

2013 Tiffin Police Communication Technician Application

Complete and Return by 12:00 pm, February 1, 2013

- Application for Employment
- Resume

Applicant to keep

- Advertisement for position
- Job Description

Testing Information

- **Saturday, February 9, 2013 at 9:00am**
- North Central Ohio Educational Service Center
 - o 928 W. Market St., Tiffin, Ohio 44883
- \$20.00 (CASH only) non-refundable testing fee
- Government issued picture ID (Driver's License, State ID, etc)
- NO ONE admitted to exam after 9:00 am



TIFFIN POLICE DEPARTMENT

51 E. Market St., Tiffin, Ohio 44883
Phone: 419.447.2323 Fax: 419.448.5417
www.tiffinohio.gov/tiffinpd
tiffin.prophoenix.com

Chief of Police
Fredrick W. Stevens

PLEASE POST

City of Tiffin – Police Communication Technician

The City of Tiffin will be giving a test to create an eligibility list for future **Police Communication Technicians** for the Tiffin Police Department. Applications must be obtained at the Tiffin Police Department and returned with resume no later than noon, February 1, 2013. There will be a non-refundable \$20.00 (Cash ONLY) fee due at the time of the test.

An examination will be given at 9:00 a.m. on Saturday, February 9, 2013, at North Central Ohio Educational Service Center, 928 W. Market St., Tiffin, Ohio. No one will be admitted into the exam room after 9:00 a.m. A picture ID will be required at the time of testing. The city requests advance notification of 5 days to make reasonable accommodations for disabled persons. The successful applicant will be required to work shifts, weekends, and holidays

Summary of qualifications: 1) high school graduate or GED equivalent (Include proof with application.); 2) Must be a US citizen and resident of Seneca County or one of the adjacent counties within 6 months of hire. 3) Selected applicant must pass physical, written, oral, medical, drug testing and background inquiries. Minimum starting pay is \$24,918 – \$33,196 DOQ. EOE



JOB DESCRIPTION

Position: Dispatcher-Administrative Division
Department: Police Department
Date: _____

Classification: _____
Location: _____

GENERAL PURPOSE

To assist police officers and fire fighters in providing prompt and efficient services to the public. To provide some services and information directly to the public. To coordinate emergency services provided by the City of Tiffin.

SUPERVISION RECEIVED

Chief of Police, Captain of Police, any Lieutenant of Police or any Sergeant of Police.

SUPERVISION EXERCISED

May occasionally supervise a dispatcher in training.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Assign calls for service to appropriate police officers by police radio, phone, computer, or in person. Dispatch ambulances, fire trucks, and police officers by police cars. Answer and conduct business on telephones. Receive complaints by phone, radio, in person, or by other means. Record primary information regarding complaints by longhand, or typing. Enter and retrieve various information using police computers. Use public safety radio to coordinate efforts of various public safety forces. Search female prisoners under the authority of a police officer. Make change, accept bond and fine money, and give receipts. Issue bicycle licenses. Conduct surveillance of holding facility, municipal court, and other areas of the municipal building by CCTV. Conduct tests of city wide emergency warning system. Files paperwork, updates and maintains certain files kept in the communication center. Assists the public as possible.

PERIPHERAL DUTIES

As assigned by the Chief of Police, Captain of Police, any Lieutenant of Police or any Sergeant of Police.

DESIRED MINIMUM QUALIFICATIONS

Education and Experience:

(A) Must have graduated from high school or have a GED equivalent.

Necessary Knowledge, Skills and Abilities:

(A) Must be able to read, write, and speak the English language; must be able to print and write legibly; must be able to type accurately; must be able to use basic mathematics.

(B) Must pass a medical physical exam as prescribed by the City Administrator.

(C) Must be able to think and react quickly; ability to handle stressful situations; must be able to "multi-task".

(D) Must be able to deal tactfully with members of the public, and with co-workers.

(E) Must have a clear and articulate voice that can be heard and understood over public safety radio and telephone.

SPECIAL REQUIREMENTS

Must be a United States Citizen and at least 18 years old. Must have a telephone.

TOOLS AND EQUIPMENT USED

Equipment used includes but is not limited to the following; computers, including various software programs currently used by the department; typewriter; calculator; two way public safety radio equipment; telephones; intercom systems; warning system; misc. small office equipment; and other such equipment as may be required to perform the functions of a Tiffin Police and Emergency Services Dispatcher.

PHYSICAL DEMANDS

Ability to sit for extended periods of time; ability to stand for extended periods of time; ability to lift up to 25 pounds.

WORK ENVIRONMENT

Tiffin Police Department located in the City Municipal Building, 51 E. Market St. Tiffin, Seneca Co., Ohio, 44883, and other places where duties require attendance.

SELECTION GUIDELINES

Formal application, rating of education and experience; oral interview and reference check; job related tests may be required.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Signature: _____
Supervisor/Dept. Head

Signature: _____
Employee

Effective Date: _____

Revision History: _____

Police Department
Chief F.W. Stevens
419-447-2323
FAX: 419-448-5417
chiefofpolice@tiffinohio.gov

City of Tiffin
Municipal Building
51 East Market Street
Tiffin, OH 44883



TIFFIN POLICE DEPARTMENT APPLICATION FOR EMPLOYMENT

Position Applied For _____

Name _____
Last First Middle

Address _____
Street Number - No Post Office Boxes City State Zip

Home Phone _____ Work Phone _____

Social Security Number _____

Driver's License Number _____
Number State

Are you a citizen of the United States? YES NO

Are you at least 21 years of age? YES NO

Do you have a High School Diploma? YES NO N/A Year Graduated _____

Do you have a GED? YES NO N/A Year Completed _____

Are you a U. S. Military Veteran? YES NO

Honorable Discharge? YES NO N/A

*****If YES Attach a copy of DD214****

Have you completed the Ohio Peace Officer Training Academy? YES NO

Is your certificate still valid and active? YES NO N/A

*****If YES Attach a copy of OPOTA Certificate****

Fairness Integrity Respect Service Teamwork

The City of Tiffin is an Equal Opportunity Employer

(rev 9/12)



TIFFIN POLICE DEPARTMENT POLICE APPLICANT PERSONAL HISTORY QUESTIONNAIRE



INSTRUCTIONS

This Personal History Questionnaire is intended for the use of the Tiffin Police Department. You must be truthful and complete in all answers. Information provided will be subject to verification. All information reported by the applicant on this questionnaire will be considered confidential and will not be disclosed to unauthorized individuals.

Answer all questions; do no leave any blanks. If a question does not apply to your particular circumstances, insert "N/A" in that blank. When answering questions that require a date, provide the complete month, day and year. Partial month-year responses are not acceptable. Provide complete address information, where required. Partial addresses are also unacceptable.

WARNING

Applicants are cautioned to answer every question fully, truthfully and without evasion. The Ohio Revised Code (§2921.13) provides penalties for making a false statement of a material fact, or for any fraud or deception in obtaining or attempting to obtain employment.

PRINT ALL ANSWERS LEGIBLY IN BLACK INK. USE ADDITIONAL SPACE PROVIDED, IF NECESSARY

NAME (Last, First, Middle)

DATE

CURRENT ADDRESS (Street Address, City, County, State, Zip Code)

HOME TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

CURRENT AGE

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

OHIO DRIVERS LICENSE #

EXPIRATION DATE

PLACE OF BIRTH

ANY ALIASES OR NICKNAMES YOUR ARE COMMONLY KNOWN BY

NAME OF SPOUSE (Last, First, Middle)

SPOUSES MAIDEN NAME (Last Name, Only)

SPOUSE'S DATE OF BIRTH

SPOUSE'S PLACE OF BIRTH

SPOUSE'S OCCUPATION

FATHER'S NAME (Last, First, Middle)

LIVING
DECEASED

CURRENT ADDRESS (Street Address, City, Sate, Zip Code)

HOME TELEPHONE NUMBER

MOTHER'S NAME (Last, First, Middle)

LIVING
DECEASED

HOME ADDRESS (Street Address, City, State, Zip Code)

HOME TELEPHONE NUMBER

The City of Tiffin is an Equal Opportunity Employer

PERSONAL HISTORY

LIST YOUR RELATIVES IN THE FOLLOWING ORDER: 1. Brothers, 2. Sisters, 3. Step-Mother, 4. Step-Father, 5. Step- Brothers, 6. Step-Sisters, 7. Father-in-Law, 8. Mother-in-Law, 9. Brothers-in-Law, 10. Sisters-in-Law
(Use Numbers To Indicate Relationship)

<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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<u>RELATIONSHIP #</u>	<u>NAME</u> (Last, First, Middle)	<u>AGE</u>
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<u>ADDRESS</u>	<u>TELEPHONE</u>
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PERSONAL HISTORY

IF YOU HAVE BEEN PREVIOUSLY MARRIED, PLEASE PROVIDE THE FOLLOWING INFORMATION

FORMER SPOUSE'S NAME (Last, First, Middle)

DIVORCE
 ANNULMENT
 DEATH

FORMER SPOUSE'S ADDRESS

TELEPHONE

FORMER SPOUSE'S NAME (Last, First, Middle)

DIVORCE
 ANNULMENT
 DEATH

FORMER SPOUSE'S ADDRESS

TELEPHONE

FORMER SPOUSE'S NAME (Last, First, Middle)

DIVORCE
 ANNULMENT
 DEATH

FORMER SPOUSE'S ADDRESS

TELEPHONE

Are you currently paying alimony or child support ?

Yes No

Are you currently supporting all dependants you are required to support ?

Yes No

FINANCIAL HISTORY

Are you delinquent on any financial obligation ? (If Yes, explain on extra page)

Yes No

Do your monthly bills exceed your current take home pay ?

Yes No

LIST YOUR MONTHLY FINANCIAL OBLIGATIONS

<u>TO WHOM OWED</u>	<u>CURRENT BALANCE</u>	<u>MONTHLY PAYMENT</u>

PREVIOUS RESIDENCES

<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>
<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>
<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>
<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>
<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>
<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>

WORK HISTORY

Beginning with your most recent employment, list your COMPLETE work history in chronological order. Include all part time jobs, periods of unemployment and military service.

<u>EMPLOYER'S NAME</u>		<u>EMPLOYER'S ADDRESS</u>	
<u>FROM DATE</u>	<u>TO DATE</u>	<u>POSITION / JOB TITLE</u>	<u>REASON FOR LEAVING</u>
<u>EMPLOYER'S NAME</u>		<u>EMPLOYER'S ADDRESS</u>	
<u>FROM DATE</u>	<u>TO DATE</u>	<u>POSITION / JOB TITLE</u>	<u>REASON FOR LEAVING</u>
<u>EMPLOYER'S NAME</u>		<u>EMPLOYER'S ADDRESS</u>	
<u>FROM DATE</u>	<u>TO DATE</u>	<u>POSITION / JOB TITLE</u>	<u>REASON FOR LEAVING</u>
<u>EMPLOYER'S NAME</u>		<u>EMPLOYER'S ADDRESS</u>	
<u>FROM DATE</u>	<u>TO DATE</u>	<u>POSITION / JOB TITLE</u>	<u>REASON FOR LEAVING</u>

WORK HISTORY (CONTINUED)

<u>EMPLOYER'S NAME</u>		<u>EMPLOYER'S ADDRESS</u>	
<u>FROM DATE</u>	<u>TO DATE</u>	<u>POSITION / JOB TITLE</u>	<u>REASON FOR LEAVING</u>
<u>EMPLOYER'S NAME</u>		<u>EMPLOYER'S ADDRESS</u>	
<u>FROM DATE</u>	<u>TO DATE</u>	<u>POSITION / JOB TITLE</u>	<u>REASON FOR LEAVING</u>
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<u>EMPLOYER'S NAME</u>		<u>EMPLOYER'S ADDRESS</u>	
<u>FROM DATE</u>	<u>TO DATE</u>	<u>POSITION / JOB TITLE</u>	<u>REASON FOR LEAVING</u>

May we contact your present employer ? (If "No," please explain) Yes No

Have you ever been discharged or asked to resign from a job ? (If "Yes," please explain) Yes No

EDUCATION

Beginning with the most recent, list each grammar school, junior high school, high school, trade school, college or university that you have attended. Use additional sheets, if necessary.

<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
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<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
-----------------------	-------------------------

<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
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<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
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<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
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<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
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<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
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<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
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<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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<u>NAME OF SCHOOL</u>	<u>CITY & STATE</u>
-----------------------	-------------------------

<u>ATTENDANCE DATES</u> (Month & Year) FROM: TO:	<u>GRADUATED</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>DEGREE</u>
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MISCELLANEOUS

List all organizations, clubs and social groups that you are currently a member of.

<u>ORGANIZATION OR GROUP NAME</u>	<u>POSITION HELD</u>
<u>ORGANIZATION OR GROUP NAME</u>	<u>POSITION HELD</u>
<u>ORGANIZATION OR GROUP NAME</u>	<u>POSITION HELD</u>
<u>ORGANIZATION OR GROUP NAME</u>	<u>POSITION HELD</u>
<u>ORGANIZATION OR GROUP NAME</u>	<u>POSITION HELD</u>

GENERAL INFORMATION

1. If it became necessary in the course of your police duties to take a human life, would you have any reluctance to do so because of religious or other beliefs ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answer "Yes" to any of the following questions, provide an explanation on a separate sheet. Identify the question by number.

2. Have you ever committed a criminal offense for which you were never charged ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been convicted of a misdemeanor which had been reduced from an original felony charge ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been convicted of any criminal offense ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever been convicted of any traffic offense, excluded parking or equipment violations ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever been arrested or detained for any violation of the law, for which you were either a suspect or an involved party ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. As an adult, have you ever stolen anything ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have you either bought or sold any property that you knew to be stolen ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Has your drivers license ever been suspended or revoked ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Are you presently under indictment or a defendant in any criminal, traffic or civil action ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Have you ever used hallucinogenic drugs ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Have you ever used any narcotics such a opium, morphine, methadone ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have you ever used cocaine, heroin or L.S.D. ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Have you ever used prescription drugs without the benefit of a prescription ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**GENERAL INFORMATION
(CONTINUED)**

15. Have you ever used any prescribed medication for purposes other than that for which they were originally prescribed or intended ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Have you ever used substances known as "designer drugs," ie. substances chemically altered in make up but that give the same effect as illicit drugs ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Have you ever sold or been party to the sale, or in any way benefitted financially from the sale of any controlled substance or prescription drug ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Have you ever been involved in glue sniffing or used any chemical inhalant for the purpose of obtaining a state of intoxication ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Are you addicted to or use alcohol to excess, or suffer from any alcohol related problems, or received treatment for alcohol addiction ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Have you ever used or been party to the sale or use of steroids or similar substances without the benefit of a prescription ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Have you ever filed for or received compensation from any industrial compensation claim ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Do you have any hatreds or prejudices towards others because of their race, sex, national origin, religion, sexual orientation that would adversely effect your ability to perform in a fair an impartial manner	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Do you suffer from any problems due to gambling ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Do you have difficulty controlling your temper ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Have you ever engaged in any grossly unnatural or illicit sexual acts ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

APPLICANTS MUST READ AND SIGN THE FOLLOWING CERTIFICATE

I hereby certify that the statements contained in this questionnaire are true and correct to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my appointment, or discharge after appointment. I further understand that any false statements may be subject to prosecution under Ohio Revised Code §2921.13.

Applicant's Signature

Date



City of Tiffin
POLICE

51 E. Market St., Tiffin, Ohio 44883
Phone (419) 447-2323 Fax (419) 448-5417



Background Investigation - Affidavit and Waiver

I, _____, do hereby voluntarily authorize the Tiffin Police Department to make such inquiries into my background as deemed necessary to determine my suitability for employment with the Tiffin Police Department. I understand that the following types of information will be collected: employment and educational histories; medical, military, government, insurance, credit and financial information, motor vehicle records, and all police records; information about my abilities, family, character, lifestyle, and organizational memberships; and information about any current drug use via drug testing. Information may be obtained by letter, telephone, and by personal interview with both primary and secondary sources. I authorize any of the persons or organizations contacted to furnish information, personal and otherwise, regarding my ability and fitness for employment or appointment with the Tiffin Police Dept. and I relieve all such parties from any and all liability for any damage that might result from furnishing such information. I understand that this information is used as one element for appointment decisions, and that information received by Tiffin Police Dept. in response to this background examination are public records.

This authority is granted on the condition that the information thus obtained is to be kept secure and not subject to use for any other purpose other than my suitability for employment with the City of Tiffin, Ohio, and that it shall not be released to any other persons except by order of a court of competent jurisdiction, as required by public records laws, or at my request. I authorize the Chief of Police of Tiffin Ohio, or his or her designee to make such inquiries. Any sources contacted in regard to my suitability for employment shall be advised of the reason for the inquiry.

(signature)

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public, State of Ohio
My commission expires _____

Fairness **I**ntegrity **R**espect **S**ervice **T**eamwork