#### NORTH ROYALTON POLICE DEPARTMENT Lateral Transfer Instructions PLEASE READ CAREFULLY

Lateral Transfer candidates for North Royalton Police Department shall meet the following prerequisites:

- Currently employed or previously employed within the last twelve (12) months, as a full-time peace officer working a minimum of thirty (30) hours per week in a jurisdiction in the State of Ohio. A peace officer is defined in O. R. C. 109.71.
- Candidate must be Ohio Peace Officer Training Academy (OPOTA) certified or present an OPOTA letter of training equivalency. A valid (passing) certificate from the Cuyahoga County Community College police agility exam must be presented.
- Candidate must have a minimum of one (1) year of full-time experience with an Ohio State Certified Law Enforcement Agency including having completed the probationary period.
- Candidate shall not be eligible to receive an appointment as a lateral transfer if the Candidate is thirty-five (35) years of age or older. Candidate disqualifiers include any felony level conviction or currently being charged or under indictment for any felony level offense. Expunged and sealed criminal records are subject to review by the Police Division for disqualifying criminal history.
- Those interested in being considered for lateral transfers to the North Royalton Police Department shall print, complete, and return:
  - Application
  - O Checklist (this page)
  - O Authorization for Release of Personal Information
  - Waiver / Authority to Release Information
  - Copy of valid driver's license
  - Copy of OPOTA Certificate
  - Original, current head and shoulders photograph (at least 2 x 2 passport type)
  - If you have a military background, a copy of your DD214 is required.

1. Please mail the application (and paperwork) in a full size  $10 \times 13$  envelope to:

North Royalton City Hall 14600 State Road North Royalton, Ohio 44133 ATTN: Karen Pokrandt-Lateral Transfer ~**OR**~

By dropping off the completed paperwork listed above in a full size  $10 \times 13$  envelope with applicant's name, Lateral Transfer, Attn: Karen Pokrandt written on it. Applications can be dropped off Monday through Friday, 8 a.m. til 4:30 p.m.



## Lateral Transfer Application

Applicant Information	<u> </u>			
Name:Last	First		 Middle	<u> </u>
Address:			Middle	
City:	Sta	te:	Zip:	
Telephone:	Cell	:		
Email Address:				
Driver's License Number:	Soc	Social Security Number:		
If you have ever been charged or any other state, provide the Any felony conviction is a dis	e date and location, the o	charges, and the o	lisposition of the	charges.
	Applicant's Sig	gnature:		_
Personal References - Please	e list 3 non-relative profes	ssional references		
Name:	Phone:	How K	nown:	_
Address:			555,	_
Name:	Phone:	How K	nown:	_
Address:				_
Name:	Phone:	How K	nown:	_
Address:				

### NORTH ROYALTON POLICE DEPARTMENT

## Lateral Transfer Application

Educational Background					
High School:			From:	To:	
Address:			Graduate (Circle One) YES NO		
College:			From:	To:	
Address:			Graduate (0	Circle One) YES NO	
Other:			From:	To:	
Address:			Graduate (0	Circle One) YES NO	
Military Experience					
Branch:  Attach copy of DD214					
	Discharge Classification:				
Employment History					
Name:	Phone:				
Address:					
Job Title:			From:	To:	
Supervisor:		May v	we contact as a	reference YES NO	
Name:	Phone:				
Address:					
Job Title:			From:	To:	
Supervisor:		May v	we contact as a	reference YES NO	
Name:	Phone:				
Address:					
Job Title:				To:	
Supervisor:	May we contact as a reference YES NO				



# NORTH ROYALTON POLICE DEPARTMENT

#### Authorization for Release of Personal Information

	do hereby authorize a review of and	
records concerning myself to any duly author		olice Department,
whether the said records are of a public, pr	ivate, or confidential nature.	
The intent of this authorization is to give meducational institutions; financial or credit is commercial or retail credit agencies (including statements and records wherever filed; med hospitals, clinics, private practitioners, and temployment records, including background Analyzer reports, charts and tapes; efficiency and the records and recollections of attorned another person in any case, either criminal	institutions; including records of loans ing credit reports and/or ratings); and lical and psychiatric treatment and/or the U.S. Veterans' Administration; em reports, polygraph and/or Computer by ratings, complaints or grievances file eys at law, or other counsel, whether	s; the records of d other financial consultation, including aployment and pre- ized Voice Stress led by or against me; representing me or
I understand that any information obtained developed directly or indirectly, in whole or determining my suitability for employment any person(s) who may furnish such information; and I do hereby relaincurred as a result of furnishing such information.	part, upon this release authorization by the North Royalton Police Departmention concerning me shall not be helease said person(s) from any and all Immation.	will be considered in ment. I also certify that d accountable for liability which may be
does not contain an original writing of my s		1 13
Full Name:		
Please Print	Social Security Number	Date of Birth
Address:		J
Number Street Nam	ne City	State Zip Code
Signature:	Phone	
oignacare.	: none:	
Sworn to and subscribed before me this	day of	, 20
In the county of Cuyahoga and the state of	Ohio	Affix seal here
	My Commission Expires:	
Signature of Notary		



#### Waiver / Authority to Release Information

To Whom It May Concern:

I hereby certify that I have given the North Royalton Police Department permission to obtain a copy of any arrest or conviction record pertaining to me now in the files of the Ohio Bureau of Criminal Identification, London, Ohio.

I hereby release the Ohio Bureau of Identification and Investigation and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

Signature:	Date:
Full Name (Typed or printed)	
STATE OF OHIO	
COUNTY OF CUYAHOGA	
Being first duly sworn on his/her oath say that him/her in the foregoing application are true.	t the statements made and subscribed by
Signature of Applicant	
Subscribed in my presence by the said affiant	and by him/her sworn to before me this
day of, 20  In the county of Cuyahoga and the state of Ohio	Seal
	ommission Expires: