves or National Guard?  Yes  No

If yes, give unit, location, grade, and duty assignment: \_\_\_\_\_ Unit \_\_\_\_\_

### Location

### Grade

## Duty Assignment



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### Education

Please complete the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED?  Yes  No

School Name	Address, Phone Number	Graduate	Course of
		Yes / No	Dates Enrolled
High School			
College / University			
Graduate School			
Other			



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**Specialized Skills and Training**

Do you speak another language other than English?  Yes  No      Fluent?  Yes  No

If yes, please list: \_\_\_\_\_

Briefly list any computer skills you have. If you have copies of any certificates for computer training you have received, please attach them to the application:

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Briefly list any training or skills, including firearms, that would be of assistance in the job you are applying for. If you have any copies of certificates for any training, please attach them to the application:

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### Personal History

Please list any social internet sites (Facebook, Twitter, and personal blogs) that you have an active or past accounts as well as list the names used on those accounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any tattoos that would be visible outside of a short sleeve

shirt: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Do you know of any reason that you could not pass a background check? \_\_\_\_ Yes \_\_\_\_ No
2. Have you ever been fired or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No
3. Have you ever received disciplinary action from an employer? \_\_\_\_ Yes \_\_\_\_ No
4. Have you ever stolen from an employer? \_\_\_\_ Yes \_\_\_\_ No
5. Have you ever committed a crime for which you were not arrested? \_\_\_\_ Yes \_\_\_\_ No
6. Have you ever assisted someone in committing a crime? \_\_\_\_ Yes \_\_\_\_ No
7. Have you ever falsified a police report? \_\_\_\_ Yes \_\_\_\_ No
8. Have you ever accepted money not to report a crime? \_\_\_\_ Yes \_\_\_\_ No
9. Have you ever slept on the job? \_\_\_\_ Yes \_\_\_\_ No
10. Has any driver's license issued to you ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No
11. Have you ever used, sold, or otherwise handled in an illegal manner any controlled substance? \_\_\_\_ Yes \_\_\_\_ No
12. Have you ever been bonded? \_\_\_\_ Yes \_\_\_\_ No
13. Have you ever been refused bond? \_\_\_\_ Yes \_\_\_\_ No

If you answered yes to any of the questions listed above, please write a brief explanation for that question on a separate sheet. List the question by number. If you are interviewed, you will be asked about any "yes" answers. Any "yes" answers will be closely examined during a background check. A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.



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Traffic, Civil Court, and Criminal Record

Please list your history of any traffic citations, any civil court actions in which you were or are a defendant, any arrests, convictions, and court actions. If additional space is needed, list on a separate sheet.

Type of Case	Jurisdiction	City, State
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_



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## Financial Status

List all creditors or persons to whom you are financially obligated. If additional space is needed, list on a separate sheet.

NAME	ADDRESS	BALANCE	MONTHLY PAYMENT
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Have you ever declared bankruptcy?    Yes    No

If yes, give date and circumstances: \_\_\_\_\_



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**Employment History**

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. If additional space is needed, list on a separate sheet.

10. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or  
PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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4. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

5. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

6. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

7. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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8. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

9. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

10. Company: \_\_\_\_\_ Position: \_\_\_\_\_ FT\_\_ or PT\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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## **Personal References**

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all the information requested.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_


### Remarks

Please tell us about yourself. Include any awards, honors, licenses, or certificates that you have received. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

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**Please Read Carefully Before Signing This Application**

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from service if I have been employed.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mt. Orab Police Department is an Equal Opportunity Employer**

It is the policy of the Mt. Orab Police Department to ensure equal employment opportunity in accordance with the Ohio Revised Code 125.111 and all applicable federal regulations and guidelines.



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#### EQUAL EMPLOYMENT OPPORTUNITY

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, age, national origin, qualifying disability, or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex, or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the \_\_\_\_\_ to record and report the information listed below. Please help us comply by providing the answers to the following questions.

The Equal Employment Opportunity Form will be kept in the CONFIDENTIAL FILE separate from the Application for Employment. It will be used to determine employment eligibility.

POSITION APPLIED FOR: \_\_\_\_\_

RACE/ETHNIC GROUP:  American Indian/Alaskan Native

Asian/Pacific Islander

Hispanic

Black

White

SEX:  Female

Male

VIETNAM ERA VETERAN:  Yes

No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

Yes

No

REFERRED BY:  Job Posting  Newspaper  
 Friend  Other (please specify): \_\_\_\_\_

Thank you for completing this form.

THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY



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### **WAIVER OF LIABILITY AND RELEASE FORM**

In consideration of the Mt. Orab Police Department and the Village of Mt. Orab, Ohio, hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions:

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must out of necessity, remain confidential.

#### **DO NOT SIGN BEFORE READING**

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Date: \_\_\_\_\_ Witnessed by: \_\_\_\_\_



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## CREDIT INFORMATION RELEASE FORM

### **Consumer Report Disclosure**

By this document, the Village of Mt. Orab discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

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Applicant Full Name (typed or printed)

---

Applicant Signature

---

Date

---

Witness Signature

---

Date

### **Consumer Report Authorization**

This document shall authorize the procurement of a consumer report by the City of Mt. Orab as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Village of Mt. Orab to procure consumer reports at any time during my employment period.

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Applicant Full Name (typed or printed)

---

Applicant Signature

---

Date

---

Witness Signature

---

Date



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### PRE-EMPLOYMENT DRUG SCREEN CONSENT

1. I, \_\_\_\_\_, as an applicant with the Village of Mt. Orab, Ohio  
Applicant Full Name (Typed or Printed)
2. I hereby release the Village of Mt. Orab and its employees from any action that may arise out of results of such tests or information being released to the Village of Mt. Orab.
3. I understand that if I fail to sign and return this consent to the Village of Mt. Orab, Ohio, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

\_\_\_\_\_  
Applicant Full Name (typed or printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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## **POLICE OFFICER POSITION DESCRIPTION**

Each applicant is required to review the Position Description for Police Officer. By signing this form, you certify that you are aware of and capable of performing all the requirements of the position of Police Officer with the Mt. Orab Police Department.

**JOB TITLE:** Police Officer

**DEPARTMENT:** Police

### **ESSENTIAL FUNCTIONS**

#### **1. Community Patrolling Activities**

- A. Serves as a liaison officer within the community responding to non-criminal public concerns assuring for safety and the best public relations for the city.
- B. Represents the department in continual interaction with various other social service agencies to combine all resources assuring for the best service to the community.
- C. Establishes and maintains communication by the frequent use of personal contact with the community assuring for the best public relations for the city.
- D. Assists the offenders in finding social service agencies available.

#### **2. Patrol Related Activities**

- A. Attends daily briefing and obtains assignment assuring for professionalism.
- B. Assists with patrolling the city, as needed, and conducts checks and monitors progress within the city.
- C. Responds appropriately to notification of incident/accident reports assuring for timeliness, professionalism, and for safety.
- D. Completes reports and submits to sergeant as required, assuring for timeliness and accuracy.
- E. Looks for law violations that require action. Informs appropriate individual or takes action as appropriate. Does necessary follow-up as required.
- F. Determines when traffic stops for motor vehicle code violations are necessary and takes appropriate action.
- G. Responds to requests from immediate supervisor in an accurate, complete, and timely manner.

#### **3. Requests for Service Activities**

- A. Receives assignments and responds as requested, assuring for professionalism and the best public relations for the city.
- B. Completes the required documentation of assignments as necessary assuring for accuracy and timeliness.



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- C. Responds to radio announced incidents, makes a determination regarding the emergency or nonemergency nature of the incident. Coordinates with other units as needed. Prioritizes calls based on importance.
- D. Responds appropriately and notifies dispatcher of arrival on scene. Takes appropriate enforcement or control action as required assuring that department procedures are followed and assures for officer and public safety.
- E. Notifies dispatcher of status and begins investigation of offense.
- F. Locates, gathers, and preserves possible evidence and maintains chain of custody in accordance with department policies.
- G. Completes investigation, makes determination regarding enforcement action required and completes reports and documentation as required for timeliness and accuracy.
- H. If needed, makes an arrest and handles prisoners assuring for officer and public safety and assuring that department procedures are followed.
- I. Conducts and completes any required follow-up activities.

#### 4. Other Patrol Activities

- A. Conducts nuisance violations and parking enforcement activities assuring for safety, professionalism, and the best public relations for the city.
- B. Maintains an awareness of persons, who have outstanding warrants, maintains vigilance for such persons and serves warrants as required assuring for safety and professionalism, and for following prescribed policies and procedures.
- C. Assists with emergency animal control and animal related complaints.
- D. Responds to requests for assistance from other agencies assuring for professionalism and for adherence to department policies and procedures.
- E. Maintains and safeguards vehicles and other department issued supplies and equipment.
- F. Learns and maintains an awareness of all applicable department practices, policies, procedures, laws, and rules.
- G. Learns the geography and locations within the city.
- H. Spots trouble areas for the city utilities (water leaks, traffic light problems, etc.) I. If necessary, acts as supervisor when the sergeant is absent.



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## 5. Training and Court Duties

- A. Attends training and continuing education to maintain certifications.
- B. Develops training sessions for the police department personnel based on specialization areas.
- C. Prepares documents and evidence for court proceedings when necessary.
- D. Testifies and presents evidence before the court when subpoena received.
- E. Acts as bailiff to maintain order in the court, brings prisoners to the court, and follows orders of the judge pertaining to the behavior in court and disposition of prisoners.

This job description in no way states or implies that these are the only duties to be performed by the employee occupying the position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties as assigned by their supervisor; subject to reasonable accommodations.

### WORK ENVIRONMENT

- Above average accessibility of all work sites required for the position.
- Extreme exposure to weather and temperature extremes.
- Average exposure to chemical and fumes. Average exposure to heights.
- Above average exposure to work safety hazards.
- Average amount of overtime/extended work hours required.
- Above average exposure to dust.
- Above average exposure to loud noises.
- Above average exposure to darkness.
- Above average exposure to cramped spaces.

### PHYSICAL EFFORT

- Above normal physical mobility: movement from place to place on the job, considering distance and speed.
- Above normal physical agility: ability to maneuver body while in place.
- Normal physical strength to handle office materials.
- Above normal physical strength to handle 150 lb. objects, considering frequency.
- Normal dexterity of hands and fingers.
- Normal physical balance: Ability to maintain balance and physical control.
- Normal coordination, including eye/hand, hand/foot, etc.
- Above normal endurance.



Integrity



Community



Valor



Respect



211 South High St.  
Mt. Orab, Ohio 45154



Jason Hahn  
Chief of Police

*Mt. Orab*  
**POLICE**

Phone: (937) 444 - 2281  
Fax: (937) 444 - 3890

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#### KNOWLEDGE REQUIREMENTS

- Completed high school diploma or equivalent.
- Valid driver's license.
- Completed basic law enforcement academy training.
- Must be at least 21 years of age, US citizen or authorized to work in the US.
- Non-convicted felon. POST certification.

#### MENTAL EFFORT

- Normal concentration/intensity: prolonged mental effort with limited opportunity for breaks.
- Average memory, considering the amount and type of information.
- Above normal complexity of decision making.
- Normal time pressure of decision making.
- Normal analytical thinking.
- Normal conceptual thinking.

#### COMMUNICATION

- Above-average verbal communication.
- Above-average written communication.
- Above-average non-verbal communication.

#### SENSORY ABILITIES

- Normal ability to see.
- Normal ability to distinguish colors.
- Normal ability to hear.
- Normal ability to smell.
- Normal sense of touch.

**By signing this form, you certify that you are capable of performing all the requirements of the position of Police Officer with the Mt. Orab Police Department.**

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Applicant Signature

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Date



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