



**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**



2025-3711

Officer Involved Critical Incident - 1363 State Route 534
NW, Braceville Township, OH 44470, Trumbull County

Investigative Activity: Review of [REDACTED] Personnel and Training File
Involves: [REDACTED] (S)
Activity Date: 12/10/2025
Activity Location: BCI Boardman - 760 Boardman-Canfield Road, Boardman,
OH 44512
Authoring Agent: SA Joseph Lamping #184

Narrative:

On Monday, December 01, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) received training records from Trumbull County Sheriff's Office (TCSO) Major Douglas Bobovnyik for [REDACTED]. SA Lamping reviewed the training records and noted the following:

Range Qualification Records

TCSO records indicate that [REDACTED] participated in firearms qualifications on September 26, 2025, for his Glock 22 pistol (serial number [REDACTED]) and on November 8, 2025, for a Geissele SD-556 (serial number [REDACTED]). Both qualifications were completed successfully.

Personnel File

[REDACTED] personnel file contained a large amount of employer documents dealing with the applications process, health care, equipment issuance, etc. No disciplinary records were in the file. One commendation was observed related to investigative work completed by [REDACTED] and other members of the TCSO.

Ohio Peace Officer Training Academy/Commission Records

In addition to the records received from the TCSO, SA Lamping also obtained the Ohio Peace Officer Training Commission (OPOTC) and Ohio Peace Officer Training Academy (OPOTA) records pertaining to [REDACTED]

Basic Training

[REDACTED] attended the Youngstown State University Police Academy from [REDACTED]. [REDACTED] successfully completed his OPOTA exam on [REDACTED].

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Advanced Training

██████████ has attended a plethora of advanced training. The attached training files provide an exhaustive list of those trainings. However, only the trainings deemed most pertinent to this investigation are listed below:

- Active Shooter Response (Patrol) - October 2025
- Use of Force 2025 - April 2025
- Responding to Mental Health Issues - December 2024
- Crisis Mitigation - An Ohio Model - December 2024
- Taser X2 & X26P Operator Certification - January 2024
- Tactical Emergency Casualty Care for LEO/EMR - March 2023
- Objective Reasonableness - June 2022
- Critical Thinking in Use of Force Situations - June 2022
- Crisis Intervention - June 2022
- Use of Deadly Force and Legal Guidelines - January 2022
- BCI Lethal Use of Force and OIS Investigations - January 2022
- Ohio Tactical Officer Association (OTOA) Critical Incident Leadership for Patrol Personnel - June 2021
- OTOA Pursuit, Barricade, Turns Hostage Situation: Officer Survival Mindset - June 2021
- OTOA Do You Know Your ACE for Conflict De-escalation - June 2021
- FBI Basic Crisis Negotiation Course - October 2017
- Warren City Police Department Crisis Intervention Team Training - October 2015

Employment History

██████████ has been employed with TCSO since ██████████. Prior to his employment with TCSO, he was employed at several agencies, listed below:

- Warren Police Department, ██████████ - resignation in good standing
- Mill Creek Metroparks Police Department, ██████████ - no resignation status listed

██████████ also holds a reserve commission through the Mahoning County Sheriff's Office.

Instructor Training

██████████ attended Instructional Skills training in February 2022.

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Current Peace Officer Status

Based on the records received, it is noted that [REDACTED] was a duly certified and sworn Ohio Peace Officer at the time of this incident.

The training documents received from the TCSO and OPOTA/OPOTC were attached to this report. Please refer to the attachments for further details.

References:

None

Attachments:

1. Firearms Qualifications - [REDACTED]
2. Personnel File - [REDACTED]
3. Training Records - [REDACTED] (1)
4. Training Records - [REDACTED] (2)
5. OPOTA Records - [REDACTED]

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OHIO PEACE OFFICER TRAINING ACADEMY
RANGE PROFICIENCY RECORD: SEMI AUTO PISTOL

NAME: [REDACTED] AGENCY: Trumbull County
WEAPON MAKE: OPCK MODEL: 22 SERIAL #: [REDACTED]

HITS IN THE PREFERRED AREA (PA) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (NPA), BUT INSIDE OF THE TARGET OUTLINE
ARE A ZERO (0)

ROUNDS NOT FIRED (NF) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (MISS), OFF OF THE TARGET (MISS), OR
FIRED OVER THE TIME LIMIT (OT) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (ERF)
ARE MINUS 1 (-1).

STAGE 1 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP
PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 3A PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 3B PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 4 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 5 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
STAGE 6 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____
SUB TOTALS: _____ MISS: _____ OT: _____ ERF: _____

TOTAL: 25 (PASSING IS A MINIMUM OF 20)

DATE TESTED: 9/26/25 PASSED: X FAILED: _____

TESTED BY: D. O. H. REQ#: 09950 EXP: 9/27

Revised 28 September 2011

OPOTC STANDARD POLICE RIFLE/CARBINE QUALIFICATION COURSE

Individual Qualification Record

11-08-2025

NAME: [REDACTED]	RNDS	MISS (-1)	MISS (0)	HITS	INITIAL	DEDUCT	RAW	SCORE
AGENCY: TCSO	20		4	16				16

STAGE	RANGE	RNDS	TIME	PROCEDURE
1	15 Ft	3	4.0 sec	On signal, engage the target preferred area three rounds.
2	20 Ft	3	5.0 sec	On signal, engage the target head oval three rounds.
3	30 Ft	3	6.0 sec	On signal, engage the target preferred area two rounds, and one round to the target head oval.
4	50 Ft	2	5.0 sec	Non-dominant index: on signal engage the target preferred area two rounds.
5	75 Ft	1	1.5 sec	On signal, engage the target preferred area one round.
6	75 Ft	5	12 sec	Prep rifle/carbine, one round in the chamber and one round in the magazine, and one reserve magazine loaded to capacity. On signal, engage the target preferred area two rounds, assume a kneeling shooting position, reload, and engage the target preferred area three rounds.
7	150 Ft	3	10 sec	On signal, assume prone position engage the target preferred area three rounds.

RIFLE/CARBINE MANUFACTURER: GEISSELE			COURSE OF FIRE: PATROL RIFLE-OPOTC	
MODEL: SD-556	CALIBER: 5.56	SERIAL NUMBER: [REDACTED]	SCORE: 16	INSTRUCTOR: BARNES

INSTRUCTOR: VINCE BARNES	OPOTC INSTRUCTOR NUMBER: REQ 02578	DATE: 08/20/2027
INSTRUCTOR SIGNATURE: [Signature]	AGENCY: TCSO	

OHIO PEACE OFFICER TRAINING ACADEMY

EFFECTIVE DATE: JANUARY 1, 2014

Appointment of Deputy Sheriff

Commission

Revised Code, Secs. 311.04, 325.17

The State of Ohio, Trumbull County, ss.

To all to whom these presents shall come, Greetings:

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in _____, I do hereby appoint

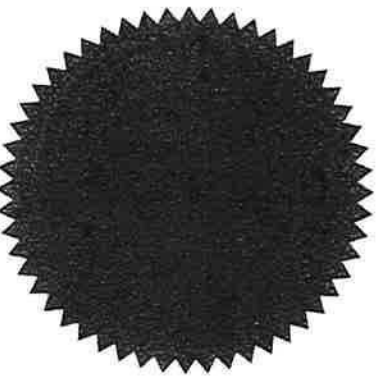
and commission him to be a Deputy Sheriff for said County for the term ending on Sunday, _____ (subject to

removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.

Witness my signature and seal of office this _____ day

Paul A. Mower

Sheriff of Trumbull County, Ohio



Appointment of Deputy Sheriff

Commission

Revised Code, Secs. 311.04, 325.17

The State of Ohio, Trumbull County, ss.

To all to whom these presents shall come, Greetings:

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in _____, I do hereby appoint

and commission him to be a Deputy Sheriff for said County for the term ending on Sunday, _____ (subject to

removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.

Witness my signature and seal of office this 10th day

of _____

Paul J. Moran

Sheriff of Trumbull County, Ohio





Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street NW
Warren, Ohio 44481

Jeffrey Palmer
Chief Deputy

Daniel J. Mason
Major Jail Division

Tony Villanueva
Major Patrol Division

December 16, 2024

To: [REDACTED]
From: Sheriff Paul S. Monroe

[REDACTED]

Effective Thursday, 12/26/2024, you are being re-assigned to the road division on the [REDACTED] shift. You will work [REDACTED] from [REDACTED] with [REDACTED] off. You will need to meet with Lt. Timko for your vehicle assignment and to turn in all investigation's unit equipment prior to reporting for duty to Sgt. Bryan Galida on 12/26/2024.

Respectfully,

A handwritten signature in cursive script that reads "Paul S. Monroe".

Paul S. Monroe
Sheriff, Trumbull County

Cc: [REDACTED]
Personnel File
Lt. Nick Timko
Sgt. Bryan Galida
Payroll

AWARD #2

Office Citation



Enamel Bar & certificate Red & White Enamel Bar with a gold star.

REPORT #**DEPUTY(S)**

Marcello, Mackey and

**DETAILS**

On June 29th 2023, the Trumbull County Sheriff's Office obtained a search warrant for 2350 Grant Avenue in Newton Falls. The investigation was based on a tip the Trumbull County Sheriff's Office received from the Ohio Internet Crimes Against Children (ICAC). The search warrant was executed at the residence. Steven Billock, was located at the residence. Charges were filed through Newton Falls Municipal Court for (2) counts of Pandering obscenity involving a minor (F2) and (1) count of Gross sexual imposition (F3). The 8-year-old victim was also at the residence during the execution of the search warrant. Billock was found guilty of 31 counts and is awaiting sentencing. He is facing a minimum of 40 years

TRUMBULL COUNTY SHERIFF'S OFFICE PERSONNEL DATA FORM
SHERIFF PAULS. MONROE
150 HIGH STREET NW
WARREN OH 44481
(330) 675-2508

LAST NAME [REDACTED] FIRST NAME [REDACTED] MI [REDACTED]

ADDRESS [REDACTED]

CITY [REDACTED] STATE Ohio ZIP [REDACTED] HOME PHONE N/A

CELL PHONE [REDACTED]

S.S.N. [REDACTED] MARITAL STATUS [REDACTED] DATE ID ISSUED [REDACTED]

DOB [REDACTED] BLOOD TYPE [REDACTED] HAIR COLOR [REDACTED] EYE COLOR [REDACTED]

HEIGHT [REDACTED] WIEGHT [REDACTED] ID CARD NUMBER [REDACTED] DRIVER'S LICENSE [REDACTED]

MEDICAL ALERT/ALLERGIES N/A

IN CASE OF EMERGENCY CONTACT [REDACTED] [REDACTED]

NAME

RELATIONSHIP

ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT

EMPLOYER [REDACTED] PHONE [REDACTED]

EMPLOYER ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

INDICATE ANY MISDEMEANOR OR FELONY CONVICTIONS EXCLUDING JUVENILE CHARGES SPONSOR:

LIST CURRENT STATUS (CHECK ONE)

- ☐ SWORN/CIVIL APPOINTMENT
- ☐ SWORN/CIVIL APPOINTMENT/DIVE TEAM
- ☐ HOMICIDE SQUAD
- ☐ SERIOUS INJURY & HOMICIDE TASK FORCE
- ☒ DRUG TASK FORCE
- ☐ RESERVE DEPUTY/LIST FUNCTION _____
- ☐ MOUNTED UNIT
- ☐ RESERVE DEPUTY/RETIRED FULL-TIME POLICE OFFICER -LIST FUNCTION _____
- ☐ SPECIAL DEPUTY – LIST FUNCTION _____

By signing this document, you understand this commission is valid only when actively performing the duties of the position indicated above and proper notification has been made to the Trumbull County Sheriff's Office. Any use of a Trumbull County Sheriff's Office Duty Commission without authorization will be subject to revocation.

DATE

1/17/2021

TRUMBULL COUNTY SHERIFF'S OFFICE PERSONNEL DATA FORM
SHERIFF PAULS. MONROE
150 HIGH STREET NW
WARREN OH 44481
(330) 675-2508

LAST NAME [REDACTED] FIRST NAME [REDACTED] MI [REDACTED]

ADDRESS [REDACTED]

CITY [REDACTED] STATE Ohio ZIP [REDACTED] HOME PHONE N/A

CELL PHONE [REDACTED]

S.S.N. [REDACTED] MARITAL STATUS [REDACTED] DATE ID ISSUED [REDACTED]

DOB [REDACTED] BLOOD TYPE [REDACTED] HAIR COLOR [REDACTED] EYE COLOR [REDACTED]

HEIGHT [REDACTED] WEIGHT [REDACTED] ID CARD NUMBER [REDACTED] DRIVER'S LICENSE [REDACTED]

MEDICAL ALERT/ALLERGIES N/A

IN CASE OF EMERGENCY CONTACT [REDACTED]

NAME

RELATIONSHIP

ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT

EMPLOYER [REDACTED] PHONE [REDACTED]

EMPLOYER ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

INDICATE ANY MISDEMEANOR OR FELONY CONVICTIONS EXCLUDING JUVENILE CHARGES SPONSOR:

LIST CURRENT STATUS (CHECK ONE)

- ☐ SWORN/CIVIL APPOINTMENT
- ☐ SWORN/CIVIL APPOINTMENT/DIVE TEAM
- ☐ HOMICIDE SQUAD
- ☐ SERIOUS INJURY & HOMICIDE TASK FORCE
- ☒ DRUG TASK FORCE
- ☐ RESERVE DEPUTY/LIST FUNCTION _____
- ☐ MOUNTED UNIT
- ☐ RESERVE DEPUTY/RETIRED FULL-TIME POLICE OFFICER -LIST FUNCTION _____
- ☐ SPECIAL DEPUTY - LIST FUNCTION _____

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DATE

1/17/2021

Todd Coonce

From: Brian Kaintz
Sent: Wednesday, September 7, 2022 11:39 AM
To: Todd Coonce
Subject: FW: Training Determination for [REDACTED] appt. date



Lt. Brian R. Kaintz
Trumbull County Sheriff's Office
150 High Street NW
Warren, Ohio 44481
Ph: 330-675-7884
E-mail: sokaintz@co.trumbull.oh.us

From: Tony Villanueva
Sent: Wednesday, September 7, 2022 11:25 AM
To: Brian Kaintz <SOKAINTZ@co.trumbull.oh.us>; Nicholas Timko <SOTIMKO@co.trumbull.oh.us>
Subject: FW: Training Determination for [REDACTED] appt. date

From: Shawn Clagg [<mailto:Shawn.Clagg@OhioAGO.gov>]
Sent: Tuesday, September 6, 2022 11:18 AM
To: [REDACTED]
Cc: Tony Villanueva <sovillan@co.trumbull.oh.us>
Subject: Training Determination for [REDACTED] appt. date

We have reviewed the information reported to the Commission and find no update training is required.

This review also does not address the officer's annual firearms requalification training requirement.

If you have any questions, you can reach me at the email listed below.

Sincerely,

A handwritten signature in cursive script that reads "Arianne M. Fauber".

Arianne M. Fauber
Certification Officer

Professional Standards Division
Email: Arienne.Fauber@OhioAGO.gov



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street NW
Warren, Ohio 44481



CVSA REPORT

TO: Major Villanueva

Case #

Subject: [REDACTED]

Date: 14 June 2022

PREDICATION

This truth verification examination was predicated upon a request by _Deputy Division__.

SCOPE

The scope of this truth verification examination shall be limited to the subject's honesty as it relates to _Pre-employment exam_____.

PRETEST INTERVIEW

During the pretest interview, [REDACTED] filled out a pre-employment form. The exam was administered from the questions. _____

REPORT

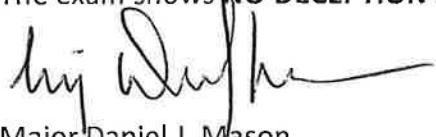
On Tuesday 14 June 2022, a pre-employment exam was conducted on [REDACTED]. The questions were based on responses from the form that was filled out prior to taking the exam.

POST TEST INTERVIEW

No after test interview was needed

CONCLUSION

The exam shows **NO DECEPTION INDICATED.**

A handwritten signature in black ink, appearing to read 'Major Daniel J. Mason', written over the printed name.

Major Daniel J. Mason

CVSA Senior Examiner



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street NW
Warren, Ohio 44481



CVSA Release Form

I, [REDACTED] do hereby voluntarily, without duress, coercion or promise of reward or immunity, consent and submit to a Computer Voice Stress Analysis examination. I further understand that I am free to leave at any time for any reason. I hereby release, absolve and forever hold harmless The Trumbull County Sheriff's Office, its servants, agents and anyone acting on its behalf, from any and all claims, demands, or other damages from any matter or act, arising out of the aforesaid examination.

I understand that this examination may be video-recorded and/or audio-recorded and I release into the possession of The Trumbull County Sheriff's Office, all materials, recordings, and all other documents for the purpose of testimony and/or training. I understand that this recording may become a public record.

[REDACTED]
[REDACTED] on being examined

Witness

Signature of Parent/Guardian if under age 17

6/14/22

Date

14 JUN 22

Date

Date



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street NW
Warren, Ohio 44481



BACKGROUND QUESTIONNAIRE

You may use the back page of the questionnaire to further explain your answers if necessary. If you have any questions concerning your background or truth verification testing, write them on the back of the last page.

(Note: This is your opportunity to fully explain your history. Please take full advantage of this and be as specific and detailed as possible. If you are not completely honest and up front with your answers, or you intend to be intentionally vague with your responses, the result will be termination from the employment process.)

UNDETECTED CRIMES

1) Have you ever committed an act that you were not caught doing, but if caught, you would have been arrested? Yes _____ No ☒ (If yes, explain details)

2) Have you ever been involved in any of the following? (If yes to any, please include when, where and value on the back of this page.)

A. Switching price tags	Yes _____	No ☒
B. Car theft	Yes _____	No ☒
C. Theft of car parts	Yes _____	No ☒
D. Robbery	Yes _____	No ☒
E. Burglary (home/business)	Yes _____	No ☒
F. Embezzlement	Yes _____	No ☒
G. Concealed weapon	Yes _____	No ☒
H. Fires you started	Yes _____	No ☒
I. Con games	Yes _____	No ☒
J. Leaving the scene of an accident	Yes _____	No ☒
K. Counterfeiting	Yes _____	No ☒
L. Fire bombing	Yes _____	No ☒
M. Mugging	Yes _____	No ☒
N. Assault	Yes _____	No ☒
O. Buy, sell, or possess stolen property	Yes _____	No ☒
P. Using stolen credit cards	Yes _____	No ☒
Q. Illegally obtaining public assistance, workers compensation or unemployment by fraud.	Yes _____	No ☒

3) Have you ever filed an insurance claim that was not accurate (overestimating losses)?
Yes _____ No ☒ (if yes, explain details)

15) Have you ever sexually assaulted anyone? Yes _____ No ☒ (If yes, explain details)

16) Have you ever engaged in prostitution or used the services of a prostitute?
Yes _____ No ☒ (If yes, explain details)

17) Have you ever been accused of any misconduct in which a police report was taken?
Yes _____ No ☒ (If yes, explain details)

18) Have you ever been questioned by a law enforcement agency as a suspect in an investigation?
(Do not include situations in which you were a victim or witness to a crime.)
Yes _____ No ☒ (If yes, explain details)

19) Other than what has already been covered, have you been involved in anything that you could
have been arrested for? Yes _____ No ☒ (If yes, explain details)

20) Have you ever belonged to, or associated with anyone belonging to any organization, past or
present, that would place the integrity of The Trumbull County Sheriff's Office in question (e.g. KKK,
Nazi organization, gang member, organized crime)?
Yes _____ No ☒ (If yes, explain details)

21) Do you now or have you ever had regular associations with persons whom you knew, or should
have known, were under criminal investigation, or who had a reputation in the community or with law
enforcement agencies for involvement in criminal behavior? Yes _____ No ☒ (If yes,
explain details)

22) Do you regularly associate with persons who use illegal drugs? Yes _____ No ☒ (If
yes, explain details)

DRUG USAGE

1) Have you used any of the following? (If yes, include total number of times and the date last used)

- A. X Speed
- B. 1 Barbiturates (downers)
- C. 1 Amphetamines (uppers)
- D. 1 LSD
- E. 1 Hash
- F. 1 Ice or methamphetamine
- G. 1 Mushrooms
- H. 1 Another person's prescription
- I. 1 Steroids
- J. 1 PCP (angel dust)
- K. 1 Crack
- L. 1 Cocaine
- M. 1 Heroin
- N. 1 Ecstasy
- O. 1 Amilnitrates
- P. 1 Designer drugs
- Q. 1 Marijuana
- R. 1 Bath salts

Any other illegal substance not listed _____

4) Have you ever used inhalants, or any other legal substance, to get high? (Paint thinner, aerosol, glue) Yes _____ No X (If yes, explain details and list the last time)

5) Have you ever been involved in the purchase of any illegal drug? (Any amount from a joint to a kilo) Yes _____ No X (If yes, include type of drug, the amount, the circumstances, and the last time)

6) Have you ever been involved in the sale of illegal drugs, either directly or indirectly? Yes _____ No X (If yes, include type of drug, the amount, the circumstances, and the last time)

7) Have you ever benefited from the sale of illegal drugs, to include money, free drugs or sexual favors? (Note, if you received any money from a friend or family member involved in drug sales indirectly, list here and give details.) Yes _____ No X (If yes, explain details)

8) Have you ever set up a drug deal? Yes _____ No X (If yes, explain details)

9) Have you ever been in the company of people using illegal drugs? Yes _____ No X (If yes, explain details and the last time)

6) Estimate the amount of cash that you have stolen in your entire life and explain each incident. (Include personal cash thefts from family or friends and cash thefts from employers, along with any other incidents.)

7) Have you ever purchased, pawned or sold an item in which you knew or should have known it to have been stolen? Yes _____ No ☒ (If yes, explain details)

EMPLOYMENT HISTORY

1) Have you ever been terminated or asked to resign from a job?
Yes _____ No ☒ (If yes, explain details)

2) Have you ever been disciplined by your current or previous employers? (If discipline was by a law enforcement agency, refer to law enforcement experience questions.)

Yes ☒ No _____ (If yes, explain details)
Verbal/written, policy violation.

3) Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct?

Yes _____ No ☒ (If yes, explain details)

4) Did you list ALL of your jobs for the past ten years on your employment application, to include part-time and temporary jobs? Yes ☒ No _____ (If no, explain details)

DRIVING HISTORY

1) Has your driver's license ever been suspended or revoked?
Yes _____ No ☒ (If yes, explain details)

2) What states, other than Ohio have you had a driver's license in? (List all states and include temporary and learning permits) *N/A*

3) Have you intentionally left any traffic citations off of your employment application?
Yes _____ No ☒ (If yes, explain details)

4) Have you been involved in a traffic accident that was your fault?
Yes _____ No ☒ (If yes, explain details)

5) Has your auto insurance ever been canceled?
Yes _____ No ☒ (If yes, explain details)

ALIASES

1) List ALL NAMES that you have ever used, to include maiden, nick names, married, and legal name changes.

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND CORRECT. I HAVE BEEN COMPLETELY TRUTHFUL IN MY ANSWERS TO THESE QUESTIONS.

SIGNATURE

DATE

15) Have you ever taken property, cash, or valuable from an arrested person and kept it?

No

16) Have you ever lied to a police supervisor?

No

17) Have you ever told a friend, acquaintance, or relative about an investigation involving them?

No

18) Have you ever provided or been paid to provide confidential information to an unauthorized person?

No

19) Have you ever removed, destroyed, or altered police records or files?

No

20) Have you ever disclosed the identity of a confidential informant to an unauthorized person?

No

21) Have you ever disclosed the identity of an undercover law enforcement officer to an unauthorized person?

No

22) Have you ever intentionally lied under oath? Explain circumstances.

No

23) Since becoming a law enforcement officer, have you ever committed a felony crime?

No

24) Have you ever used your position as a law enforcement officer to take sexual advantage of anyone?

No

25) Have you ever been involved in any shooting incident?

Indirectly.

26) Have you ever been the subject of a grand jury investigation?

No

27) Have you ever been the subject of any civil lawsuits, prior or pending?

No

28) Have you ever been involved in any on duty motor vehicle accident in the last 2 years? Please list each one and include who was at fault.

No

29) Since becoming a law enforcement officer, have you used any illegal drugs?

No



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record

☐ Name Change

☐ OSHP Trooper to Peace Officer
(OSHP certificate must be attached)

- Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@ohioattorneygeneral.gov, fax, or mail.
- Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
- Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
- Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) (First) (Middle)	2. Social Security Number (last 5 only)
3. Previous Name(s) or Alias (Last) (First) (Middle)		n/a n/a n/a	
4. Birth date (mm/dd/yyyy)	5. Officer's Individual Email Address		6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)	Ohio		
8. Basic Training Academy (Academy Name) (Academy Number) (Date of Training)	(Only complete if this is the officer's first appointment or OSP)		

AGENCY INFORMATION		9. Agency Name
10. Reporting Authority's Email Address		11. Agency Phone Number
12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)		

Trumbull County Sheriff's Office
sovillan@co.trumbull.oh.us
330-675-2508
150 High St. NW Warren 44481 Trumbull

APPOINTMENT INFORMATION (Complete Date, Status <u>and</u> ORC)		13. New Appointment Date	14. Status Change Date
15. Select New Status ☒ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal		For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.	
16. Select New ORC			
☐ City Full-Time/Part-Time (737.02)	☐ City Auxiliary/Reserve/Special (737.051)	☐ City Chief (737.02)	
☐ Village Full-Time/Part-Time/Special (737.16)	☐ Village Auxiliary/Reserve (737.161)	☐ Village Chief (737.15)	
☐ Township Police Officer (505.49)	☐ Township Constable (509.01)	☐ Other Chief - List ORC/Charter	
☐ Other - List ORC/Charter	☒ Deputy Sheriff (311.04)	☐ Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority	18. Printed Name and Title	19. Date	
	Major Tony Villanueva	7 / 01 / 2022	
20. Signature of Witness	21. Printed Name (First, Middle, Last)	22. Date	
	Lt. Brian R. Kaintz	7 / 01 / 2022	

Officer Name (Last)

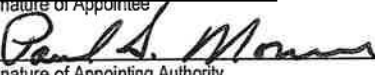
(First)

(Middle)

SSN (last 5 only)

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointing Authority


Paul S. Monroe

Name of Appointing Authority (Typed or Printed Legibly)

Trumbull County Sheriff

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):
 Warren City Police Trumbull

25. From(mm/dd/yyyy): To(mm/dd/yyyy):

26. Appointment Status (Check Appropriate Box)

☒ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

27. Appointed By (Agency Name and County):
 Mill Creek Park Police Mahoning

28. From(mm/dd/yyyy): To(mm/dd/yyyy):

29. Appointment Status (Check Appropriate Box)

☐ Full-Time ☒ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

30. Appointed By (Agency Name and County):

31. From(mm/dd/yyyy): To(mm/dd/yyyy):
 / / / /

32. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

33. Appointed By (Agency Name and County):

34. From(mm/dd/yyyy): To(mm/dd/yyyy):
 / / / /

35. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

36. Appointed By (Agency Name and County):

37. From(mm/dd/yyyy): To(mm/dd/yyyy):
 / / / /

38. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

39. Appointed By (Agency Name and County):

40. From(mm/dd/yyyy): To(mm/dd/yyyy):
 / / / /

41. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal



Trumbull County Sheriff's Office

Deputy on-boarding Checklist

Deputy	Hire Date

Action	Date	By
Equipment/Uniform issuance	6-21-22	Lt. Kaintz
Added to LEADS / User list	7-1-22	Lt. Kaintz
Added to STEP programs	6-21-22	Lt. Kaintz
Added to ALL TEXT list	7-1-22	Lt. Kaintz
Added to OT list	6-21-22	Lt. Kaintz
Added to seniority list	6-21-22	Lt. Kaintz
Added to Court list	6-21-22	Lt. Kaintz
Added to Racial Diversity List	6-21-22	Lt. Kaintz
OPOTA SF400	6-21-22	Lt. Kaintz
Added to OPOTA roster	6-21-22	Lt. Kaintz
Added to CORSA Driver Summary	6-21-22	Lt. Kaintz
Added Unit #	6-21-22	Lt. Kaintz
Mailbox assignment	6-21-22	Lt. Kaintz
Gas Card/ Roll call key issuance	6-21-22	Lt. Kaintz
Building access card	6-21-22	Lt. Kaintz
OHLEG	7-1-22	Lt. Timko



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street NW
Warren, Ohio 44481

Jeffrey L. Palmer
Chief Deputy

Tony Villanueva
Major Patrol Division

Daniel J. Mason
Major Jail Division

Employee Equipment Issuance

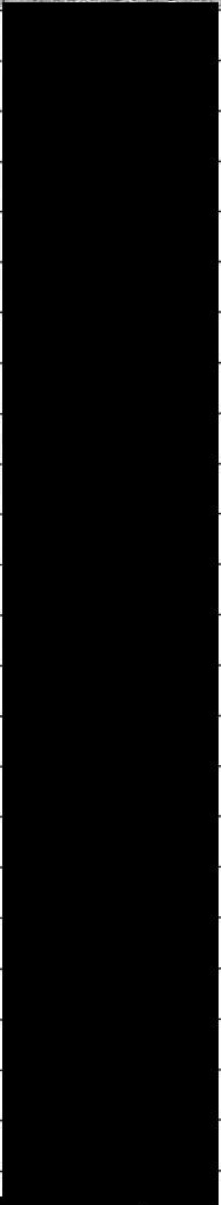
All equipment initially supplied to Deputies by the Trumbull County Sheriff's Office upon the employee's initial employment date shall be returned to the Trumbull County Sheriff's Office upon the employee's separation from service prior to the employee's third year anniversary date. This initial equipment will include badges, leather equipment and any other non-clothing equipment initially supplied to the new hire at the discretion of the Sheriff based on length of service and the equipment's condition. Initial clothing equipment will be returned to the Trumbull County Sheriff's Office at the discretion of the Sheriff or his designee based on the length of service and the initial clothing's condition. This equipment shall not include the nameplate or worn boots.

[Redacted]

Employee name

[Redacted]

Date

Qty.	Item	Received
1	Felt hat	
1	Hat badge	
1	Acorn	
1	Hat strap	
1	Cold weather cap-embroidered TCSO	
1	Collar brass	
1	Whistle chain	
2	Breast badges	
1	Name plate	
1	Duty belt- BW	
1	Magazine Pouch-BW	
1	Holster-BW	
1	Handcuff case-BW	
1	Belt keepers	
1	Tie	
1	Tie bar	
2	Short sleeve uniform shirts	
2	Long sleeve uniform shirts	
1	Long Sleeve Dress Shirt / Brass	
2	Uniform Pants	
1	Boots	
1	Coat	
1	Ballistic Vest	

Signature

Date

Gas
Marbox



Trumbull County Sheriff's Office

Officer Inventory Sheet



Dep. John Dina						
Item	Make	Model	County Tag #	Serial #	Return Date	Returned To
Handgun	Glock	22				
Portable Radio	Motorola	APX-8000				
Taser	Taser	X26P				
County Gas Card						
Mailbox Key						
Engineer Gas Key	n/a					
TCSO ID						
Bldg. Access Card						
Vehicle Keys						
Roll Call Key						
Veh. Maintenance Key						

CODE OF CONDUCT



From: Sheriff Paul S. Monroe

Subject: Code of Conduct

Date: 6/21/22

CC: File

A copy of the Sheriff's Code of Conduct has been issued to you on this date.
Please sign below acknowledging you received a copy of the sheriff's code of conduct.

Within the next seven (7) to ten (10) days, please take the time to read the Code of Conduct. If you have any questions that may need answered concerning the code of conduct, please contact your supervisor.

I have received the Sheriff's Code of Conduct.

I agree to have the Sheriff's Code of Conduct read within the next seven (7) to ten (10) days.

I will contact my supervisor if there is anything within the Code of Conduct I do not understand.

Print Name

Employee

Witness

Date

Date



Trumbull County Sheriff's Office

Sheriff Paul S. Monroe

150 High Street NW

Warren, Ohio 44481

June 23, 2022

Kim Engle
Health Insurance/Payroll
Trumbull County Auditor

Re: [REDACTED]

Dear Kim,

Please enroll [REDACTED] with Health Care insurance effective [REDACTED]

[REDACTED] was hired full time effective [REDACTED] I have attached his completed enrollment forms with the effective date of [REDACTED]

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey L. Palmer".

Chief Deputy Jeffrey L. Palmer
Trumbull County Sheriff's Office

Telephone 330.675.4043

Administrative Fax 330.675.7041

IMPORTANT INFORMATION

In order to make choices about your health care coverage and treatment, we believe that it is important for you to understand how your plan operates and how it may affect you. In an ever-changing environment, the information can never be complete and we urge you to contact us if, after enrollment, your Certificate of Coverage or other materials do not answer your questions. Further information is available at www.myuhc.com or at the toll-free Customer Care number located on the back of your identification card or on other plan materials.

1. We do not provide health care services or make treatment decisions. We help finance and/or administer the health benefit plan in which you are enrolled. That means:
 - We make decisions about whether the health benefit plan you chose will reimburse you for care that you may receive.
 - We do not decide what care you need or will receive. You and your provider make those decisions.
2. We may enter into arrangements where another entity carries out some of our duties, but those entities must operate consistently with our commitment to your plan.
3. We may use individually identifiable information about you to identify for you (and you alone) procedures, products, and services that you may find valuable.
4. We contract with networks of physicians and other providers. Our credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
5. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have a right to control your provider's treatment or plan.
6. We may enter into agreements with your physician or other provider to share in the cost savings that our approach may generate. We encourage providers in our network to disclose the nature of those arrangements with you. If they do not, we encourage you to talk to your provider about these arrangements.
7. We encourage physicians and other providers to talk with you about care you or your provider think might be valuable.
8. We will use individually identifiable information about you as permitted by law, including in our operations and in our research. We will use anonymous data for commercial purposes including research.

Statement of affirmation and authorization to obtain and disclose information in connection with eligibility for coverage.

I (we) request the indicated group coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings.

I (we) authorize all providers of health services or supplies and any of their representatives to give the following to the HMO/insurance company(ies): any available information about the health history, condition, or treatment of any persons named in this request. I (we) authorize the HMO/insurance company(ies) to use this information to determine eligibility for health coverage and eligibility for benefits under an existing policy.

I (we) also authorize the HMO/insurance company(ies) to give this information to its (their) representatives or to any other organization for the reason notified above. I (we) agree that this authorization is valid for 30 months from the date below. I (we) know that I (we) have the right to ask for and to receive a copy of this authorization.

I understand that the Certificate of Coverage and other documents, notices, and communications regarding my health benefit plan may be transmitted electronically.

I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Auditor of State's Fraud Reporting-System

If an employee becomes aware in the course of employment of a violation of state or federal statutes, rules, or regulations or the misuse of public resources, and the employee's supervisor or appointing authority has authority to correct the violation or misuse, the employee may file a written report identifying the violation or misuse with the supervisor or appointing authority. In addition to or instead of filing a written report with the supervisor or appointing authority, the employee may file a written report with the office of internal auditing, in the State Office of Management and Budget, created under section 126.45 of the Revised Code or file a complaint with the Auditor of State's fraud-reporting system under section 117.103 of the Revised Code.

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail.

Auditor of State's Fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

Web: www.ohioauditor.gov

US Mail: Ohio Auditor of State's Office
Special Investigations Unit
88 East Broad Street
P.O. Box 1140
Columbus, OH 43215

If the employee reasonably believes that a violation or misuse of public resources is a criminal offense, the employee, in addition to or instead of filing a written report or complaint with the supervisor, appointing authority, the office of internal auditing, in the State Office of Management and Budget, or the Auditor of State's fraud-reporting system, may report it to a prosecuting attorney or peace officer. In addition to that report, if the employee reasonably believes the violation or misuse is also a violation of Chapter 102 (Public Officers-Ethics), section 2921.42 (having an unlawful interest in a public contract), or section 2921.43 (soliciting or accepting improper compensation) of the Revised Code, the employee may report it to the appropriate ethics commission.

An employee shall make a reasonable effort to determine the accuracy of any information reported. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information.

Except for situations involving the reporting of false information, as described in the immediately preceding paragraph, no officer or employee shall take any disciplinary action against an employee for making any report or filing a complaint including, without limitation, doing any of the following:

- (1) Removing or suspending the employee from employment;
- (2) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;
- (3) Transferring or reassigning the employee;
- (4) Denying the employee promotion that otherwise would have been received;
- (5) Reducing the employee in pay or position.

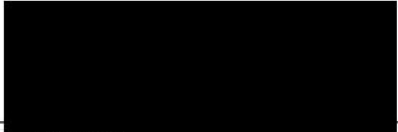
If an appointing authority takes any disciplinary or retaliatory action against an employee as a result of the employee's having filed a report or complaint the employee's sole and exclusive remedy, notwithstanding any other provision of law, is to file an appeal with the state personnel board of review within thirty days after receiving actual notice of the appointing authority's action. If the employee files such an appeal, the board shall immediately notify the employee's appointing authority and shall hear the appeal. The board may affirm or disaffirm the action of the appointing authority or may issue any other order as is appropriate. The order of the board is appealable in accordance with Chapter 119 of the Revised Code.

Acknowledgement of Receipt of Auditor of State Fraud Reporting System Information

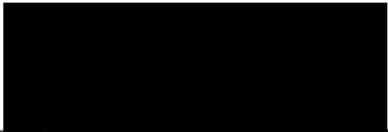
Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio Fraud-Reporting System and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below, you are acknowledging Trumbull County provided you information about the Fraud-Reporting System as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I  _____, have read the information provided by my
Print Name

employer regarding the Fraud-Reporting System operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.


Print Name


Signature
Witness

6/23/22
Date

Date

Processed by Payroll



TRUMBULL COUNTY SHERIFF'S OFFICE

PAYROLL EMPLOYEE MAINTENANCE

New Employee ☒ **X - DEPUTY** Date Submitted [REDACTED]

Return to Work

Employee Number [REDACTED]

Change of Information

[REDACTED]
Last Name

[REDACTED]
First

[REDACTED]
Middle Initial

[REDACTED]
Address

[REDACTED]
City

[REDACTED]
State

[REDACTED]
Zip

[REDACTED]
Date of Birth

[REDACTED]
Social Security Number

[REDACTED]
Gender

[REDACTED]
Hire Date

[REDACTED]
Job Anniversary Date

[REDACTED]
Marital Status for Federal Tax

Federal Tax Deductions Claimed

Additional Amount

State Tax Deductions Claimed

Additional Amount

01

2.5%

Primary City Tax Code

Percent

Secondary Tax Code

Percent

\$27.52
Hourly Pay Rate

Annual Salary

K

X

X

Department Code

Full or Part Time

Union Dues

Range

Step

[REDACTED]
Account Number

434500007
Position Control Number

4345
Job Code

X
Sick Leave

X
Vacation

X
Personal Leave

Previous Service - Attach Documentation

Years

Days

Accrued Sick Leave

ENTERED

MASTER
PAYROLL

JUN 21 21
MUNIS

JUN 21 21

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____

Employer ID# _____

Employer Name _____

Employer ID # _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____

Date _____

6/21/22

COUNTY OF TRUMBULL, OHIO

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Select one: New ☒ Change ☐ Cancel ☐

Name

Social Security Number

Employee Number

Department

I hereby authorize the Trumbull County Auditor to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

Select one:

Routing/ABA Number

Institution Name

Account Number

Location

This authority is to remain in full force until the Trumbull County Auditor has received written notification from me of termination in such timely manner as to afford the Trumbull County Auditor and the Financial Institution a reasonable opportunity to act on it. I have read, understand, and will comply with the policies and procedures involving Automatic Deposits.

Employee Signature

Date

A voided check or bank/institution form with account information must be attached. Deposit slips cannot be accepted.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



Personal History Record/Elected Official Membership

INSTRUCTIONS

1. As a public employee you are required to complete this Form and return it to your employer within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in **blue or black ink**.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions. Completion of this form indicates the elected official's irrevocable membership election.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 3 - **EMPLOYEE CERTIFICATION**. DO NOT print or type.
5. The employer is required to complete SECTION 4 - **EMPLOYER CERTIFICATION**.
6. The employer is required to return the **completed** form to OPERS no later than 30 days from when the public employee commenced employment.

Section 1 - Personal Information

Social Security Number

First Name

MI Last Name

Suffix

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date Of Birth

Gender

Month Day Year

Male Female

Work Phone Number

Home Phone Number

Cell Phone Number

E-mail Address

Section 2 - Other Retirement System Information

Are you currently receiving a disability benefit or an age and service retirement from any of the following retirement systems? *If applicable, please check all that apply.*

Ohio Police and Fire Pension Fund (OP&F)

Receiving a Disability Benefit

☐

Receiving a Retirement Benefit

1

State Highway Patrol Retirement System (HPRS)

□

2

Cincinnati Retirement System (CRS)

☐☐

Section 3 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Additionally, if an elected official, my signature below indicates that I am applying for membership in OPERS for my elective service pursuant to Section 145.20 of the Ohio Revised Code. The signature date indicates the date application is made for membership.

[REDACTED]

or type)

Month Day Year
06 21 2022

Section 4 - Employer Certification

Employer Code	-

Employer Name

[illegible]

Month Day Year

Salary Begin Date

Is this an elected position? Yes ☐ No ☒

Job Position Title

Deputy Sheriff

Is this a full-time law enforcement position? Yes ☒ No ☐

If employed in a firefighting position, is firefighter training required? Yes ☐ No ☒

I certify that if the compensation paid to this individual is earnable salary, that OPERS retirement contributions are deducted with the above employer on the salary begin date indicated above, or beginning the month that contains the signature date on this form for elected officials, and the statements set forth are true and accurate as disclosed by this employer's records.

Signature of Certifying Officer (If Certifying Officer is the new member, form should be signed by both the Certifying Officer and a council member or trustee.)

Print Certifying Officer's Name

[illegible]



TRUMBULL COUNTY SHERIFF'S OFFICE

PERSONNEL INFORMATION SHEET

Employee Name: [REDACTED]

Address: [REDACTED]

City: [REDACTED]

State: Ohio

Zip: [REDACTED]

Home Phone: N/A

Cell Phone: [REDACTED]

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

Driver License Number: [REDACTED]

Email: [REDACTED]

Known Allergies: [REDACTED]

Marital Status: [REDACTED]

Name of Spouse: [REDACTED]

Emergency Contact Information:

1. [REDACTED]

2.

Name

Phone Number

Relationship

Employee Signature: [REDACTED]

Date: 6/21/22

For Office Use Only

Received by: [Signature]

Date: 6/21/2022



Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME	[REDACTED]	FIRST NAME	[REDACTED]	INITIAL	[REDACTED]
HOME ADDRESS	[REDACTED]				
CITY	[REDACTED]	ZIP	[REDACTED]	COUNTY	[REDACTED]
HOME PHONE	[REDACTED]	WORK PHONE	[REDACTED]	[REDACTED]	

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
☐ Yes ☒ No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?
☐ Yes ☒ No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X

6/21/22
Date

Contact Information: If you have questions or would like an additional copy of this notice, please contact the Trumbull County Human Resources Department.

Effective Date

The effective date of this notice is April 14, 2003. Trumbull County is required to follow the terms of this notice until it is replaced. Trumbull County reserves the right to change this Privacy Statement at any time as allowed by law and will notify you of any changes as required by law. Trumbull County reserves the right to make the changes apply to all information that it maintains.

PRIVACY CONFIDENTIALITY AGREEMENT

I,  understand that Trumbull County has a legal and ethical responsibility to ensure that medical information remains confidential. As a condition of my employment with Trumbull County, I understand that I must sign and comply with this Agreement.

By signing this document, I understand and agree that:

- I will not discuss or disclose any confidential medical information unless such disclosure is in compliance with applicable privacy policies and procedures and is required for the performance of my job.
- I will not access or view any medical information other than is required to do my job.
- If I have any question about whether access to certain information is required for me to do my job, I will ask my supervisor, head of my department or the Privacy Officer for clarification.
- I will not make inquiries about any information on behalf of any individual or person or entity that does not have proper authority to have such information. If I have any question about whether certain persons or entities are permitted access to certain information, I will ask my supervisor, head of the department or the Privacy Officer for clarification.
- I will not discuss any information pertaining to any individual's medical care in an area where unauthorized individuals may hear such information, for example: in hallways, on staircases, on elevators, in the cafeteria, on public transportation, at restaurants or at social events. I understand that it is never acceptable to discuss such information in public areas, even if specific information, such as an individual's name, is not used.
- I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or expungements of information.
- I will keep my personal access codes, user IDs, access keys and passwords used to access computer systems, buildings, records or other County systems or equipment confidential and secured at all times.

Consequences for Violating this Agreement

I understand that violation of this Agreement may result in:

- Disciplinary action up to and including termination of my employment with Trumbull County and/or suspension, restriction or loss of privileges in accordance with Trumbull County policies.
- Potential personal, civil and criminal penalties.

I agree that my obligations under this Agreement regarding client information and organizational information will continue after the conclusion of my employment with Trumbull County. I have read the above Agreement and agree to comply with all its terms as a condition of my employment with Trumbull County.

Pr

Eff

Witness

Date

Date

6/21/22

6/21/2022

TRUMBULL COUNTY SEXUAL HARASSMENT POLICY

SEXUAL HARASSMENT

The Trumbull County Commissioners strongly condemn and strictly prohibit the Sexual Harassment of County employees working in Departments under the Board's jurisdiction. It is illegal under State and Federal law for any employee, male or female, to sexually harass another employee by:

- A. Making unwelcome sexual flirtations, advances or propositions;
- B. Creating an intimidating, hostile, or offensive working environment through verbal abuse or physical conduct of a sexual nature;
- C. Threatening or insinuating that an employee's refusal to submit to sexual advances will adversely affect that employee's employment, compensation, evaluation, or promotion.

Any employee who believes that he/she has been victimized of Sexual Harassment is encouraged to immediately report the incident to a supervisory employee (preferably, but not necessarily, the employee's supervisor) who will conduct a thorough and confidential investigation to determine the validity of the allegation. The Supervisor will report findings to the employee and to the Board of Commissioners within three (3) workdays if at all possible. If the employee is dissatisfied with the Supervisor's findings, he/she is encouraged to report the incident directly to the Board of Commissioners for immediate review by the Commissioners' Office. The Commissioners' Office shall, if at all possible, reply to the employee within five (5) workdays.

Any employee, at either level of the investigation of alleged Sexual Harassment, who has been found to have sexually harassed another employee, will be subject to discipline, which could include termination.

The Trumbull County Commissioners recognize and acknowledge that any employee may pursue appropriate remedial action through State and Federal Agencies.

Note: No part of this policy is intended to supersede or circumvent any Collective Bargaining Agreement in effect. Employees who are members of a union are encouraged to review their contract for sections which address this topic.

Witness

Date

Date

TRUMBULL COUNTY DRUG AND ALCOHOL EMPLOYEE AFFIRMATION

Trumbull County certifies that it will provide a drug free workplace to its employees in compliance with the Drug Free Workplace Program of Ohio Bureau of Worker's Compensation. In addition, employees will receive on-going education about the County's Drug Free Workplace programs and the dangers of drug use. The County will also provide supervisory and Union training to assist in identifying and addressing illegal drug use by employees.

By signing below, the undersigned certifies that they have:

1. Read and understand the "Drug and Alcohol Policy Statement" and agree to abide by its full terms.
2. Read and understand the "Compliance with the Drug Free Workplace Act" statement and agree to abide by its full terms.
3. Agreed to make a good faith effort to continue to maintain a drug and alcohol free workplace.
4. Been provided with a written copy of this policy.



6/21/22
Date

TRUMBULL COUNTY CONSENT & RELEASE FORM FOR EMPLOYEES

I,  (applicant or employee name), as an employee/applicant of Trumbull County, hereby acknowledge that the County's policy requires me to submit to urine drug testing and/or breath alcohol testing. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program. I hereby and herewith release Trumbull County, its employees, agents and contractors from any and all liability whatsoever arising from the outside agent completing the actual testing procedures, and from decisions made because of those test results concerning my application for employment, or continuation of, employment based on results from the analysis. I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the Contractor's Medical Review Officer (MRO), and/or to the County's examining physician, as provided by the County's Policy.

I further acknowledge that the County has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Print Name

Employee Signature

Witness

6/21/22
Date
6/21/22
Date

RECEIPT OF OHIO ETHICS LAW STATEMENT

Public officials and public employees at (fill in your public entity) are subject to the requirements and restrictions of the Ohio Ethics Law. (Fill in your public entity) must provide each new employee or appointed or elected official with a copy of the Ohio Ethics Law and obtain written acknowledgement of receipt. Please acknowledge receipt by signing the form below.

The most current version of the Ohio Ethics Law and related statutes are available on-line at <https://www.ethics.ohio.gov/education/factsheets/ethicslaw.pdf> This link includes Chapter 102., and Sections 2921.42, 2921.421, and 2921.43 of the Revised Code.

I,  _____, hereby acknowledge that I have
Print name

received from the public agency I serve (or the appointing authority) a copy of the Ohio Ethics Law and related statutes, Chapter 102., and Section 2921.42, of the Ohio Revised Code, in accordance with Section 102.09(D) of the Ohio Revised Code.

Pr

Witness

Date

Date

Please note: The Ohio Ethics Commission also recommends that public entities furnish new public officials and employees with a document called "Overview of the Ohio Ethics Law." This document is a helpful accompaniment to the law itself as it explains and describes the law in layperson easy-to-understand terms. It also contains examples and links to fact sheets and advisory opinions that makes the Ethics Law understandable and relatable.



**Bureau of Workers'
Compensation**

**Waiver of Workers' Compensation
Benefits for Recreational
or Fitness Activities**

Instructions

- Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
- In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers' compensation coverage. Make a line through any blank spaces.
- The employee **must** sign and date this form to acknowledge agreement.
- The employer shall retain the original for his or her files and provide a copy to the employee.
- The employer should submit a copy to BWC **only when an employee files a claim** for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Employee name (please print)	Employee Number	Date
[REDACTED]		6/21/2022
Employer name	Risk number	
Trumbull County Sheriff's Office	20003881	

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program **which is not listed**, the employee may be eligible for workers' compensation benefits.

Recreational activities/Fitness programs -

- Excluding any injury or, in occupational disease during exercise or any activity in the Employer-Sponsored Fitness Center during both work and off duty hours.

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not be used to prevent a compensation claim filed for death benefits by the employee's dependents.

Employee signature

Date signed

BWC-1286 (12/29/1997)

C-159 (previously OIC-0161)

U.S. Department of Labor

Wage and Hour Division

Fact Sheet #28: The Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This fact sheet provides general information about which employers are covered by the FMLA, when employees are eligible and entitled to take FMLA leave, and what rules apply when employees take FMLA leave.

COVERED EMPLOYERS

The FMLA only applies to employers that meet certain criteria. A covered employer is a:

- Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer;
- Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or
- Public or private elementary or secondary school, regardless of the number of employees it employs.

ELIGIBLE EMPLOYEES

Only eligible employees are entitled to take FMLA leave. An eligible employee is one who:

- Works for a covered employer;
- Has worked for the employer for at least 12 months;
- Has at least 1,250 hours of service for the employer during the 12-month period immediately preceding the leave*; and
- Works at a location where the employer has at least 50 employees within 75 miles.

* Special hours of service eligibility requirements apply to airline flight crew employees. See Fact Sheet 28J: Special Rules for Airline Flight Crew Employees under the Family and Medical Leave Act.

The 12 months of employment do not have to be consecutive. That means any time previously worked for the same employer (including seasonal work) could, in most cases, be used to meet the 12-month requirement. If the employee has a break in service that lasted seven years or more, the time worked prior to the break will not count unless the break is due to service covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), or there is a written agreement, including a collective bargaining agreement, outlining the employer's intention to rehire the employee after the break in service. See "FMLA Special Rules for Returning Reservists".

LEAVE ENTITLEMENT

Eligible employees may take up to **12 workweeks** of leave in a 12-month period for one or more of the following reasons:

- The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

An eligible employee may also take up to 26 workweeks of leave during a "single 12-month period" to care for a covered service member with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the service member. The "single 12-month period" for military caregiver leave is different from the 12-month period used for other FMLA leave reasons. See Fact Sheets 28F: Qualifying Reasons under the FMLA and 28M: The Military Family Leave Provisions under the FMLA.

Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. That means an employee may take leave in separate blocks of time or by reducing the time he or she works each day or week for a single qualifying reason. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operations. If FMLA leave is for the birth, adoption, or foster placement of a child, use of intermittent or reduced schedule leave requires the employer's approval.

Under certain conditions, employees may choose, or employers may require employees, to "substitute" (run concurrently) accrued paid leave, such as sick or vacation leave, to cover some or all of the FMLA leave period. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy.

NOTICE

Employees must comply with their employer's usual and customary requirements for requesting leave and provide enough information for their employer to reasonably determine whether the FMLA may apply to the leave request. Employees generally must request leave 30 days in advance when the need for leave is foreseeable. When the need for leave is foreseeable less than

6/21/22

RZ 6/21/22

30 days in advance or is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

When an employee seeks leave for a FMLA-qualifying reason for the first time, the employee need not expressly assert FMLA rights or even mention the FMLA. If an employee later requests additional leave for the same qualifying condition, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave. See Fact Sheet 28E: Employee Notice Requirements under the FMLA.

Covered employers must:

- (1) Post a notice explaining rights and responsibilities under the FMLA. Covered employers may be subject to a civil money penalty for willful failure to post. For current penalty amounts, see www.dol.gov/whd/fmla/applicable_laws.htm;
- (2) Include information about the FMLA in their employee handbooks or provide information to new employees upon hire;
- (3) When an employee requests FMLA leave or the employer acquires knowledge that leave may be for a FMLA-qualifying reason, provide the employee with notice concerning his or her eligibility for FMLA leave and his or her rights and responsibilities under the FMLA; and
- (4) Notify employees whether leave is designated as FMLA leave and the amount of leave that will be deducted from the employee's FMLA entitlement.

See Fact Sheet 28D: Employer Notice Requirements under the FMLA.

CERTIFICATION

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition. See Fact Sheet 28G: Certification of a Serious Health Condition under the FMLA. For information on certification requirements for military family leave, See Fact Sheet 28M(c): Qualifying Exigency Leave under the FMLA; Fact Sheet 28M(a): Military Caregiver Leave for a Current Service member under the FMLA; and Fact Sheet 28M(b): Military Caregiver Leave for a Veteran under the FMLA.

JOB RESTORATION AND HEALTH BENEFITS

Upon return from FMLA leave, an employee must be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee's use of FMLA leave cannot be counted against the employee under a "no-fault" attendance policy. Employers are also required to continue group health insurance coverage for an employee on FMLA leave under the same terms and conditions as if the employee had not taken leave. See Fact Sheet 28A: Employee Protections under the Family and Medical Leave Act.

OTHER PROVISIONS

Special rules apply to employees of local education agencies. Generally, these rules apply to intermittent or reduced schedule FMLA leave or the taking of FMLA leave near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under the FLSA regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to an eligible employee's use of FMLA leave.

ENFORCEMENT

It is unlawful for any employer to interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to the FMLA. See Fact Sheet 77B: Protections for Individuals under the FMLA. The Wage and Hour Division is responsible for administering and enforcing the FMLA for most employees. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress. If you believe that your rights under the FMLA have been violated, you may file a complaint with the Wage and Hour Division or file a private lawsuit against your employer in court.

For additional information, visit our Wage and Hour Division Website:

<http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4-USWAGE (1-866-487-9243).

This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.



TRUMBULL COUNTY HUMAN RESOURCES DEPARTMENT

160 High Street NW, Fifth floor
Warren, Ohio 44481

Telephone: (330) 675-2460, Fax: (330) 675-6646; TDD: (330) 675-6610

Email: hr@co.trumbull.oh.us

TRUMBULL COUNTY LIFE INSURANCE

Each eligible employee is covered in the amount of \$35,000.00 while maintaining full-time status.

The complete Certificate of Coverage, including reduced retirement coverage and conversion rights, may be viewed and copied by visiting the Human Resources Department website: www.humanresources.co.trumbull.oh.us

I, [REDACTED], have received notification of my Life Insurance
Print Name

coverage through Trumbull County. I further acknowledge that I have been advised of access availability to view the Certificate of Coverage.

[REDACTED]
Employee Signature

[REDACTED]
Witness

6/21/22
Date

6/21/2022
Date

NETWORK AUTHORIZATION

Please complete this profile for new employees, employees changing positions or leaving employment.

Print name as it appears in Payroll

Circle: 'A' to give user Authority to an Application or 'R' to remove Authority from an Application.

A	R	Courtview 2000
A	R	Courtview
A	R	Demand Online REP Posting
A	R	Disaster Recovery
A	R	E-mail Outlook
A	R	Haines Street Directory
A	R	Highway County Engineers
A	R	IBM *requires additional profile on appropriate form with approval signature
A	R	IJIS Data Warehouse
A	R	Internet access IP: 192.168
A	R	Jail Management System (JMS)
A	R	Main Domain
A	R	Munis
A	R	Ohio Jurisprudence
A	R	Ohio Jury Instructions
A	R	Real Estate
A	R	Reorder's system *Access via the intranet
A	R	Soil & Water conservation – Domain TCSWCD2
A	R	TC Board of Alcohol, Drug & Mental Health
A	R	Windows Password
A	R	Word & Office Directory

Deputy

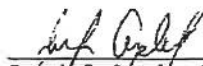
Supervisor's Signature

Date

6/21/2022

We, the Board of Commissioners for Trumbull County, Ohio, recognize the impact of the above outlined policy and adopt the policy on October 17, 1996:

**BOARD OF COUNTY COMMISSIONERS
TRUMBULL COUNTY, OHIO**

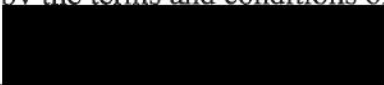

Joseph J. Angelo, Jr., President


Michael J. O'Brien


Arthur U. Magee

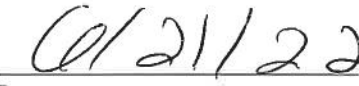
TRUMBULL COUNTY LOANED COMPUTER EQUIPMENT RESPONSIBILITY FORM

I, , hereby accept full responsibility for the computer equipment assigned to me in my current position or new position within the county. I acknowledge and understand the policies stated within this document and as a condition of my employment with Trumbull County I hereby will abide by the terms and conditions of this policy.


Print Name


Em


Date


Date

Copy of the last page of this document must accompany the creation of the User Account form, which must be signed by all employees who get a user account on the county network.

CODE OF RESPONSIBILITY FOR SECURITY AND CONFIDENTIALITY OF DATA FILES

Employee name [REDACTED] Division Deputy

Employee name as appears in Payroll _____

Department _____ Supervisor _____

Phone Number _____ Location _____

Security and confidentiality is a matter of concern to all employees of the Trumbull County Department of Data Processing and all other persons who have access to confidential data. Each person working at Trumbull county holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving the security and confidentiality of this information. Trumbull County employees conduct either on or off the job may threaten the security to know and understand the following:

1. You must not enter or permit the entry of any unauthorized information to files maintained by Trumbull County.
2. You must not seek to benefit personally or permit others to benefit personally by any confidential information which has come to your work assignment.
3. You must not exhibit or divulge the contents of any record to any person except in the conduct of your work assignment or in accordance with the policies of Trumbull County.
4. You must not knowingly include or cause to be included in any record or report a false inaccurate or misleading entry.
5. You must not remove or cause to be removed copies of any official record or report from any file from the office where it is kept except in the performance of your duty.
6. You must not operate or request others to operate Trumbull county equipment for personal business.
7. You must not violate rules and regulations concerning access for controlled areas.
8. You must report any violation of this code by anyone to your supervisor immediately.
9. You must not aid, abet or act in conspiracy with another to violate any part of this code.
10. You must not divulge your password to any other individual at any time.

Violation of any portion of this code will result in disciplinary action such as reprimand, suspension or dismissal consistent with Civil Service Rules and Regulations and/or the appropriate Collective Bargaining Agreement. (Employees covered by collective Bargaining Agreement Local #2493: Failure to comply with the policy may result in discipline in accordance with the Collective Bargaining Agreement of Trumbull county Employees Local #2493.)

I acknowledge that I have received, have read and understand the Trumbull County Code of Responsibility for Security and Confidentiality of Data Files.

Employee Signature

Date

Date

Supervisor



Trumbull County Sheriff's Office Sheriff

Paul S. Monroe

150 High Street
Warren, Ohio 44481
(330) 675-2508

PURPOSE

To obtain information from prospective candidates / applicants and to assist with the overall process of candidate selection.

USE

The information obtained from the Employment Questionnaire will be used to determine if the applicant meets specified requirements for the position being sought. The applicant must type or print all answers to the questionnaire legibly in black ink.

THE FORM

A formal request will be accepted for an application which can be emailed in electronic format to sozumerl@co.trumbull.oh.us or may be hand delivered. Acknowledgement of receipt will be provided.

APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Position Applying for:



Sworn Deputy



Corrections



Support Services

Received by _____

Date _____

BACKGROUND INVESTIGATION

I, John Dina, authorize the Trumbull County Sheriff's Office to make an independent investigation of my background, criminal, and/or police records.

The intent of this authorization is to give my full consent for the full and complete disclosure of certain documents and records, including, but not limited to, records of education institutions; records of financial or credit institutions; records of commercial or retail credit agencies, including credit reports and/or ratings; past employment and pre-employment records, including background reports, polygraph and/or voice stress analysis examinations, efficiency ratings, performance evaluations, attendance records, investigator files, disciplinary records, complaints filed against me, salary records, and data contained within the application of employment; military service records; real and personal property tax records, and other financial statements and records wherever filed; records of arrest, criminal, and/or traffic offenses, including records relative to any trial proceedings; the results of past polygraph and/or voice stress analysis examinations; records of civil complaints made against me, including records relative to any trial proceedings and records and recollections of attorneys at law, or other counsel, whether representing me or another person in a case in which I presently have, or previously had, an interest, including any files which are deemed to be confidential, expunged, or sealed pursuant to R.C. 2953.33.

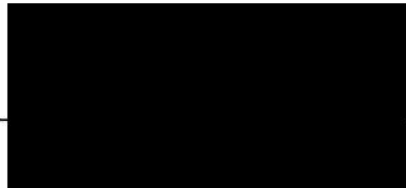
I agree that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of completing a background investigation, which may provide pertinent data to the Trumbull County Sheriff's Office for its consideration in determining my suitability for employment. It is my specific intent to provide access to information, however personal or confidential it may be, including, but not limited to, the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Trumbull County Sheriff's Office, and will not be returned to me.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, and all amendments and revisions there to, with regard to access and disclosure of records, and I waive those rights, with the understanding that the information furnished will be used by the Trumbull County Sheriff's Office in conjunction with employment procedures.

I understand that should information of a serious criminal nature be revealed as a result of this background investigation; such information may be disclosed to all proper authorities.

Applicant Signature

A large black rectangular box redacting the signature of the applicant.

BACKGROUND INVESTIGATION CONSENT FORM

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Trumbull County Sheriff's Office and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims, lawsuits, damages, losses and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting from, out of, or in connection with the information obtained from, but not limited to, any and all of the above referenced sources.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

I understand that this background investigation requires that I notify the Trumbull County Sheriff's Office relative to any change of my name, address, phone number, marital status, or other personal information.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Name

[REDACTED]

Maiden or other names used

Present Address

[REDACTED]

Provide five years of address history

[REDACTED]

Date of Birth

[REDACTED]

Social Security Number

[REDACTED]

Driver's License Number & State Ohio

[REDACTED]

6/8/22

Date

PRE-EMPLOYMENT EXAMINATIONS CONSENT FORM

I, John Dina, do voluntarily consent to pre-employment medical, psychological, drug screen, and polygraph and/or voice stress analysis examinations conducted at the request of the Trumbull County Sheriff's Office. I understand that the offer of employment, if received, is conditioned upon the successful completion of the aforementioned examinations.

Additionally, I understand that, if I cannot perform essential job functions relative to the position I have been offered, even with reasonable accommodation, I will not be employed. Further, I understand that I will receive copies of written reports pertaining to the noted examinations and evaluations of my ability to perform essential job functions. In response to the noted written evaluations, I will be offered the opportunity to provide additional information. I understand that I may ask questions of the examiners concerning any portion of the noted examinations, and that I may stop the examinations at any time. However, if I do not complete the noted examinations, I understand that the offer of employment will be withdrawn, as the Trumbull County Sheriff's Office will not have been able to determine whether I can perform essential job functions, even with reasonable accommodation.

I have had the opportunity to ask a representative of the Trumbull County Sheriff's Office about these examinations, and any questions I had, have been completely and satisfactorily answered.

I consent to the release of the results of the preceding examinations to the Trumbull County Sheriff's Office, as well as consent to the release of all my medical records, as evidenced by my signature on any attached HIPAA authorization forms.

I represent that I am in good physical and mental condition, and I know of no physical or mental ailments or conditions that may be impaired by the noted examinations.

I, for myself, successors, assigns, heirs, executors, and administrators, hereby release, hold harmless, and forever discharge the Trumbull County Sheriff's Office, and/or their designee(s) from any and all claims, liabilities, lawsuits, damages, losses, and expenses, including reasonable attorney's fees, which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from, out of, or in connection with the: (1) examinations to be conducted by the above-named examiners and/or the above-named laboratory; (2) the diagnosis or results of the examinations; and (3) the use of any diagnosis or results.

I agree that a photocopy, facsimile, or other electronic reproduction of this form will be valid as an original thereof, even though the said photocopy, facsimile, or other electronic reproduction does not contain an original writing of my signature or witness thereof.

Applicant Initials here



AUTHORIZATION FOR RELEASE OF INFORMATION

I, , do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus, and the Credit Bureaus to furnish with any and all available information regarding me in order that he may determine my suitability for emergency services.

I authorize the Trumbull County Sheriff's Office, to make inquiries of my present and past employers regarding my character, integrity, and reputation.

Exceptions & Explanations

Please note if you do not wish your present employer or any past employer contacted and provide an explanation

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held?

() Yes (X) No

Applicant John Dina
(Print)

Signature



Date

6/8/22

IMPORTANT

Read these instructions carefully before completing this Questionnaire.

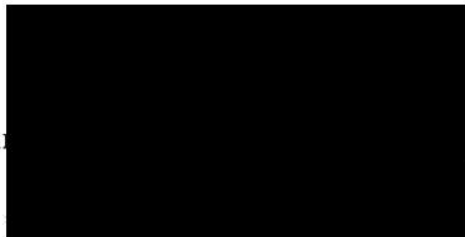
You must be complete and truthful in ALL your answers. All answers that you give in this application, or during subsequent interviews, are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as an employee. All Information will be considered confidential to the extent that this information is excluded from disclosure under state and federal law. The information provided will be used to assist the Trumbull County Sherriff's Office in determination of the qualifications of the applicant.

The answers to this questionnaire are subject to verification by polygraph, 'lie detector,' and/or voice stress analysis, interviews, psychological testing, drug screen, and a complete background investigation.

Print your answers in black ink. Do not leave any questions blank. If a question does not apply to you, write "DNA" Your answers must be legible. If additional space is needed to explain an answer, please use the continuation (supplemental) sheets provided and reference the specific question number and letter.

Be aware that your spelling, grammar, and neatness will be considered part of your personal attributes involved in the selection process. Also, your dress, speech, and manner will be scrutinized during all phases of the background investigation process and will be similarly considered.

Signature



Date

6/8/22

PERSONAL INFORMATION

Name _____
First Middle Jr., II, etc...

Address _____
Street Address Apt. Num-

_____ Ohio _____
City State Zip

How long have you lived at the above address _____ Years _____ Months

Phone _____ Email _____
Home Cell

Social Security Number _____ Date of Birth _____

Place of Birth _____ U.S. Citizen (X) Yes () No

Maiden Name or Other Names Used DNA

Second Address, if applicable, (i.e. College, Military, etc.)

_____ Apt. Number
Street Address
_____ City State Zip

How long have you lived at the above address _____ Years _____ Months

Are you aware of any information about yourself or anyone with whom you have been closely associated (including relatives and roommates) that tends to reflect unfavorably on your reputation, morals, character, abilities or loyalty to the United States?

() Yes (X) No Please explain if you answered Yes:

Do you understand that all prospective employees will be required to submit to a urinalysis test for drug abuse prior to employment?

(X) Yes () No

Are you active with Social Media websites such as Facebook, Twitter, etc.? () Yes (X) No

If Yes, list all of your Usernames: _____

MARITAL STATUS

Marital Status _____

Spouse's Maiden Name _____

Spouse's DOB _____ Spouse's Social Security Number _____

Name and Address of Spouse's Employer, if any _____

DNA _____

What does your spouse think of you becoming an employee of the Trumbull County Sheriff's Office? _____

Do you have income from other sources other than your salary and spouse's salary? () Yes (X) No

If Yes,

explain _____

If previously married, disposition of former marriage DNA _____

Name of Ex-Spouse _____ DOB _____

Are you paying alimony or child support? () Yes (X) No

If yes, amount _____ Estimated date for termination of payment _____

Are you now supporting all dependents you are required to support? () Yes (X) No () N/A

Have you ever been sued for alimony or child support? () Yes (X) No

Are you in arrears or have your wages been garnished for back child support or alimony payments? () Yes (X) No

List all Former Spouse/Spouses:

Name _____

Address _____

DOB _____ **Phone** _____

Name _____

Address _____

DOB _____ **Phone** _____

Name _____

Address _____

DOB _____ **Phone** _____

Have you ever been separated from your spouse due to marital problems? () Yes (X) No

Do you have any serious problems with any family members or In-Laws? () Yes (X) No

FAMILY

[Redacted]

Do you have any children? (X) Yes () No

Complete the following information about all of your children, biological and non-biological:

Name [Redacted] _____
Address [Redacted] _____
DOB [Redacted] _____

Name _____
Address _____
DOB _____ Phone _____

Name _____
Address _____
DOB _____ Phone _____

Name _____
Address _____
DOB _____ Phone _____

Name _____
Address _____
DOB _____ Phone _____

Name _____
Address _____
DOB _____ Phone _____

FAMILY CONTINUED

Do you have any siblings? (X) Yes () No If Yes, complete the following:

[illegible]

Do you have any members of your family or in-laws that are employed or have been previously employed by the Trumbull County Sheriff's Office? () Yes (X) No

If Yes, complete the following information regarding past and present employees:

Name _____

Address _____

DOB _____ Phone _____

Name _____

Address _____

DOB _____ Phone _____

Name _____

Address _____

DOB _____ Phone _____

REFERENCES

List three (3) references (NOT relatives, former employers or neighbors) who are responsible adults, and who have known you well during the past five years:

Name Andrew Havrilla
Address 7030 Saint Ursula drive Canfield, 44406
Years known 5 Phone [REDACTED]

Name Jonathan Silverman
Address 26 Norwick Drive Youngstown Ohio, 44505
Years known 9 Phone [REDACTED]

Name Greg Coleman
Address 973 Broadacres Dr se, Warren, Ohio, 44484
Years known 8 Phone [REDACTED]

EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including summer and parttime employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Employer Name & Address Warren City Police Department, 141 South Street, Warren, Ohio, 44483

Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary \$31.52/hour
Immediate Supervisor Name Greg Hosos Phone 330-219-6506

Employer Name & Address Mill Creek Metropark police, 810 Glendwood, Youngstown, Ohio
Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary \$14/hour
Immediate Supervisor Name Chief James Willock Phone 330-651-0550

Employer Name & Address Youngstown State University, 1 University plaza, Youngstown, Ohio

Employed from (Month/Year) [REDACTED] to (Month/Year) [REDACTED] Salary Stipend
Immediate Supervisor Name Dr. John Hazy Phone 330-503-4805

EMPLOYMENT HISTORY CONTINUED

Employer Name & Address _____

Employed from (Month/Year) _____ to (Month/Year) _____ Salary _____

Immediate Supervisor Name _____ Phone _____

Employer Name & Address _____

Employed from (Month/Year) _____ to (Month/Year) _____ Salary _____

Immediate Supervisor Name _____ Phone _____

Employer Name & Address _____

Employed from (Month/Year) _____ to (Month/Year) _____ Salary _____

Immediate Supervisor Name _____ Phone _____

Employer Name & Address _____

Employed from (Month/Year) _____ to (Month/Year) _____ Salary _____

Immediate Supervisor Name _____ Phone _____

Employer Name & Address _____

Employed from (Month/Year) _____ to (Month/Year) _____ Salary _____

Immediate Supervisor Name _____ Phone _____

Employer Name & Address _____

Employed from (Month/Year) _____ to (Month/Year) _____ Salary _____

Immediate Supervisor Name _____ Phone _____

EMPLOYMENT HISTORY CONTINUED

Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer? () Yes (X) No

If yes, please provide name of agency and date of application or service. _____

Do you own a business, or are you a partner or corporate officer in a business or organization not listed previously as a current or former employer? () Yes (X) No

If yes, provide name and address of business, corporation, or organization and describe the business, relationship or position.

Have you ever applied for a position with any government agency, county, police or fire department(s)?
(X) Yes () No

List any current applications you have submitted with other Law Enforcement Agencies:

Federal Bureau of investigations and Ohio Bureau of Criminal investigations

Do you object to the need for immediate availability in time of disaster? () Yes (X) No

Do you object to being available on-call for job duties and responsibilities? () Yes (X) No

Do you object to wearing a uniform to work? () Yes (X) No

Have you ever been terminated, dismissed or asked to resign? () Yes (X) No If

Yes, explain:

Have you ever received any Fire/EMS/Police or EMA training? (X) Yes () No If Yes, provide dates, locations and types of training completed:

See attached

Have you ever received unemployment compensation or other federal, state, or local benefits or assistance? () Yes (X) No If Yes, explain the type of Assistance, Dates, and Agency

MILITARY INFORMATION

Selective Service Record

Have you registered with the Selective Service System? ☒ Yes () No

If yes, provide your registration number [REDACTED]

If no, show the reason of your legal exemption _____

Have you ever served in the Military? () Yes (X) No

If Yes, list Branch of Service _____

Dates served list (MONTH/YR) From _____ To _____

Highest Rank Held _____ Specialty _____

Date of Discharge _____ Type _____

If discharged was anything else but Honorable, please explain _____

Are you now, or have you ever been a member of the US Reserves or National Guard?

() Yes (X) No If Yes, provide Unit and Location _____ Do

you receive any Disability from the Military? () Yes (X) No

If yes, explain: _____

Were you ever overseas? () Yes (X) No

Were you ever AWOL? () Yes (X) No

Ever given non-jurisdictional punishment? (Article 15) () Yes (X) No

If yes, how many occurrences _____

Ever Reduced in Rank? () Yes (X) No

Ever Received a Court Martial? () Yes () No

Ever Spend Time in a Brig or Stockade? () Yes () No

Did you ever convert or sell any government property? () Yes () No

Thank you for your Service.
Please submit a copy of your DD-214 with application.

DRIVING HISTORY

Do you have a valid Ohio driver's license? (X) Yes () No

License Number Status Valid

How long have you been a licensed driver?

Any Restrictions? () Yes (X) No

Any Suspensions? () Yes (X) No

If Yes, explain:

Approximately how many miles do you drive each year? 15,000 - ?

Do you have liability/property damage insurance on vehicles owned by you? (X) Yes () No

Have you ever had your insurance cancelled? () Yes (X) No

Have you ever been sentenced to a driver improvement school? () Yes (X) No If

Yes, explain when and where:

Do you currently or have you ever held another Driver's License issued by another state?

If Yes, list State, License Number and Date Issued:

NO

List all accidents you were involved in as the driver. Include the dates, investigating agency if you were issued a citation and if there were injuries. List all unreported accidents also.

Date of Accident Not sure exact date in Investigating Agency Niles PD/FBI

Citation Issued No, occurred on duty Injuries No

Date of Accident Not sure of exact date Investigating Agency Warren City

Citation Issued No, occurred on duty Injuries No

Date of Accident Investigating Agency

Citation Issued Injuries

DRIVING HISTORY CONTINUED

List all traffic violations, convictions and bond forfeitures:

Date Approximately [REDACTED] Place of Arrest Austintown Amount Owed 0
Offense Speeding ticket, reduced to non-moving violation Issuing Agency Ohio State Patrol

Date _____ Place of Arrest _____ Amount Owed _____
Offense _____ Issuing Agency _____

Date _____ Place of Arrest _____ Amount Owed _____
Offense _____ Issuing Agency _____

Date _____ Place of Arrest _____ Amount Owed _____
Offense _____ Issuing Agency _____

Date _____ Place of Arrest _____ Amount Owed _____
Offense _____ Issuing Agency _____

Date _____ Place of Arrest _____ Amount Owed _____
Offense _____ Issuing Agency _____

FINANCIAL STATUS

Are you currently:

Buying/Own a Home ☒ Yes ☐ No

Renting ☐ Yes ☒ No

Living with Another ☒ Yes ☐ No

Living with Parents ☐ Yes ☒ No

Other: [REDACTED]

Are you the co-maker on a loan for another person? ☐ Yes ☒ No

Explain: _____

Have you ever been taken to court over a debt? ☐ Yes ☒ No

Explain: _____

Fill in the amount of financial obligations below:

	<u>Amount Owed</u>	<u>Number Times Late</u>
Home Loan/Rent	[REDACTED]	<u>0</u>
Auto Loans	[REDACTED]	<u>0</u>
Credit Cards	<u>0</u>	<u>0</u>
Student Loans	<u>DNA</u>	_____
Financial Institutions	<u>DNA</u>	_____
Internal Revenue Service	<u>DNA</u>	_____
Court Judgements	<u>DNA</u>	_____
Employment Agency	<u>DNA</u>	_____
Others	<u>DNA</u>	_____

Have you ever had a debt turned over to a collection agency? ☐ Yes ☒ No

Are any Creditors pressing you for a payment? ☐ Yes ☒ No

Have you ever declared or filed bankruptcy? ☐ Yes ☒ No

Have you ever had anything repossessed? ☐ Yes ☒ No

Have you ever had your wages garnished? ☐ Yes ☒ No

Have you ever been refused credit? ☐ Yes ☒ No

Did you ever knowingly write a check with insufficient funds? ☐ Yes ☒ No

How many times _____ Explain _____

Banking institution name _____

EDUCATION

Name and Address of High School

Austintown Fitch Highschool – 4560 Falcon Drive, Austintown, Ohio, 44515

Highest grade completed 12 If Graduated, what year [REDACTED]

List other Equivalency Certificates and Years obtained:

Certificate _____ Year _____

Certificate _____ Year _____

List College/Universities, Years Attended, Major of Study and Date Degree was obtained:

College Youngstown State University Years Attended [REDACTED]

Major of Study Criminal Justice Bachelors Degree Obtained Date [REDACTED]

College Youngstown State University Years Attended [REDACTED]

Major of Study Criminal Justice Masters Degree Obtained Date Did not complete thesis

College _____ Years Attended _____

Major of Study _____ Degree Obtained Date _____

List any other Education or Special Schooling received See attached

Do you speak any other languages? () Yes (X) No

MISCELLANEOUS

Have the police ever been called to your home for any reason? () Yes (X) No If Yes, explain _____

Do you have any problems controlling your temper? () Yes (X) No If Yes, explain:

Have you ever traveled outside the United States? (X) Yes () No

If Yes, where Niagara falls, Canada, and numerous islands in the Bahamas

Do you own any business or commercial properties? () Yes (X) No

If Yes, list _____

MISCELLANEOUS CONTINUED

Other than a driver's license, do you possess any permit or license by a unit of the government?

() Yes (X) No

Do you possess any other licenses or certifications (e.g. Corrections, Police Academy, Nurse, Real Estate, etc.)?

(X) Yes () No If yes, provide the information requested below:

License Type Police Academy Issuing Entity OPOTA

License Type _____ Issuing Entity _____

License Type _____ Issuing Entity _____

Were any complaints or grievances filed against you? () Yes (X) No

If Yes, explain:

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.

- Since the age of 16, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.) or prescription drugs?
- Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

If Yes, explain:

Date Controlled substance/prescription drug used _____ # of times _____

Date Controlled substance/prescription drug used _____ # of times _____

Date Controlled substance/prescription drug used _____ # of times _____

Date Controlled substance/prescription drug used _____ # of times _____

Date Controlled substance/prescription drug used _____ # of times _____

Date Controlled substance/prescription drug used _____ # of times _____

SUPPLEMENTAL SHEET

Use this sheet if you need additional room to explain or add to your answers to a specific question. State the Section and question to correspond with the information you are adding.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICANT CERTIFICATION

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Trumbull County Sheriff's Office and that it and the information received in response to the background examination are public records. I also understand that I may be required to furnish the Sheriff's Office with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment. I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees. I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Trumbull County Sheriff's Office. I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions. I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise regarding my ability and fitness for employment or appointment with the Sheriff's Office and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Sheriff's Office. I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office at its discretion, at any time and without any prior notice to me.

6/8/22

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____, IN THE COUNTY OF _____, STATE OF OHIO.

NOTARY SIGNATURE: _____

MY COMMISSION EXPIRES: _____

NOTARIZATION OF CERTIFICATION WILL BE DONE IN PERSON AT THE TRUMBULL COUNTY SHERIFF'S OFFICE.

AGREEMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE
SIGNING THIS DOCUMENT

As an applicant for employment with the Trumbull County Sheriff's Office, I understand and agree that the Sheriff's Office may make a thorough investigation of my past employment and activities. (This may include, but not be limited to, a motor vehicle operator, police record and credit record investigation.) I hereby release you, your organization or others from any liability or damages which may result from the exchange of the information requested.

I hereby attest that the information provided on this employment application (and accompanying resume, if any) is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation, falsification or significant omissions of information may disqualify me from further consideration for employment, and may be considered as grounds for dismissal if discovered following employment.

[Redacted Signature]
[Redacted Name]
[Redacted Title]

Name of Applicant

6/8/22

Date

UPON COMPLETION

Thank you for your interest and applying for employment at the Trumbull County Sheriff's Office.

Please include color copies of both sides of your Driver's License, Social Security card, High School and College transcripts with your completed application.

Submit your employment application by one of the following:

- Email: sozumerl@co.trumbull.oh.us
- Mail: Trumbull County Sheriff's Office Attention Renee Zumerling
150 High Street NW
Warren, Ohio 44481
- Hand deliver

NOTARIZATION OF CERTIFICATION WILL BE DONE IN PERSON AT
THE TRUMBULL COUNTY SHERIFF'S OFFICE.



SUMMARY STATEMENT

I have been a police officer since [REDACTED]. I have completed investigations which led to convictions of numerous individuals for both federal and state offenses.

PROFESSIONAL SKILLS

I obtained a Bachelor's Degree from Youngstown State University (YSU), and I have completed all coursework, aside from the thesis, for a Master's Degree. While attending YSU I was awarded the position of Graduate Assistant where I was responsible for proctoring exams and instructing the following courses: Criminal Justice Management Concepts; Criminal Justice Research Methods; Forensic Science Crime Scene Investigation; Forensic Science Evidence Analysis Laboratory; Introduction to Criminal Justice; and Social Statistics.

I am a full-time police officer and currently hold the position of Sergeant. Throughout my law enforcement career my duties and responsibilities have included the following: Negotiator on the Tri-County Response Team; Use of Force Instructor; and Detective in the Street Crimes/Narcotic Unit as well as the FBI Violent Crimes Gang Task Force. Rewriting policies and developing lesson plans for training are additional tasks for which I have been responsible. I have completed complex gang and violent crimes investigations. Furthermore, I have authored and executed federal and state search warrants for residences, vehicles, and electronic devices. I have testified at trial in the state and federal level, being identified as a drug expert in federal court. I am currently certified to teach in Ohio Police academies.

I have had the opportunity to work with numerous law enforcement agencies within the tri-county area and other federal agencies, including the FBI, DEA, and ATF. While working with these agencies I have been able to develop great communication skills and have been able to utilize my role as a leader and apply problem-solving techniques with individuals from these agencies.

I have received additional advanced training in crisis negotiations, active shooter, emergency vehicle operations, and leadership.

PROFESSIONAL WORK EXPERIENCE

Sergeant/Police Officer
Warren City Police, Warren, Ohio
[REDACTED]

I [REDACTED] a Sergeant in the Patrol Division. My extra duties have included: Mahoning Valley Crisis Response Team Negotiator, Warren City Tactical Entry Team, Warren City Street Crimes, FBI Violent Crimes Task Force, and departmental training. I have completed federal and state investigations.

OTHER WORK EXPERIENCE

Graduate Assistant
Youngstown State University, Youngstown Ohio

[REDACTED]
Stipend
Part-Time Assistant
Supervisor – Dr. John Hazy (330)-503-4805

While attending school full-time I also proctored exams and instructed classes which included: Criminal Justice Management Concepts; Criminal Justice Research Methods; Forensic Science Crime Scene Investigation; Forensic Science Evidence Analysis Laboratory; Introduction to Criminal Justice; and Social Statistics.

Patrolman
Mill Creek Metro Park Police, Youngstown Ohio
[REDACTED]

\$14 an hour (Part-Time)
Supervisor – Chief James Willock 330-651-0550
Part-Time Police Officer and Patrolman

EDUCATION

Master of Science in Applied Science
Youngstown State University, Youngstown, OH
24 credit hours completed, degree not yet obtained
GPA: 4.0

Bachelor of Science in Applied Science - Criminal Justice
Youngstown State University, Youngstown, OH
Graduated [REDACTED]
GPA: 3.71
Magna Cum Laude, Deans List, and academic achievement awards

CERTIFICATIONS/ACHIEVEMENTS

FEMA – Emergency Management
US Department of Homeland Security
October 31, 2013

Youngstown State University Basic Peace Officer Training Academy
Youngstown State University
[REDACTED]

Peace Officer Basic Training Program
Ohio Peace Officer Training Commission and the Officer of the Attorney General
[REDACTED]

Crisis Intervention Team Training Program
Trumbull County Mental Health and Recovery Board
October 16, 2015

Advanced Law Enforcement Rapid Response Training – Basic Active Shooter I
Texas State University
May 25, 2016

Mid-Ohio Advanced Emergency Vehicle Operations
Ohio Department of Public Safety
March 20, 2017

First Responder Post-Traumatic Stress and Self-Care
Trumbull County Mental Health and Recovery Board
July 20, 2017

Basic Crisis Negotiation Course
US Department of Justice Federal Bureau of Investigations
October 27, 2017

Counter Ambush Tactics for Law Enforcement
Ohio Peace Officer Training Commission
November 9, 2017

Criminal Patrol – Drug Interdiction
Ohio Department of Public Safety
January 26, 2018

Homemade Explosives – Awareness, Recognition, and Response
New Mexico Tech
June 13, 2018

Law Enforcement Training for Safety and Survival
US Department of Justice Federal Bureau of Investigations
June 14, 2019

Basic Surveillance Techniques Course
Ohio – High Intensity Drug Trafficking Area
August 8, 2019

Advanced Search Techniques and Hidden Compartments
Ohio Department of Public Safety
August 18, 2020

Notary Public Commission
State of Ohio
April 30, 2021-April 29, 2026

Do You Know Your ACE for Conflict De-escalation
Ohio Tactical Officers Association
June 7, 2021

FQO – Fully Qualified Operator
LEADS – Ohio Law Enforcement Automated Data System
Expires October 19, 2022

Basic Life Support CPR and AED
West Point Fire Department
Expires April 2023

Critical Incident Leadership
Ohio Tactical Officers Association
June 9, 2021

Supervisor Training and Education Program
Law Enforcement Foundation and Ohio Association of Chiefs of Police
December 8, 2021

Instructional Skills (80 hours)
Ohio Peace Officer Training Commission and the Office of the Attorney General


Tactical Team Leader
Ohio Tactical Officers Association
March 9, 2022

TRAINING

Tactical Entry Team Training
Warren City
Continuous training since 2016
8 hours/month

In-Service Training
Warren City
40 hours of yearly training

VOLUNTEER EXPERIENCE / COMMUNITY SERVICE

Warren City Police Department
Bigs in Blue/Community Outreach
While acting as an officer I have donated my time to the Bigs in Blue program and community events, including, but not limited to: bookbag giveaways, church gatherings, and community meetings.

CONFIDENTIAL

PRADCO QUICK VIEW™

LAW ENFORCEMENT

June 08, 2022

[REDACTED] DEPUTY

Trumbull County Sheriff

UNDERSTANDING RESULTS

Assessment scores reflect how people are likely to behave in a variety of areas.

- Scores shown are percentiles. For example, a score of 70 means that the person scored higher than 69 out of 100 people on that behavior.
- Everyone will have high, moderate, and low scores due to the assessment's forced-choice format. People cannot PASS or FAIL the assessment.
- High scores result from picking many statements for a given behavior. Choosing few statements in a behavior results in lower scores.

- **HIGH SCORES (71-99)**

Are probable strengths and represent behaviors that the person frequently demonstrates on the job.

- **MODERATE SCORES (30-70)**

Are typically positive and represent behaviors that the person occasionally demonstrates on the job.

- **LOW SCORES (1-29)**

May indicate developmental needs or represent behaviors that are less relevant to the person's current job.

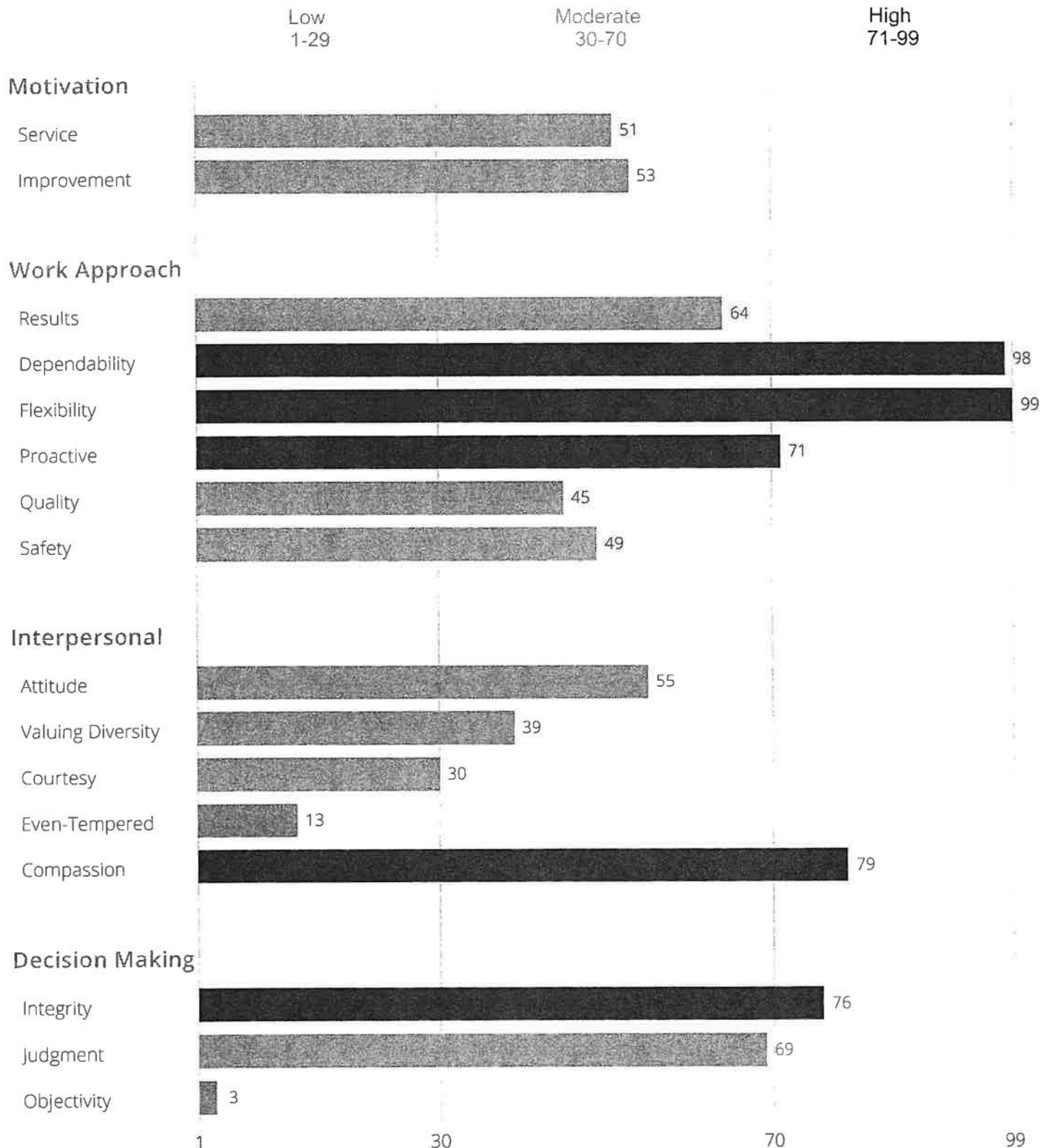
TARGET RANGES AND OVERALL SCORES:

- In many cases, it is useful to develop a benchmark of success for a job or organization. This allows you to determine how well a person "fits" a particular role or organization's culture. Target ranges can begin anywhere from 40-99 through 70-99.
- The score is calculated based on targets hits, near misses (from 30 to the low end of the target range), and extreme low scores (1 to 15).
- When a score is between 1-10, one star will be shaded. When a score is between 41-50, five stars will be shaded. When a score is 91 or above, ten stars will be shaded. The higher the score, the more stars earned, the better the person fits the benchmark.
- All scores should be evaluated relative to the job opportunity, the person's current position, and all available data.

- Deputy

COMPLETE OVERVIEW

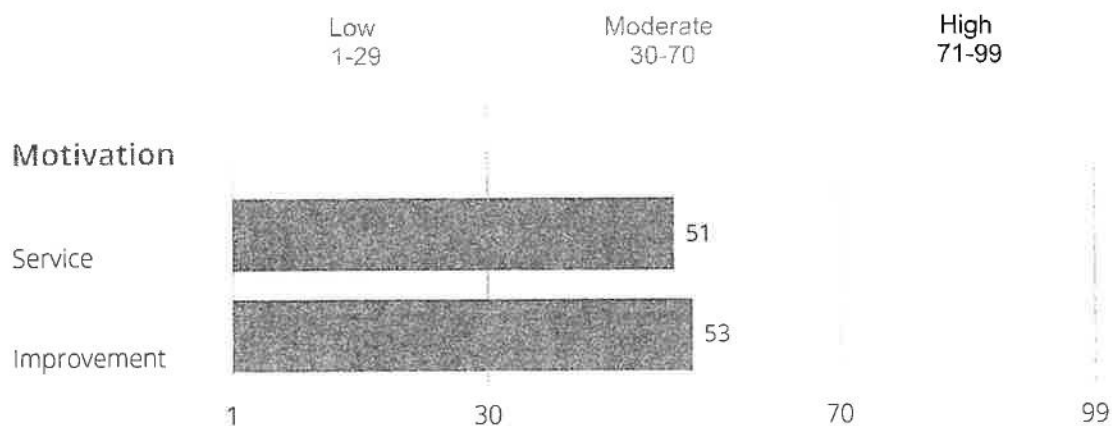
These scores indicate behaviors and characteristics that this person is likely (or unlikely) to show on the job. Low scores should be evaluated to determine their effect on the person's success.



Deputy

Motivation

People can be motivated by a variety of factors depending on where they are in their careers and what they want for themselves in the future. Interpreting scores on these motivating factors should be based on what a job requires and what people find most satisfying.



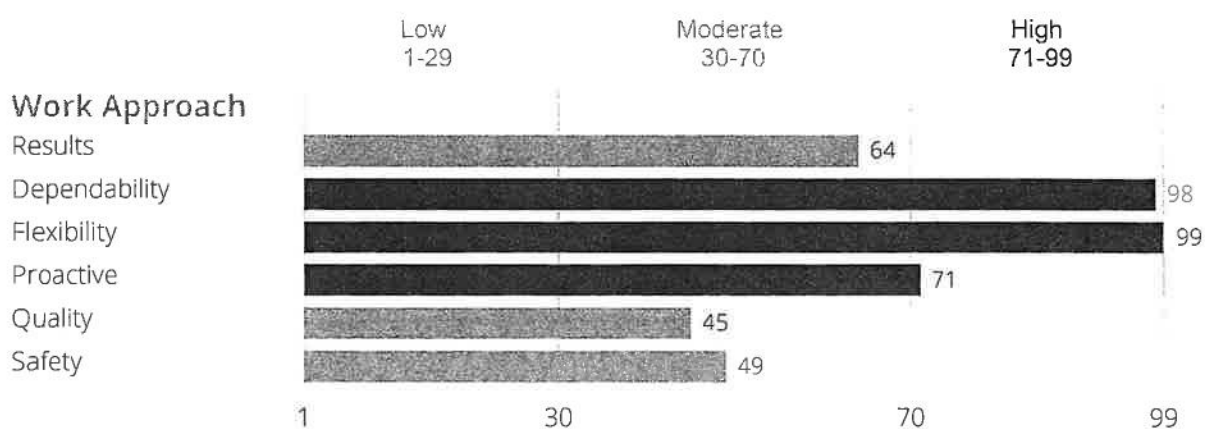
Interpretation Of Results: Motivation

Service	Takes the time and makes the effort to satisfy people's needs.
Improvement	Takes advantage of opportunities to develop skills.

- Deputy

Work Approach

Demonstrating a good work ethic is critical to being successful on the job, and dynamic environments require a good deal of effort and flexibility. Moderate scores or better on the work approach behaviors are desired to ensure the person will perform the basic requirements of the job.



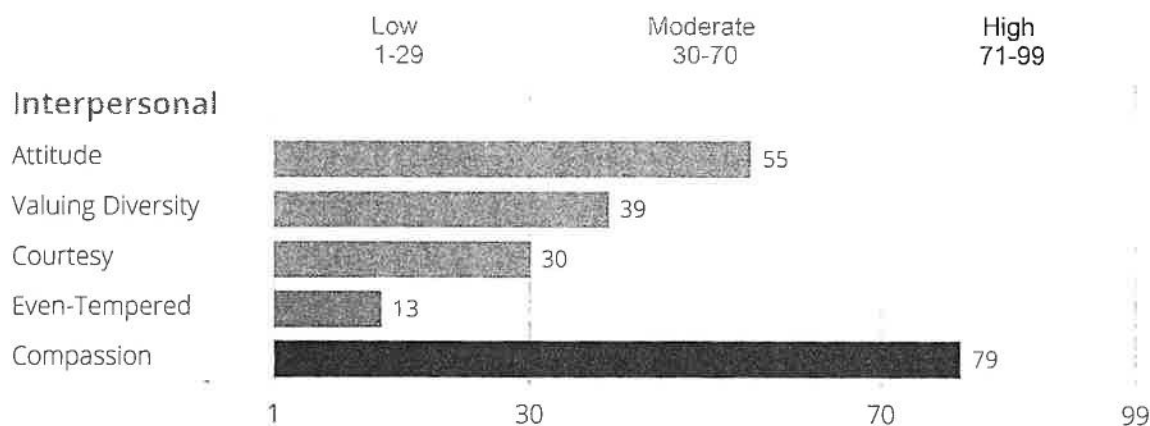
Interpretation Of Results: Work Approach

Results	Focuses on getting results and works at a good pace.
Dependability	Generally on time and has good attendance.
Flexibility	Very comfortable with change and shifts focus when needed.
Proactive	Accepts responsibility and moves projects and initiatives forward.
Quality	Balances the need to get things done with good attention to detail.
Safety	Rarely takes risks or puts people in jeopardy.

- Deputy

Interpersonal

In large part, the success of a person depends on the ability to get along with other people. When people have the capacity to relate and communicate effectively with others, they contribute significantly to the accomplishment of desired results. Being courteous and open minded also helps build good relationships in the community. Lower scores in this section point to modest abilities in getting along with others.



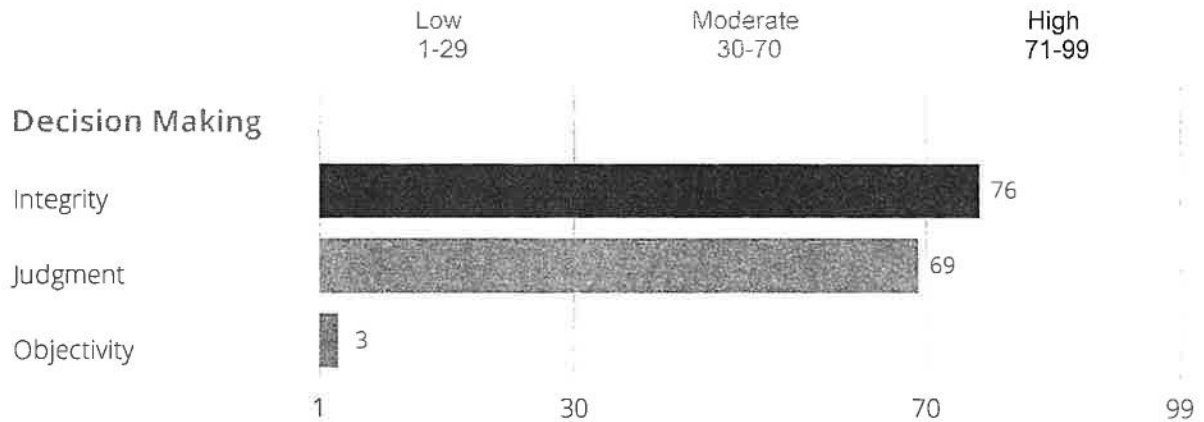
Interpretation Of Results: Interpersonal

Attitude	Demonstrates a positive attitude toward most people.
Valuing Diversity	Open to working with people from different backgrounds.
Courtesy	Consideration of others makes people feel comfortable.
Even-Tempered	Emotions are close to the surface and may be apparent.
Compassion	Highly sensitive and understanding when people have problems.

- Deputy

Decision Making

The best decisions are usually made after some analysis of facts, the scenario and future implications. Being objective and transparent are important qualities, as is the practice of making decisions based on facts and logic. Taking these factors into account and applying good judgment can result in high quality decisions.



Interpretation Of Results: Decision Making

Integrity	Answers questions directly and is forthcoming.
Judgment	Evaluates problematic issues carefully and solutions usually work.
Objectivity	Allows emotions to influence some conclusions and choices.

- Deputy FOLLOW UP QUESTIONS

Twelve questions are provided for missed benchmarks and/or other lower scores.

Motivation

There were no low scores in this area.

Work Approach

Quality: Paying attention to detail and working with accuracy.

1. How do you balance the need for quality against the need to get a lot done?
2. What three things could you do to improve the quality of your work?

Safety: Following safety procedures and making safety a top priority.

1. Have you ever been disciplined for a safety violation? What was the situation?
2. How do you ensure you do your job safely?

Interpersonal

Even-Tempered: Maintaining emotions and composure in all situations.

1. What kinds of things happen at work that get you upset, angry, or frustrated?
2. When you react emotionally on the job, what do people see?

Courtesy: Being considerate and treating people respectfully.

1. In what situations is it hard for you to be courteous?
2. How do you handle people who aren't respectful of you or others?

Valuing Diversity: Embracing and valuing people with different backgrounds.

1. What are the challenges of dealing with people from different backgrounds?
2. Provide an example of when you worked closely with someone different than you. How did you adapt?

Decision Making

Objectivity: Evaluating situations from a logical, realistic viewpoint.

1. How do you keep your personal feelings out of work situations?
2. What types of situations do you find discouraging?

- Deputy

DEVELOPMENTAL SUGGESTIONS

The following behaviors were identified because the scores were relatively low or fell outside the target ranges. These suggestions should be used as they are or as thought-starters for constructing personal action plans.

Work Approach: Quality

- There may be times when you could focus more on details in your work. Often when there is a lot to do and many competing priorities, attention to detail can take a back seat. It's important to be productive and get a lot done, but more focus on quality could be beneficial as well, especially when accuracy and thoroughness are important.
- Take more time and adopt a more methodical approach when the risk of errors is substantial. There are times to take shortcuts, but for important assignments be disciplined about doing things carefully and right the first time. It's a good idea to double check work for errors, but it is ideal to not make them in the first place.
- Commit yourself to turning out high-quality work every time. Be persistent. If you have accomplished a task with half-hearted effort, go back and check it for mistakes, inaccuracies, and areas where a little more time and effort might make a significant improvement.
- If you notice procedures or issues that lead to poor quality in general, make an effort to identify some ways in which changes could lead to improvements. Make some suggestions based on what you have discovered and present your ideas to convince people that waste and errors lead to unsatisfactory results.

Work Approach: Safety

- You do not appear to place safety high on your list of work priorities. You may think that taking the time to follow good safety procedures is not worth the trouble or that these regulations slow you down. Or you may be preoccupied with other matters and fail to notice a safety violation. Consider the following ideas to begin working more safely.
- Sometimes people overlook safety guidelines because they do not understand their importance. Meet with your Safety Director or supervisor to learn about the cost of accidents, both to accident victims and to the organization's performance. Then be more aware and careful.
- Once you understand the importance of performing your work safely, you may need to brush up on the key provisions of your safety manual. Take the trouble to read at least one safety provision per day and put it into practice. Then, put more personal emphasis on being a safe worker. You can also encourage coworkers to practice safe habits.
- Make an effort to follow procedures and work as safely as you can. Set an example of safe work habits so people will look to you as someone who not only works smart, but has the best interest of co-workers and the organization in mind. Remember, carelessness can lead to injury.

- Deputy

DEVELOPMENTAL SUGGESTIONS

The following behaviors were identified because the scores were relatively low or fell outside the target ranges. These suggestions should be used as they are or as thought-starters for constructing personal action plans.

Interpersonal: Even-Tempered

- People with emotional stability tend to be consistent and calm. They behave in predictable ways under a variety of circumstances. If you scored low on this behavior you may respond emotionally in stressful situations rather than remaining calm and composed. Also people may feel uncomfortable not knowing how you will react to difficult situations.
- When you feel excited or flustered and begin to overreact, try to see yourself as others see you. Does your behavior inspire confidence? Are you seen as calm and rational? There may be other ways you can deal with a troubling event, possibly by spending some time alone to examine your reactions and calm yourself down.
- Don't allow little things to bother you. Take stock of these irritations and try to see them for what they are – minor setbacks and obstacles. Examine your thinking to try to learn why they bother you so much and why you react as you do. Then try to develop more constructive ways of dealing with such frustrations.
- Make an effort to discern patterns in your moods and look for tactics you can use to avoid your customary ups and downs. Getting some fresh air or spending a few minutes with a supportive colleague might help on a short-term basis. Becoming aware of common triggers can help you behave in a more composed manner.

Interpersonal: Courtesy

- Dealing with the public can be a gratifying part of many jobs. There can also be times when these interactions are difficult and frustrating. Your low score on the courtesy scale may indicate a tendency to be abrupt or impatient when dealing with people, focusing instead on the "organizational" aspects of your job. Try these suggestions to develop a more courteous manner with people.
- Your interactions with others may occur when there are problems or people are under stress. Make an effort to relax yourself and develop techniques to help others feel calm and more secure with you. Remaining pleasant and reassuring can help make the rest of your job go more smoothly too.
- It is always easier to be polite and courteous with people for whom you feel respect and empathy. If you have difficulty being tolerant of some people, try to examine the reasons why and find ways to put these ideas aside so that you deal kindly even with difficult people. Look for the good in people and develop more understanding for where people may be coming from.
- Make it your personal goal to treat all of your contacts in a manner that will cause them to see you as polite and considerate. Review difficult interactions after the fact and identify one thing you might have said or done differently. Strive to earn compliments for your courteous behavior and be willing to apologize if you don't like the way you handled a situation or difficult interaction.

Deputy

DEVELOPMENTAL SUGGESTIONS

The following behaviors were identified because the scores were relatively low or fell outside the target ranges. These suggestions should be used as they are or as thought-starters for constructing personal action plans.

Interpersonal: Valuing Diversity

- In some cases, it can be tempting to believe that the people most similar to us are likely to be the most effective. However, exhibiting this mindset can lead us to miss out on the value that can be added by introducing new ways of doing things. Utilize the following suggestions to place a greater emphasis on appreciating differences among others.
- Devote more time to getting to know the different perspectives of others. Understand not only the position that people take on an issue, but also the reasoning behind it. Use differences of opinion as an opportunity for learning, rather than a threat to your stance.
- Although it can be validating to associate with people who support your views, spend time with people whose opinions differ from yours. Make an effort to relate to them and establish an environment where they feel welcome to be their authentic selves without pressure to conform.
- When addressing changing problems or situations, bring in people whose opinions you would not normally seek. Take steps to involve people with diverse perspectives, especially when the task is related to innovation or when addressing situations that are ambiguous in nature.

Decision Making: Objectivity

- At times, you can allow your feelings to play a role in the decisions that you make. You may choose a direction forward based more on your emotions than on the facts and evidence available. Remaining objective is an important component to having others trust your judgment. Here are a few ways to enhance your objectivity.
- Be aware of your emotions and how you are feeling in different situations. If you notice that dealing with a particular coworker or sitting in a specific meeting makes you frustrated, you can use that information and put off important decisions until your feelings have relaxed. This should allow you to draw better conclusions.
- List the pros and cons of different courses of action before moving ahead. Analyze the list to ensure that all of the reasons are objective, and delete the ones that are not. Weigh the reasons to come up with a decision that is justified based on the anticipated outcomes, not on your mood or how you might feel about things.
- When making decisions for which data or evidence could be called in, ensure that you collect all the facts before coming to a conclusion. Be willing to revise your initial instinct if the evidence and facts suggest you should move forward otherwise. It's good to be aware of "gut feelings" but they shouldn't override data and logic.

FINAL THOUGHTS

Thank you for the opportunity to provide you with this Quick View™ Law Enforcement. We believe the results will be helpful to you in evaluating the strengths and weaknesses of the person under consideration.

If you still have questions about the person, you should be aware that PRADCO has more comprehensive evaluations available that will provide much greater insight into the person's behaviors and fit for the organization.

If you would like to discuss the additional evaluation products or any other services, please contact us:

Phone: (440) 337-4700
www.pradco.com

Thank you for your business and we look forward to working with you in the future.

PRADCO

DEVELOPING STRONGER ORGANIZATIONS

Our Mission: PRADCO partners with leaders to select, develop, and retain people who fit their culture and contribute to their organizational goals. We focus on client needs to become an extension of their team, providing insight, objectivity, and accountability.

TRUMBULL COUNTY SHERIFF'S OFFICE

PERSONNEL DATA FORM

SHERIFF PAUL S. MONROE

150 HIGH STREET NW

WARREN OH 44481

(330) 675-2508

PRINT ONLY

LAST NAME

FIRST NAME

MI

ADDRESS

CITY

STATE OH

ZIP

HOME PHONE

CELL PHONE

OTHER

S.S.N.

MARITAL STATUS

DATE ID ISSUED

DOB

BLOOD TYPE

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

ID CARD NUMBER

DRIVER'S LICENSE NUMBER

MEDICAL ALERT/ALLERGIES

IN CASE OF EMERGENCY CONTACT

NAME

RELATIONSHIP

EMPLOYER

ADDRESS AND PHONE NUMBER

PHONE

EMPLOYER ADDRESS

CITY

STATE

ZIP

INDICATE ANY MISDEMEANOR OR FELONY CONVICTIONS EXCLUDING JUVENILE CHARGES

SPONSOR:

LIST CURRENT STATUS (CHECK ONE)

☐

SWORN/CIVIL APPOINTMENT

☐

RESERVE DEPUTY/LIST FUNCTION

☐

SWORN/CIVIL APPOINTMENT/DIVE TEAM

☐

HOMICIDE SQUAD

☐

MOUNTED UNIT

☐

SERIOUS INJURY & HOMICIDE TASK FORCE

☒

DRUG TASK FORCE

☐

RESERVE DEPUTY/RETIRED FULL-TIME POLICE OFFICER - LIST FUNCTION

☐

SPECIAL DEPUTY - LIST FUNCTION

THIS COMMISSION IS VALID ONLY WHILE ACTIVELY PERFORMING THE DUTIES OF THE POSITION INDICATED ABOVE



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

06-228-24-01: Evidence Technician

at the Ohio Peace Officer Training Academy given

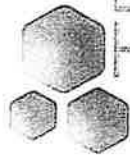
April 08 - 19, 2024


Dave Kost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Thomas Quinlan, Executive Director
Ohio Peace Officer Training Commission
DATE CERTIFICATE PRINTED: May 02, 2024

In Partnership with the International Association for Identification



TRITECHFORENSICS

identify. collect. preserve.

Certificate of Completion



Has successfully completed a 40 - hour course of instruction entitled

Basic Bloodstain Pattern Analysis

London, OH

Presented May 10, 2024

Abdellah Rasmussen

Course Instructor

Philip Sanfilippo, Director

TRITECHFORENSICS Training Division

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

October 9, 2024

by completing the following exam:

Inquiry Test

This certificate is good through

October 9, 2026

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

October 9, 2024

by completing the following exam:

Security and Privacy - General User

This certificate is good through

October 9, 2025

Trumbull County Sheriff's Office
Paul S. Monroe, Sheriff



I have received a copy of, I have read, and I understand
the New Trumbull County Sheriff's Office Deputy Policy
Manual.

[REDACTED]
[REDACTED]
[REDACTED]
11/15/22
Date



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

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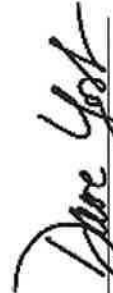


has successfully completed the advanced training course

06-709-23-02: Crime Scene Photography I

at the Ohio Peace Officer Training Academy given

May 08 - 12, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission
DATE CERTIFICATE PRINTED: May 22, 2023



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

03-359-23-01: Death Investigation

at the Ohio Peace Officer Training Academy given

May 15 - 19, 2023


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission
DATE CERTIFICATE PRINTED: May 23, 2023

John E. Reid and Associates

Chicago, Illinois

Hereby Certifies That



Attended and successfully completed a course on

The Reid Technique of Investigative Interviewing & Advanced Interrogation



April 11 – 14, 2023

24 Continuing Professional Education Credits Awarded

Devin B. Davis
Course Instructor



National Association of
Emergency Medical Technicians
www.naemt.org



THIS ACKNOWLEDGES THAT



Verify Certificate

Has successfully completed the

National Association of Emergency Medical Technicians'

Tactical Emergency Casualty Care for LEO/EMR - 2nd Edition Provider course

conducted by University Hospitals

at Trumbull County Emergency Management


NAEMT PRESIDENT

TL-23-05634-19

COURSE NUMBER

Joseph Schuerger

COURSE COORDINATOR


NAEMT MEDICAL DIRECTOR

Mar 29, 2023

ISSUE DATE

03/2027

EXPIRATION DATE

Anthony Daher

COURSE MEDICAL DIRECTOR

NAEMT Participation ID





OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

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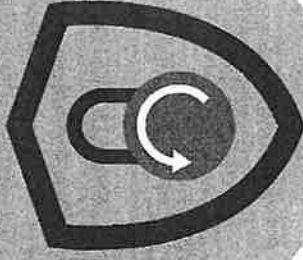
has participated in the advanced training course
56-220-22-10 : Instructional Skills (80 Hours)
at the Ohio Peace Officer Training Academy given
February 7 - 18, 2022


Dave Yost
Attorney General


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Duplicate Certificate



Certificate of Achievement

_____ has successfully completed

2023 Kevin Mitnick Security Awareness Training - 15 minutes

February 27, 2023



This is to certify that



has successfully completed the Ohio LEADS testing on

October 10, 2022

by completing the following exam:

Inquiry Test

This certificate is good through

October 10, 2024

Appointment of Deputy Sheriff

Commission

Revised Code, Secs. 311.04; 325.17

The State of Ohio, Trumbull County, ss.

To all to Whom these Presents Shall Come, Greetings:

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in _____, I do hereby appoint and commission him to be a Special Deputy Sheriff for said County for the term ending on Sunday, _____ (subject to removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.



Witness my signature and seal of office this 10 day of _____

Paul D. Monroe

Sheriff of Trumbull County, Ohio

Appointment of Deputy Sheriff

Commission

Revised Code Secs. 311.04; 325.17

The State of Ohio, Trumbull County, ss.

To all to Whom these Presents Shall Come, Greetings:

KNOW YOU, That by virtue of the authority vested in me by the Laws of the State of Ohio, and reposing special trust and confidence in _____, I do hereby appoint and commission him to be a Deputy Sheriff for said County for the term ending on Sunday, _____ (subject to

removal,) hereby authorizing and empowering him to execute and discharge all and singular the duties appertaining to said office.



Witness my signature and seal of office this 6th day

of _____

Paul S. Monroe

Sheriff of Trumbull County, Ohio

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



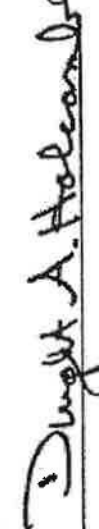
has successfully met the prescribed program requirements for

Officer Wellness Seminar

Date: May 04, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



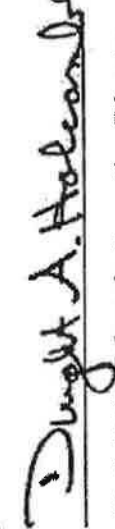
has successfully met the prescribed program requirements for

Vicarious Trauma

Date: May 03, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

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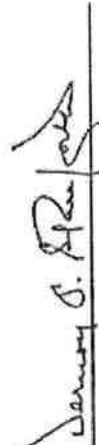


has successfully met the prescribed program requirements for

Domestic Violence Legal Updates

Date: May 03, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Crisis Intervention

Date: June 02, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Responding to Sexual Assault

Date: June 02, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

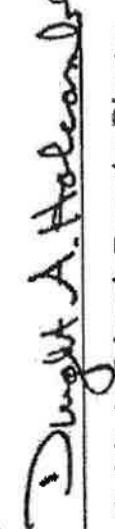


has successfully met the prescribed program requirements for

**Sexual Assault
Investigations**

Date: May 27, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson

Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



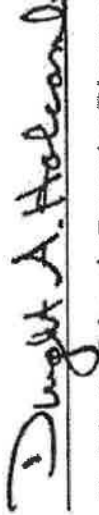
has successfully met the prescribed program requirements for

Trauma and the Brain

Date: May 27, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

**Ethics and
Professionalism**

Date: May 28, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson

Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

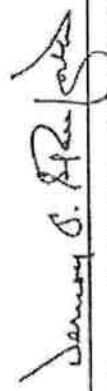


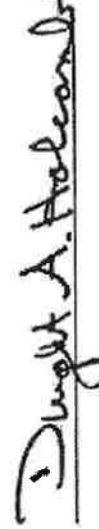
has successfully met the prescribed program requirements for

Qualified Immunity

Date: June 19, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

**Communication
Disabilities**

Date: June 19, 2022


Dave Yost
Attorney General


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

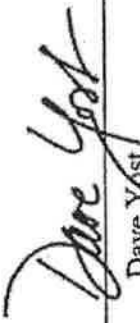
This is to certify that

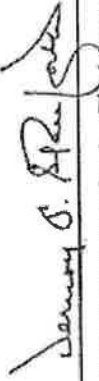


has successfully met the prescribed program requirements for

**Critical Thinking in Use
of Force Situations**

Date: June 19, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson

Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Objective

Reasonableness

June 19, 2022

Date:


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

OHIO ATTORNEY GENERAL



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

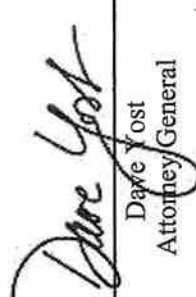


has participated in the advanced training course

56-220-22-10 : Instructional Skills (80 Hours)

at the Ohio Peace Officer Training Academy given

February 7 - 18, 2022

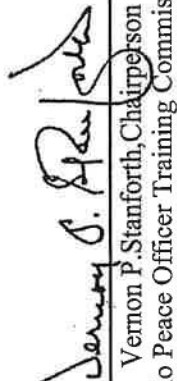


Dave Yost
Attorney General



Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

Duplicate Certificate



Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

**CAT and Officer
Wellness**

Date: October 10, 2022

Dave Yost
Dave Yost
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



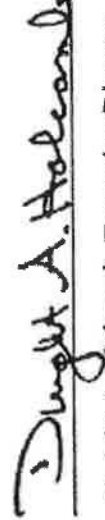
has successfully met the prescribed program requirements for

Diversity and Cultural Competency for Law Enforcement

Date: October 10, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Community Diversity and Procedural Justice

Date: October 10, 2022

Dave Yost
Dave Yost
Attorney General

Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Objective

Reasonableness

Date: June 19, 2022

Dave Yost
Dave Yost
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Critical Thinking in Use of Force Situations

Date: June 19, 2022

Dave Yost
Dave Yost
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

**Communication
Disabilities**

Date: June 19, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Qualified Immunity

Date: June 19, 2022

Dave Yost
Dave Yost
Attorney General

Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

25



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

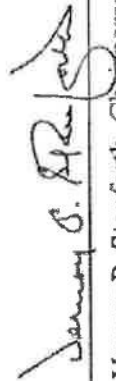


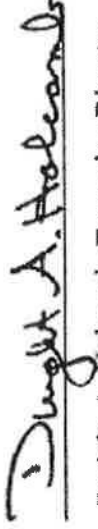
has successfully met the prescribed program requirements for

Crisis Intervention

Date: June 02, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

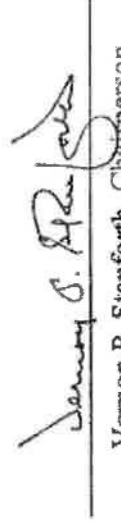


has successfully met the prescribed program requirements for

Responding to Sexual Assault

Date: June 02, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



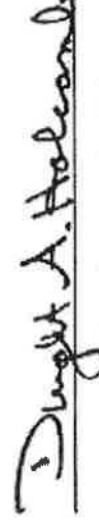
has successfully met the prescribed program requirements for

Ethics and Professionalism

Date: May 28, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Sexual Assault Investigations

Date: May 27, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

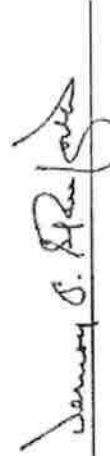


has successfully met the prescribed program requirements for

Trauma and the Brain

Date: May 27, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Officer Wellness Seminar

Date: May 04, 2022

Dave Yosi
Dave Yosi
Attorney General

Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

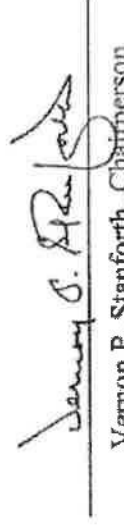


has successfully met the prescribed program requirements for

Vicarious Trauma

Date: May 03, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Domestic Violence Legal Updates

Date: May 03, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

Use of Deadly Force and Legal Guidelines

Date: January 08, 2022

Dave Yost
Dave Yost
Attorney General

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission

Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

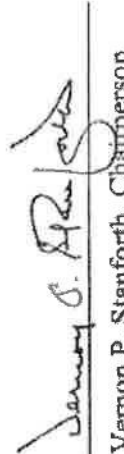


has successfully met the prescribed program requirements for

BCI Lethal Use of Force and OIS Investigations

Date: January 08, 2022


Dave Yost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

LEADS



This is to certify that



has successfully completed the Ohio LEADS testing on

October 09, 2025

by completing the following exam:

Security and Privacy - General User

This certificate is good through

October 09, 2026



TASER X2 & X26P OPERATOR CERTIFICATION / ANNUAL RECERTIFICATION FORM

This document is not needed if the class is registered in Axon Academy (email training@taser.com for details).

Select the TASER Energy Weapon certified on: ☐ X2 ☒ X26P

Name: [REDACTED]

Agency: Trumbull County

Email: [REDACTED]

@Co.Trumbull.OH.us

Phone: [REDACTED]

Address/State/Zip: 150 High St, Warren, Ohio, 44481

By signing below, I hereby acknowledge receipt of Axon's Product Warnings. I understand that I must read and understand these warnings PRIOR to participating in any hands-on TASER Energy Weapon drills required by the Certification Course.

Student Signature: [REDACTED]

INSTRUCTOR USE ONLY

The instructor is required to verify that the applicant successfully completed all TASER Energy Weapon Operator Recertification requirements (initial below).

☒ Review current Annual Operator Recertification Course PowerPoint Presentation(s) and Training Bulletins (if applicable).

☒ Demonstrate safe handling during loading and unloading, proper finger positioning, and aiming and deploying at the preferred target area.

☒ Deploy a minimum of 2 live cartridges (for each weapon certification), placing both probes in the preferred target zones

☒ Perform a proper warning ARC (Safety warning: remove cartridge from X26P before conducting Arc warning)

☐ Utilize the ARC switch to reenergize deployed probes. (X2)

I hereby certify that the above-named applicant has satisfactorily completed all components of the TASER X2/X26P Operator Annual Recertification training program and is hereby recertified as an operator of this system on the specified angle(s) for one year.

Attested by Certifying Instructor:

Rodney Wells
(Print Name)

Rodney Wells
(Signature)

Date: 01-05-24

Location of Training: TCSD

This form is for internal use only. Please do not send to the TASER Training Department.

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Critical Incident Leadership for Patrol Personnel (8 Hours) June 9, 2021



A handwritten signature in black ink, appearing to read "P. Fiorilli".

Patrick J. Fiorilli
Executive Director



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully met the prescribed program requirements for

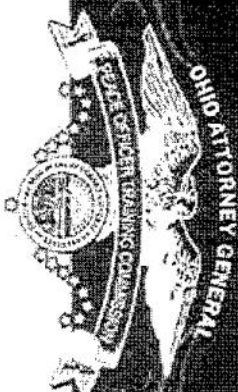
Use of Deadly Force and Legal Guidelines

Date: January 03, 2022

Dave Yost
Dave Yost
Attorney General

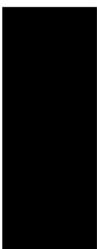
Dwight A. Holcomb
Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

Vernon P. Stanforth
Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

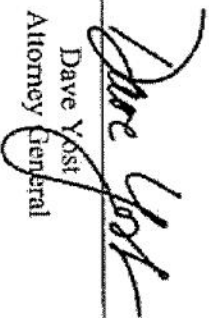
This is to certify that



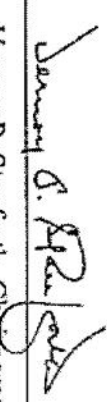
has successfully met the prescribed program requirements for

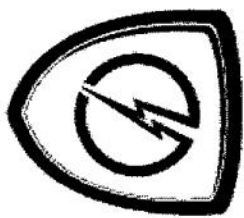
**BCI Lethal Use of Force
and OIS Investigations**

Date: January 08, 2022


Dave Yost
Attorney General


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission



TASER

TRAINING ACADEMY

TASER Conducted Electrical Weapon TASER Certified End User Certificate



This certifies that the above named individual "John Dina" has completed the training required and has passed a written examination in the use of the TASER X26 Conducted Electrical Weapon. By accepting this User Certificate, the Student accepts the terms of the TASER Training Materials License Agreement, incorporated herein by reference, and agrees to be bound by its terms as a Licensee of TASER International, Inc. This certification must be renewed annually.

Instructor: *[Signature]* Date 11-12-2014
(name)



Ohio's Voice on Mental Illness

CERTIFICATE OF PARTICIPATION

Awarded to:



Warren City Police Department

*In Recognition of Your Attendance of the Crisis Intervention
Team Training Program held on October 7, 8, 9, 15 and 16, 2015*

TRUMBULL COUNTY

Mental Health and Recovery Board

April J. Caraway, Executive Director

Date

10/16/15

John E. Myers, Jr., Ph.D., Director of Evaluation and Quality Improvement

Date

10/16/15

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Pursuit, Barricade, Turns Hostage Situation: Officer Survival Mindset (3 Hours) June 10, 2021 0800-1100

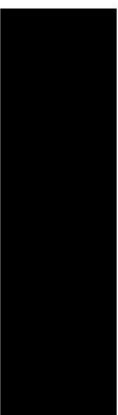


A handwritten signature in black ink, appearing to read "P. Fiorilli".

Patrick J. Fiorilli
Executive Director

OHIO TACTICAL OFFICERS ASSOCIATION

THIS CERTIFIES THAT



has successfully completed a course of study approved by the Ohio Tactical Officers Association, in the below listed course;

Do You Know Your ACE for Conflict De-escalation (8 Hours) June 7, 2021



A handwritten signature in black ink, appearing to read "P. Fiorilli".

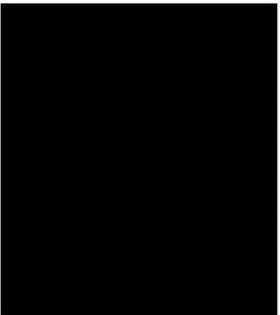
Patrick J. Fiorilli
Executive Director



National Association of
Emergency Medical Technicians
www.naemt.org



THIS ACKNOWLEDGES THAT



Has successfully completed the
National Association of Emergency Medical Technicians'
Tactical Emergency Casualty Care for LEO/EMR - 2nd Edition Provider course
conducted by University Hospitals

at Trumbull County Emergency Management


NAEMT PRESIDENT

TL-23-05634-19
COURSE NUMBER

Joseph Schuerger
COURSE COORDINATOR


NAEMT MEDICAL DIRECTOR

Mar 29, 2023
ISSUE DATE

03/2027
EXPIRATION DATE

Anthony Maher
COURSE MEDICAL DIRECTOR

NAEMT Participation ID:





TRUMBULL COUNTY MENTAL HEALTH AND RECOVERY BOARD

Certifies that



attended the

First Responder Post-Traumatic Stress/Self-Care Training

Presented by:

Sally Falasca LISW-S

Thursday, July 20th, 2017

9:00am-11:00am

TMHA

4076 Youngstown Road SE
Warren, OH 44484

This program is certified for 2 hours of continuing education for all levels of EMS providers and Firefighters. EMS continuing education hours are provided by the

Institute for Prehospital Care at St. Joseph Health Center, Ohio Department of Public Safety Accreditation #2186.

Firefighter continuing education hours are provided by Howland Fire & EMS Training Center, Ohio Department of Public Safety Accreditation #337
OPATA General Law Enforcement Hours for 2017 (2) Continuing Professional Training Hours

James T. Pantalone, OFE

James T. Pantalone, Director
Howland Fire & EMS Training Center

Sheila Doan

Sheila Doan, RN, BSN, Paramedic
St. Joseph Health Center



U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

THIS IS TO CERTIFY



ATTENDED AND SUCCESSFULLY COMPLETED

THE BASIC CRISIS NEGOTIATION COURSE

October 23 - 27, 2017

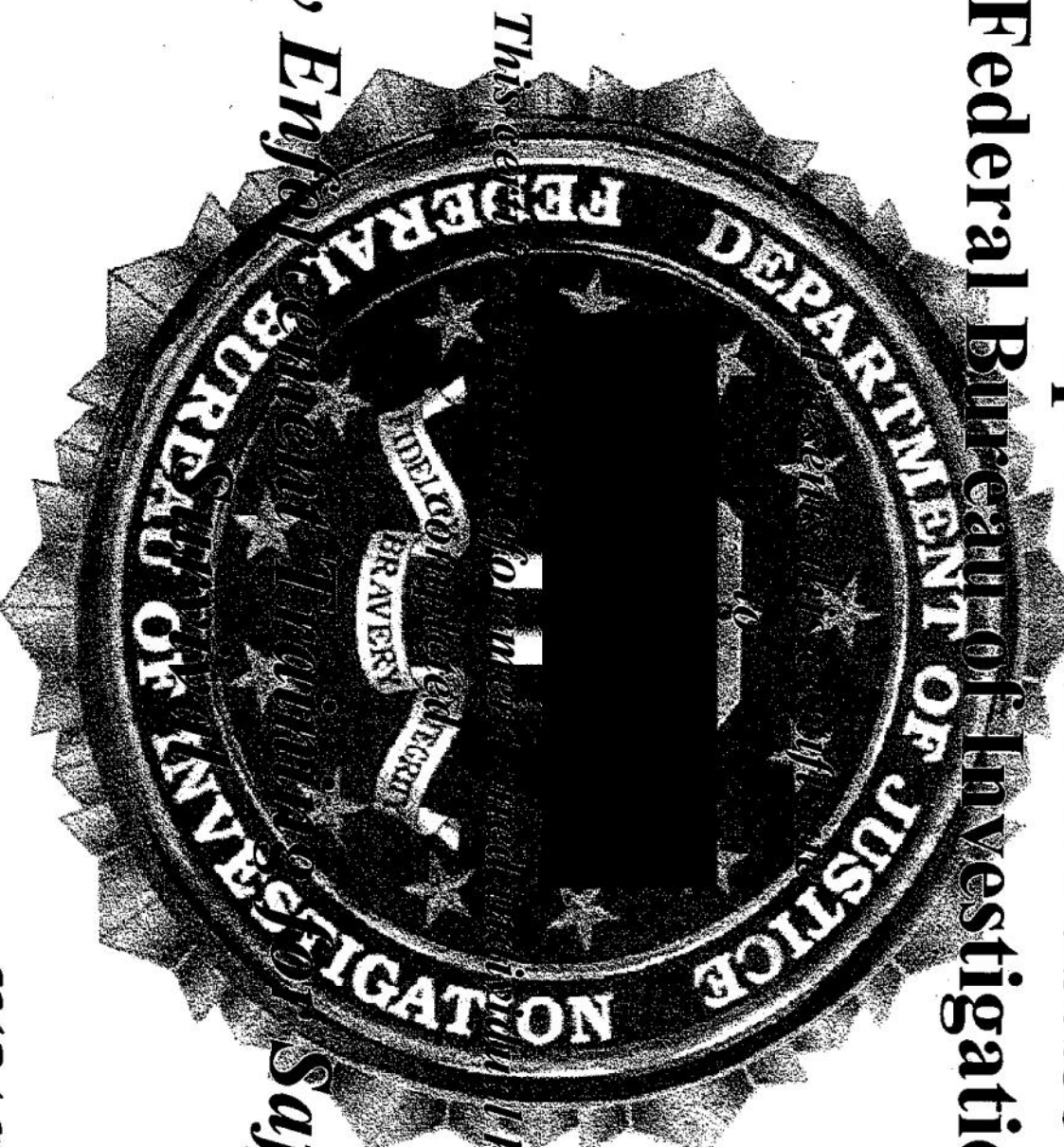
40 Hours

FBI-Cleveland

Stephen D. Anthony
STEPHEN D. ANTHONY
SPECIAL AGENT IN CHARGE
CLEVELAND FBI

M. Fortuna
SA MELISSA L. FORTUNATO
CRISIS NEGOTIATION TEAM COORDINATOR
CLEVELAND FBI

U.S. Department of Justice Federal Bureau of Investigation



Law Enforcement Safety &

Cleveland, OH
June 11-14, 2019

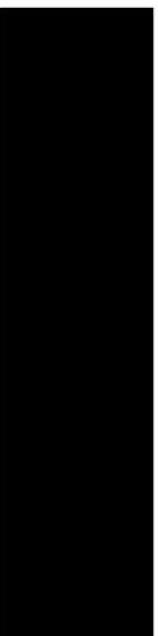
SSA Rocky Warden

*Tactical Training Program
Tactical Training Unit*

John E. Reid and Associates

Chicago, Illinois

Hereby Certifies That



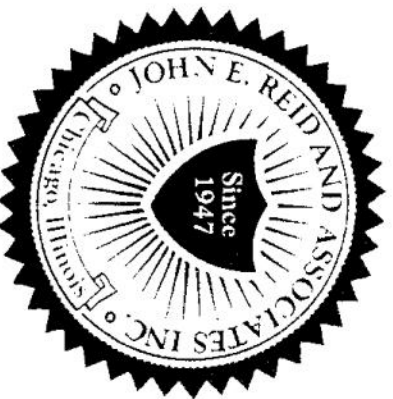
Attended and successfully completed a course on

The Reid Technique of Investigative Interviewing & Advanced Interrogation

April 11 – 14, 2023

24 Continuing Professional Education Credits Awarded


Course Instructor





OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

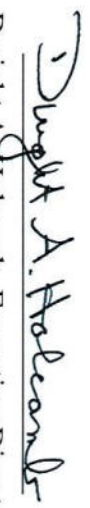
03-359-23-01: Death Investigation

at the Ohio Peace Officer Training Academy given

May 15 - 19, 2023


Dave Kosi
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director

Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: May 23, 2023



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course

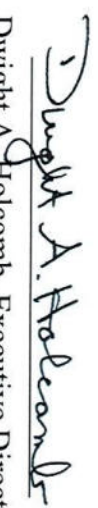
06-709-23-02: Crime Scene Photography I

at the Ohio Peace Officer Training Academy given

May 08 - 12, 2023


Dave Most
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Dwight A. Holcomb, Executive Director
Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: May 22, 2023



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that



has successfully completed the advanced training course
06-228-24-01: Evidence Technician

at the Ohio Peace Officer Training Academy given

April 08 - 19, 2024


Dave Most
Attorney General


Thomas Quinlan

Ohio Peace Officer Training Commission


Vernon P. Stanforth, Chairperson

Thomas Quinlan, Executive Director

Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: May 02, 2024

Youngstown State University



Upon the recommendation of the faculty, and in recognition of successful completion of the requirements for the degree, the Board of Trustees and the President of the University confer upon

[REDACTED]
the degree

Bachelor of Science in Applied Science
Magna Cum Laude

with all the rights and privileges pertaining thereunto.

Given under the Seal of Youngstown State University at Youngstown, Ohio,
this [REDACTED]

Sudershan K. Gora

Chairperson, Board of Trustees

Paula S. Smith, Jr.

Secretary, Board of Trustees

Sham Khawaja

Interim President

Terese Riley

Interim Provost

Youngstown State University



College of Graduate Studies

Upon the recommendation of the faculty, and in recognition of successful completion of the requirements for the degree, the Board of Trustees and the President of the University confer upon

[REDACTED]
the degree

Master of Science

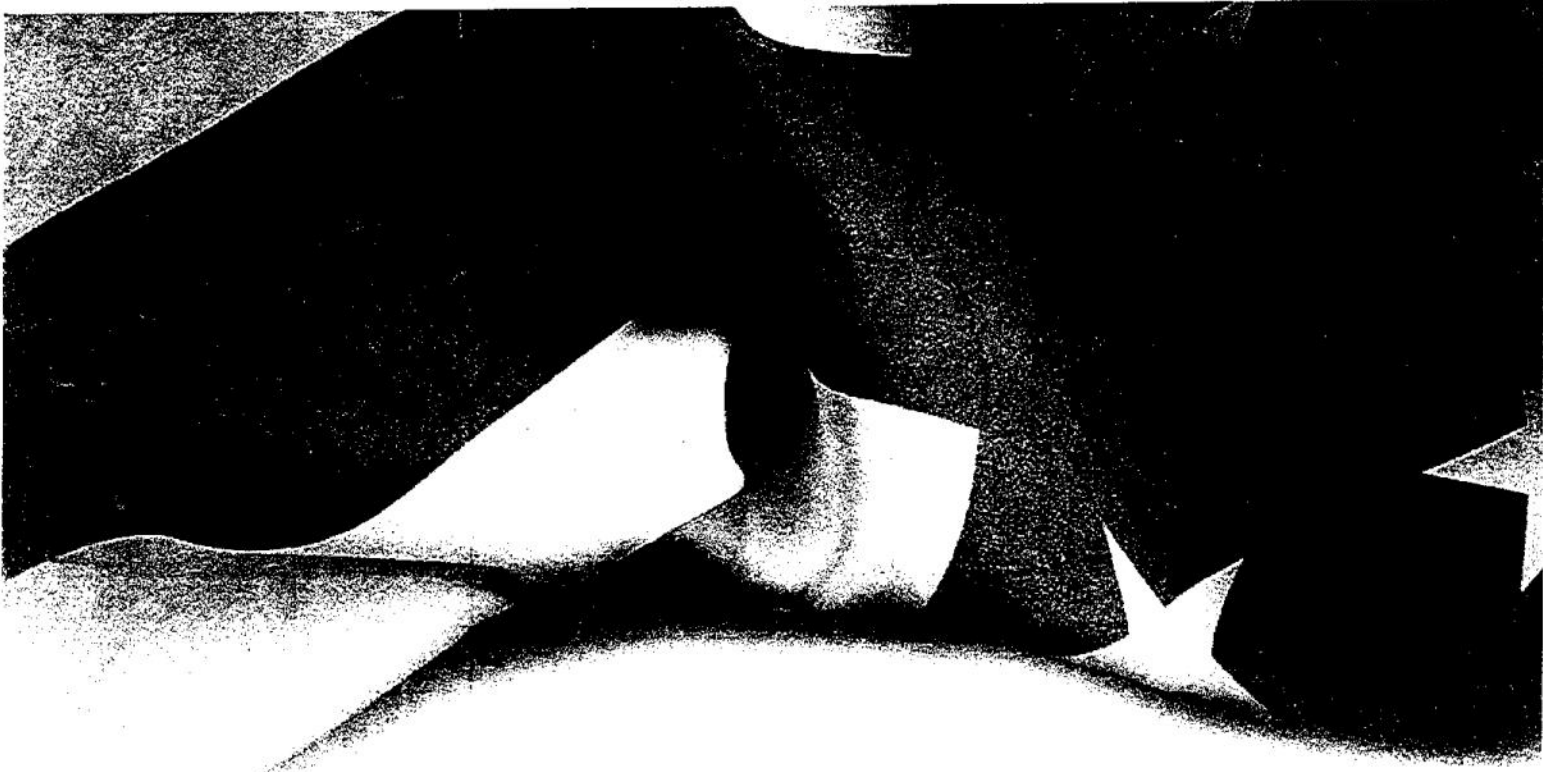
with all the rights and privileges pertaining thereunto.

Given under the Seal of Youngstown State University at Youngstown, Ohio, this [REDACTED]

Bill Johnson
President

Janice Finta
Provost

M. D. A. Pitt
Chairperson, Board of Trustees



AMERICA'S STANDARD IN TRAINING

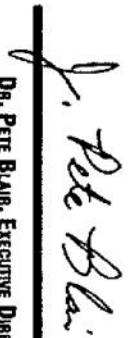
BY THESE PRESENT, BE IT KNOWN THAT
[REDACTED]
HAS SUCCESSFULLY COMPLETED THE
16 HOUR CERTIFIED ALERT COURSE,
Terrorism Response Tactics:
Basic Active Shooter Level I
AND IS HEREBY AWARDED THIS

CERTIFICATE OF Completion

DATED **May 25, 2016**
UNIVERSITY


JOHN CURNUTT, DIRECTOR OF TRAINING

ALERT.ORG


Dr. Pete Blair, Executive Director

SUPERVISOR TRAINING AND EDUCATION PROGRAM



CERTIFICATE OF COMPLETION AWARDED TO



THE LAW ENFORCEMENT FOUNDATION, INC.
IN COOPERATION WITH THE
OHIO ASSOCIATION OF CHIEFS OF POLICE, INC.



GIVEN THIS 8TH DAY OF DECEMBER 2021

STEP COMMITTEE CHAIR

A handwritten signature in cursive script, likely belonging to the Step Committee Chair.

STEP DIRECTOR

A handwritten signature in cursive script, likely belonging to the Step Director.

OHIO TACTICAL OFFICERS ASSOCIATION



has successfully completed the required course of study approved by the training cadre
for the Ohio Tactical Officers Association, in the course listed below



Tactical Team Leader March 7 - 9, 2022

03-07-2022 8:00 am



Patrick Fiorilli
Executive Director



OHIO PEACE OFFICER TRAINING COMMISSION & THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

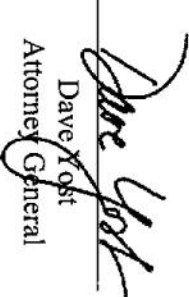


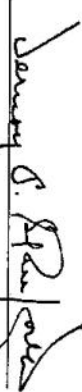
has successfully completed the advanced training course

54-519-17-02: Counter Ambush Tactics for Law Enforcement

at the Ohio Peace Officer Training Academy given

November 07 - 09, 2017


Dave Frost
Attorney General


Vernon P. Stanforth, Chairperson
Ohio Peace Officer Training Commission


Mary E. Davis, Executive Director
Ohio Peace Officer Training Commission

DATE CERTIFICATE PRINTED: February 18, 2019

Certificate of Completion

This is to certify



successfully completed the IPICD Online Program
(2 hours)

One Breath: The Importance of Recognizing Agonal & Other Breathing Problems
(User-Level Version 1.0e) on

December 21, 2020

John G. Peters, Jr., Ph.D., C7C, C4S
IPICD President and Chief Learning Officer

Brian Casey
Instructor

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Office of Ohio Attorney General

Ohio Peace Officer Training Academy

Officer Record



OPOTA London Campus
1650 State Route 56 SW
P.O. Box 309
London, OH 43140
Phone: 740-845-2700

[REDACTED], Trumbull County Sheriff's Office, ID: [REDACTED]

Appointment History*

Agency	Employee Status	Start Date	End Date	Separation Reason
Mahoning County Sheriff's Office	Reserve	[REDACTED]	[REDACTED]	
Trumbull County Sheriff's Office	Full-time			
Mahoning County Sheriff's Office	Reserve			
Warren Police Department	Full-time			Resignation - In good standing (No Pending discipline)
Mill Creek MetroParks Police Department	Part-time			
Mill Creek MetroParks Police Department	Reserve			

Basic Academy Records

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
[REDACTED]	Youngstown State University	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Mill Creek MetroParks Police Department	[REDACTED]

Advanced Certifications

Certification Date	Certification	Officer Number	Officer
No Records Found			

OPOTA Advanced Training Records**

Course Title	Start Date	End Date
Active Shooter Response (Patrol)	10/23/2025	10/24/2025
Sexual Assault Investigation	10/21/2024	10/22/2024
Statement Analysis for the Informed Interview	9/16/2024	9/17/2024
Bloodstain Evidence	5/6/2024	5/10/2024
Evidence Technician	4/8/2024	4/19/2024
Evidence Room Management	12/12/2023	12/12/2023
Fire and Arson Investigation	10/23/2023	10/24/2023
Cyber Crime First Responder	9/18/2023	9/18/2023
Death Investigation	5/15/2023	5/19/2023
Crime Scene Photography I	5/8/2023	5/12/2023
Domestic Violence Instructor	5/2/2022	5/2/2022
Instructional Skills (80 Hours)	2/7/2022	2/18/2022
Judgmental Driving Simulator	3/4/2019	3/8/2019
ARIDE (Advanced Roadside Impaired Driving Enforcement)	2/11/2019	2/12/2019
Counter Ambush Tactics for Law Enforcement	11/7/2017	11/9/2017
Opiate Overdose Death Investigations Training Seminar	10/3/2017	10/3/2017
RADAR and LIDAR Operator (ESMD 40-Hour NHTSA Certification)	9/21/2015	9/25/2015

LMS Training Records

Date Completed	Course Title	Officer Number	Officer
6/6/2025	Ohio Public Records Law		
6/5/2025	Effective Communication and Safe Interaction with Persons in Crisis		
5/18/2025	Ethics Law - 2025		
4/7/2025	Use of Force - 2025		
3/22/2025	Arrest, Search, and Seizure - 2025		

Date Completed	Course Title	Officer Number	Officer
3/22/2025	Legal Updates 2025		
10/29/2024	Responding to Mental Health Issues		
10/28/2024	Crisis Mitigation - An Ohio Model		
10/24/2024	Legal Updates 2024		
10/15/2024	Victims' Rights - Marsy's Law		
6/12/2024	Veterans In Crisis		
6/10/2024	NIBIN Overview		
6/8/2023	NIBIN		
6/8/2023	Evidence Collection Procedures		
6/7/2023	Part 3 - Legal Updates 2023		
6/7/2023	Part 2 - Legal Updates 2023		
5/23/2023	Part 1 - Legal Updates 2023		
5/23/2023	Ohio School Threat Assessment		
5/23/2023	Arrest, Search, and Seizure 2023		
10/10/2022	CAT and Officer Wellness		
10/10/2022	Diversity and Cultural Competency for Law Enforcement		
10/10/2022	Community Diversity and Procedural Justice		
6/19/2022	Objective Reasonableness		
6/19/2022	Critical Thinking in Use of Force Situations		
6/19/2022	Communication Disabilities		
6/19/2022	Qualified Immunity		
6/2/2022	Crisis Intervention		
6/2/2022	Responding to Sexual Assault		
5/28/2022	Ethics and Professionalism		

Date Completed	Course Title	Officer Number	Officer
5/28/2022	Sexual Assault Investigations		
5/28/2022	Trauma and the Brain		
5/4/2022	Officer Wellness Seminar		
5/4/2022	Vicarious Trauma		
5/4/2022	Domestic Violence Legal Updates		
1/8/2022	Use of Deadly Force and Legal Guidelines		
1/8/2022	BCI Lethal Use of Force and OIS Investigations		
4/6/2021	Restraint or Confinement of a Pregnant Suspect		
2/14/2020	Procedural Justice and Police Legitimacy		
3/12/2017	Companion Animal Encounters		
8/6/2016	Credit Card Fraud		
7/30/2016	Human Trafficking 2016 Update		
7/29/2015	Street Smart Series: Concealment		
7/29/2015	Automobile Searches		
7/29/2015	Operating a Vehicle Impaired (OVI) Statutory Review		
5/2/2015	Narcan eLearning Course		
3/8/2015	Domestic Violence with Lethality Factors		
10/30/2014	The Role of the Crime Victim Advocate		
10/30/2014	Interviewing the Crime Victim		
10/6/2014	Consent to Search Part 1		

Canine Training Records

Canine School	Certificate Date	Canine Unit	Certificate Type	Specialty	Renewal Date
No Records Found					

***The appointment records listed above reflect the appointed and separation information reported to OPOTC pursuant to section 109.761 of the Revised Code. Neither OPOTC, nor its staff, has independent knowledge of the information contained in these records.**

****The advanced training records listed above reflect ONLY THOSE trainings the peace officer scheduled through OPOTA. Records reflecting advanced training conducted by the peace officer's agency, or conducted by another organization, are not maintained by OPOTC. Requests for any such records should be directed to the peace officer's employing agency or the organization who conducted the training.**

*****Officer separation reasons are displayed only for separations that occurred on 7/1/2021 or later. For separations prior to 7/1/2021 this information may be obtained by submitting a public records request through the OPOTA Public Records Portal under "Request other records".**