



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



2022-2016

Officer Involved Critical Incident - 5611 East Third Street, Mineral City,
OH, Tuscarawas County 44656

Investigative Activity: Review of Personnel and Training Records
Involves: Tuscarawas Sheriff Department Deputy ██████████ (S)
Activity Date: November 2, 2022
Activity Location: BCI-Richfield
Authoring Agent: Special Agent Todd A. Clark #139

Narrative:

On Wednesday, November 2, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Todd Clark (Clark) reviewed the personnel file, training records and firearms qualification records for Tuscarawas County Deputy Sheriff ██████████ (██████████). The records were provided to SA Joseph Goudy on October 20, 2022, by Lieutenant Adam Fisher of the Tuscarawas County Sheriff's Office. The files are attached to this report for further review.

SA Clark noted the following items during a review of the documents:

Appointment to the Tuscarawas County Sheriff's Office

- ██████████ was appointed Special Deputy Sheriff for the Tuscarawas County Sheriff's Office on January 21, 2022.
- ██████████ was given a conditional offer of employment as Deputy Sheriff on July 18, 2022.

Ohio Peace Officer Training Commission (OPOTC Records)

- ██████████ passed his Ohio Peace Officer Training Commission Exam on July 18, 2022.

Firearms Qualification

- Deputy ██████████'s most recent qualification with his department-issued firearm (Smith & Wesson M&P M2.0, 9mm, Serial Number ██████████) was on July 28, 2022.

This was the firearm used in this incident.

Employment Record Review

The employment records file consisted of 63 pages. The following items were noted:

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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- Page 1
 - ██████ attended the Ohio State Highway Patrol Basic Academy from February 2022-July 2022.
- Page 3
 - ██████ admitted to taking a 500-round case of 9mm ammunition from another student while enrolled in the Ohio State Highway Patrol Academy during his polygraph interview.
 - ██████ admitted to keeping 200 rounds of shotgun ammunition that was given to him by the Tuscarawas County Sheriff to use in the Ohio State Highway Patrol Academy in July 2022, during his polygraph interview.
- Page 3-4
 - ██████ took and passed a pre-employment polygraph examination during the employment process for his position as Deputy Sheriff.

Attachments:

- Dep. ██████ - Firearms Qualification
- Dep. ██████ - Certificates
- Dep. ██████ - Pre-Employment & Empl records
- Dep. ██████ - Miscellaneous



**Peace Officer Basic Exam
Notice of Completion and Exam Result**

Candidate [REDACTED]	Exam Testing Date: 18-Jul-2022
OPOTC Testing ID: OPOTC238034	PV Site Number: 63740
Exam Registration ID: 426103400	Exam ID: BAS041d

Your exam delivery is complete.
Your result indicates that you **PASSED** the Peace Officer Basic exam.

Congratulations! You have successfully completed the Peace Officer basic training requirements and the Peace Officer certification examination. The date you passed the certification examination will be considered the date your basic academy was completed, for all of the calculations mentioned below.

If you are appointed as a peace officer within one year of this date, a certificate of completion will be awarded, if no additional training requirements become mandated by the legislature. If you are appointed more than one year but less than two years after this date, you will be required to complete an OPOTC-approved refresher course and exam, plus any statutory training requirements. If you receive an appointment more than two years after the date of completion, you must repeat the entire peace officer basic training course.

You cannot perform the functions of a peace officer until you have been awarded a certificate from the Ohio Peace Officer Training Commission. If you do not receive an actual paper certificate, do not assume you are valid. Contact OPOTC for more information, as there may be additional documentation needed before you are certified.

To obtain your peace officer basic training certificate, a notice of appointment (form SF400adm) must be submitted to OPOTC by your first appointing agency. If the agency does not have this form, it is available here: <https://www.ohioattorneygeneral.gov/Files/Law-Enforcement/Ohio-Peace-Officer-Training-Academy/OPOTC-Resources/SF400adm-Notice-of-Peace-Officer-Appointment.aspx>. Incomplete or improper appointment documents will not be processed and will be returned for correction.

If you have already been appointed with an agency and your notice of appointment has been sent to OPOTC, your certificate will be issued upon review of your test results by OPOTC staff.

If you or your prospective employer have further questions, please contact OPOTC at 740-845-2700 and request to speak with a certification officer assigned to your county of employment.

Authenticate this score report at www.pearsonvue.com/authenticate
Registration Number: **426103400** Validation Number: **487024287**



CERTIFICATE OF APPOINTMENT

FILED
COURT OF COMMON PLEAS
OF 2022 JAN 21 PM 3:40

[REDACTED]

CLERK OF COURTS

As **SPECIAL DEPUTY SHERIFF**, in the office of the **SHERIFF, TUSCARAWAS COUNTY, OHIO**.

This is to certify, that the undersigned being of the opinion that the business of this office requires, has appointed [REDACTED] a suitable, and competent person as **SPECIAL DEPUTY SHERIFF** therein beginning 01-21-22 and continuing until otherwise ordered, in accordance with Section 311.04 ORC. Said **SPECIAL DEPUTY SHERIFF** to receive compensation payable bi-weekly from the County Treasury upon the Warrant of the County Auditor.

WITNESS MY SIGNATURE THIS 21st DAY OF January, 2022.


ORVIS L. CAMPBELL, SHERIFF

OATH OF SPECIAL DEPUTY SHERIFF

STATE OF OHIO, TUSCARAWAS COUNTY: SS

I SWEAR that I will support the Constitution of the United States and the Constitution of the State of Ohio, and that I will faithfully discharge the duties of **SPECIAL DEPUTY SHERIFF** in the office of the **SHERIFF OF TUSCARAWAS COUNTY, OHIO**.

[REDACTED]

SWORN TO BEFORE ME, and signed in my presence this 21st day of January, 2022.



Diane M. Miller
Notary Public, State of Ohio
My Commission Expires 08-14-2026


NOTARY PUBLIC

CONFIDENTIAL

REPORT FOR: TUSCARAWAS COUNTY SHERIFF
EXAMINATION TYPE: Phase I, Pre-employment
DATE OF EXAMINATION: 7/25/2022

CANDIDATE INFORMATION



CANDIDATE: [REDACTED]
ADDRESS: [REDACTED] Dover, OH 44622
DOB: 10/26/2001
PHONE: [REDACTED]
PRIMARY EMAIL: [REDACTED]

ADDITIONAL CANDIDATE INFORMATION

The candidate reported the following:

- He currently resides with his parents.
- His other email addresses are [REDACTED] and [REDACTED]
- He has accounts on the following social media sites: Instagram, Facebook, Snapchat, Twitter, and TikTok.

EDUCATION

The candidate reported the following:

- He graduated from Dover High School in 2020.
- He attended Colorado School of Trades (Lakewood, CO), 2020-2021, earning an Associate Degree in Gunsmithing.
- He attended Ohio State Highway Patrol Basic Academy, Feb.-July 2022; and he is OPOTA certified.
- He attended Buckeye Career Center, 2018-2020; program completed.
- He received a three-day suspension his High School Freshman year for making jokes over an Xbox party with friends about committing a school shooting. Someone's mom heard him and called the school; the school pulled him into the office, and he told them he made the jokes.

MILITARY SERVICE

The candidate reported no military service.

EMPLOYMENT HISTORY

The candidate reported the following:

- He is currently employed by:
 - Smith Ambulance, 2016-present, Lawn Care/EMT.
- He was previously employed by:
 - Machine Gun Tours, 5/2021-10/2021, Salesman; moved home from school.
 - 5280 Armory, Feb./Mar. 2021-5/2021, Salesman; poor treatment/different job.
 - Chick-fil-A, 1/2021-Feb./Mar. 2021, Delivery/Server; different job.
 - Muskingum Watershed Conservancy District, Summer 2018, Lifeguard; Summer ended, and school began.
- He worked "under the table" at Machine Gun Tours.
- 5280 Armory treated him poorly and may give him an unfavorable recommendation. He gave a two-week notice and they told him not to return to work.
- In the last two years, he called off work one day.
- He was considered late to work two times in the last two years.
- His longest period of unemployment as an adult was six months.
- When he worked at Chick-fil-A, he accepted a tip from a customer one time which was against Policy.

FINANCIAL

The candidate reported the following:

- He has approximately \$498.18 in total debt.
 - He owes \$498.18 to Discover for credit card.
- His credit score is unknown.

GAMBLING HISTORY

The candidate reported the following:

- In the last two years, he spent \$-0- on gambling.
- He never gambled illegally.
- The most he gambled at one time was \$5.

ALCOHOL USE

The candidate reported the following:

- He drinks beer once a month.

DRIVING HISTORY

The candidate reported the following:

- He has a valid Ohio driver's license [REDACTED]. He is currently insured with unknown company.
- He received a Verbal Warning for Speed.
- The last time he drove a vehicle while impaired by alcohol was Jan. 1, 2021.

MISCELLANEOUS

The candidate reported no miscellaneous admissions.

CRIMINAL ADMISSIONS

The candidate reported the following:

- He and friends went inside an abandoned nursing home. They explored and smoked cigarettes and “vaped;” last time he was 17 years old.
- When he was 15 years old, he and friends went to an abandoned mine and smashed some clay pipes.
- When he was 18 years old, his 17-year-old girlfriend sent him nude images of herself on his phone.
- When he was 14-15 years old, he stole a Polar-pop from Circle-K.
- He stole two forks from a Cheese Cake Factory in June 2022.
- When he was 20 years old, he stole small hand tools and scrap metal from the gunsmith school he attended in Denver.
- When he went to Highway Patrol Academy, he stole a 500-round case of 9 mm ammunition from another student. (July 2022)
- He kept 200 rounds of shot gun ammunition for himself that he was given by Tuscarawas County Sheriff to use in the Police Academy. (July 2022)
He currently has all of the above ammunition at his home.
- When he worked at Machine Gun Tours, he gave his brother an unauthorized discount on ammunition.
- He carried a concealed handgun on his person on-and-off for two-three years illegally; last time was Jan. 2022.
- NOTE: He carried a personal firearm on his person yesterday. He is unsure if it was within the guidelines of his current employment.

CRIMINAL RECORD

The candidate reported no criminal record.

DRUG POSSESSION

The candidate reported the following:

- When he was 13 years old, he used another kid’s prescription (unknown) pill to help him sleep.
- He has used prescription muscle relaxers two-three times that he got from his mother to help with soreness he was having; last time he was 17-18 years old.

POLYGRAPH TESTING

This candidate was tested with a computerized polygraph instrument that records autonomic responses associated with respiration, electrodermal activity and two individual channels of cardiovascular activity. Seat activity sensors were used to record peripheral behavioral activity and cooperation during the examination. All instrumentation was tested for functionality per manufacturer’s guidelines.

The candidate completed a permission/waiver form, followed up by a thorough pretest interview and an assessment of the candidate’s suitability for examination. An explanation of all components used for testing, a thorough review all test questions and an Acquaintance test with the candidate was done prior to this examination.

A standardized polygraph testing procedure was utilized for this examination using a validated test data analysis (TDA) system. The polygraph technique employed relevant, irrelevant and comparison questions. Based on the subtotal scores of artifact free data, there are three possible outcomes (opinions) that can be reached by an examiner (see below explanation).

- 1) **NO SIGNIFICANT REACTIONS** (Indicating no deception to this issue).
- 2) **INCONCLUSIVE** (Requires further investigation and possible re-examination).
- 3) **SIGNIFICANT REACTIONS** (Indicating deception to this issue).

Laboratory and field research as published by the American Polygraph Association and the American Association of Police Polygraphists set the cutscores for determining the outcomes (opinions) of this pre-employment examination. This polygraph examiner uses those cutscores when rendering the outcome (opinion) to each question listed in the POLYGRAPH RESULTS portion of this report.

POLYGRAPH RESULTS

TEST #1

Question: Are you withholding any information about your personal involvement with illegal drugs?
(Possession, Sales, Purchasing, Manufacturing, etc.)

Answer: (No) **NO SIGNIFICANT REACTIONS**

Question: As an adult, have you received any formal discipline at work that we have not yet discussed?
(Write-up, Suspension, Termination, Demotion, Disciplinary Transfer, etc.)

Answer: (No) **NO SIGNIFICANT REACTIONS**

TEST #2

Question: As an adult, have you committed any crimes involving property that we have not yet talked about?
(Burglary, B&E, Stealing money, Theft from workplace, Shoplifting, Stealing property, Misuse of credit cards, Arson, etc.)

Answer: (No) **NO SIGNIFICANT REACTIONS**

Question: Have you committed any crimes against other persons, we have not yet discussed?
(Robbery, Assault, Sex Crimes, Physical Domestic Violence, Murder, Kidnapping, Child Pornography, etc.)

Answer: (No) **NO SIGNIFICANT REACTIONS**

RECOMMENDATION

Information in this report may be incorporated in a decision-support capacity in support of other assessment and investigative activities. Based solely on the information obtained during the polygraph examination, consideration should be given to any admissions (if applicable) as to whether they are within the "fit and standards" for your city, agency, and/or department.

Respectfully submitted,

Ken Butler, A.C.P.

Certified Polygraphist

KB:ra

Tuscarawas County, OH - OH-Select
July 18, 2022

7/18/2022

Exam	LName	FName	MI	Date	ID	Cognitive	Personality	Score
OH-SELECT FORM 1				071822		90.00	73.46	79.74

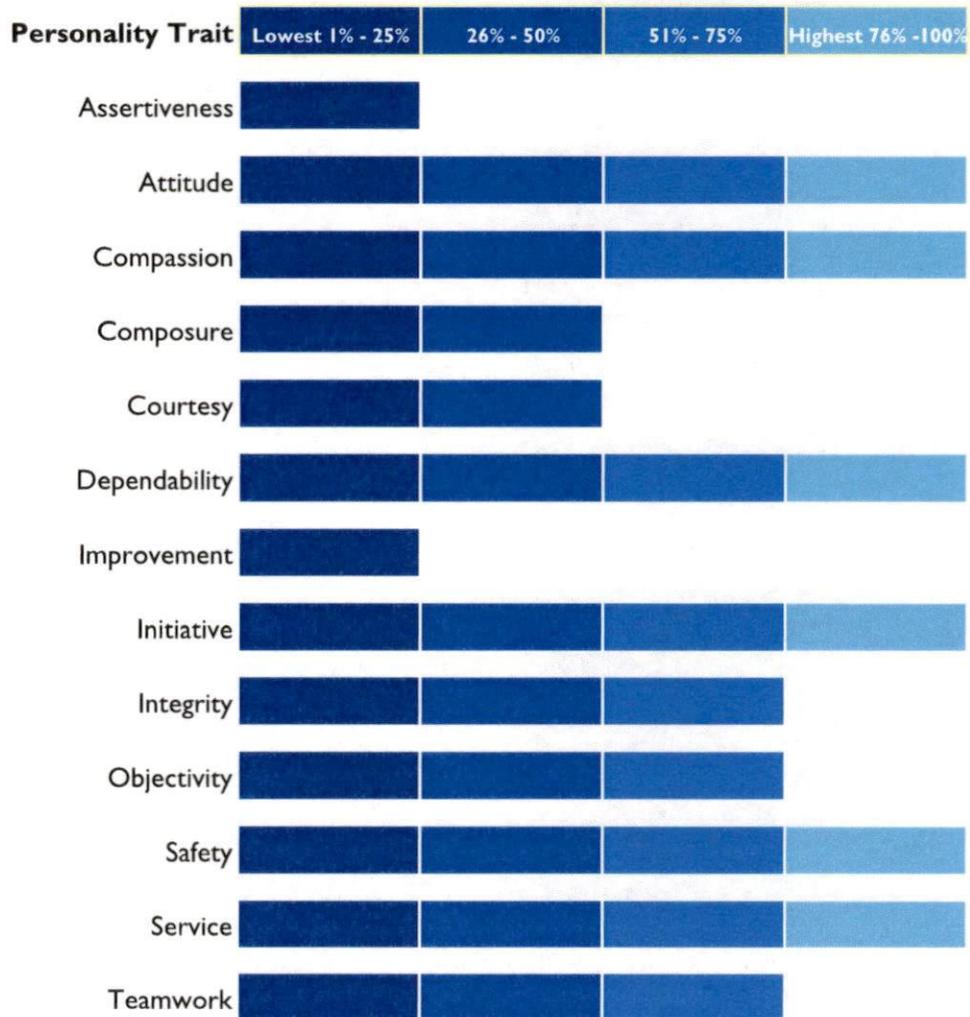


Ohio Law Enforcement Trait Inventory

In-Depth Report Prepared for:



Trait Percentile (%) Ranking: Compared To Ohio Law Enforcement Normative Population



**The Employment Suitability Index is based solely on the candidate's responses to personality questions contained in the test. This report is only intended to provide an overview of the candidate's suitability for a law enforcement career based on personality attributes. If the OH-Select was administered, the rank-ordered test scores submitted to the agency represent a composite of the candidate's cognitive and personality scores, thus creating a more robust picture of the candidate's likelihood of job success.*





OH-Trait report for:



Trait: Assertiveness

Lowest 1 - 25%

Definition: Taking charge of situations; making relevant decisions

This individual does not possess the desire to take charge of a situation and make important decisions. This individual may have a tendency to wait for others to lead the way and to allow others to make decisions, typically without challenging their decisions. This individual usually feels awkward in social situations and may have a tendency to allow others to push them around. This is a particularly troublesome trait for law enforcement officers to possess because a lack of assertiveness can create a dangerous situation when combined with other important variables during an incident.

Trait: Attitude

Highest 76 - 100%

Definition: Enjoying life and work; accepting constructive criticism; possessing self-confidence

This individual usually finds happiness and satisfaction in life. This individual can be counted on to be upbeat and energetic. Individuals who possess this trait tend to possess a positive outlook for the future and feel that mostly good things will happen to them. He/she prefers being the center of attention, is rarely concerned with what others think and is not easily intimidated by others. This individual likes to attract attention and prefers to stand out in the crowd.

Trait: Compassion

Highest 76 - 100%

Definition: Sympathizing with and understanding the feelings of others

Most often, this individual will have a "soft heart," being able to sympathize with and understand others' feelings. This is a desirable characteristic for law enforcement officers to possess given their interactions with citizens, victims, etc.

Trait: Composure

26% - 50%

Definition: Remaining calm under pressure; controlling one's emotions

This individual tends to get "stressed out" somewhat more easily than most and may sometimes have a hard time concentrating under pressure. When given several tasks or a tight deadline, this individual may tend to feel overwhelmed. Should an emergency situation arise, it may be difficult to count on this person to perform to the best of his/her ability. Additionally, this individual has a tendency to lose his/her temper. This individual will become annoyed and frustrated with people or situations relatively easily. Law enforcement officers who possess this trait should be closely monitored to ensure that they do not lose their temper on the job, as this can be a dangerous personality characteristic for law enforcement officers to possess.





OH-Trait report for:



Trait: Courtesy 26% - 50%

Definition: Being sincere, respectful and considerate

This individual does not usually feel a need to act in a socially desirable manner and is not overly concerned with how others may perceive his/her actions or behaviors. On occasion, others may perceive this individual as insincere and impolite.

Trait: Dependability Highest 76 - 100%

Definition: Taking responsibility; following through with commitments; being reliable

This individual will almost always take responsibility for his/her actions. It is very unlikely that he/she would try to make excuses for his/her actions and instead will usually act responsibly. This individual values commitments and responsibilities and rarely shows up late for appointments.

Trait: Improvement Lowest 1 - 25%

Definition: Seeking opportunities for training, self-evaluation and personal and professional improvement

This individual is content with the status quo. He/she has a low desire to improve his/her skills and will do just enough to get by. It is highly unlikely that this individual would seek out any type of training to better him/herself. Additionally, this individual is not very detail oriented and has a difficult time finding inconsistencies in information when they occur.

Trait: Initiative Highest 76 - 100%

Definition: Having a strong work ethic and motivation to succeed; being a self-starter

This individual possesses a strong desire to set and achieve goals. This individual sets high standards and works hard to maintain those standards. He/she may exhibit a strong desire to move up in the ranks and will work hard to get there. This individual will work well independently or in a situation where only limited or no supervision is available.

Trait: Integrity 51% - 75%

Definition: Following good conscience, moral and ethical standards; being trustworthy and honest

This individual possesses adequate levels of honesty and moral character and is not oriented to cheat or steal in order to get ahead in life. This individual tends to act according to good conscience and will usually tell the truth and follow through with commitments. This individual is not at risk for engaging in counterproductive behavior at work and can probably be trusted in a position of responsibility and authority.





OH-Trait report for:



Trait: Objectivity 51% - 75%

Definition: Thinking clearly through the decision-making process

This individual possesses good decision-making skills. Usually this individual enjoys solving problems and often puts reasonable time and effort into coming up with the best solutions. Decisions are seldom made on a whim, usually considering all those who may be affected by the outcome or consequences.

Trait: Safety Highest 76 - 100%

Definition: Having a propensity for avoiding risks; making safety a priority

This individual is a creature of habit and is very uncomfortable with the idea of change. Individuals with this trait tend to be very cautious and do not like to take risks. It is very unlikely that this individual would be involved in many accidents. He/she is likely to make safety a high priority.

Trait: Service Highest 76 - 100%

Definition: Possessing the willingness & dedication to serve the public

This individual possesses a strong desire to help and/or anticipate the needs of others and will rarely turn his/her back on others when in need. This individual is likely to be helpful both on and off the job and will frequently lend a hand even if he/she is not asked. This is a highly desirable trait for a law enforcement officer, given the need for officers to be helpful and display an attitude of public service and caring.

Trait: Teamwork 51% - 75%

Definition: Working with others to meet the overall needs of the group; being cooperative

This individual enjoys working as part of a team and is usually willing to help out when asked. This individual will often place his/her individual needs aside in order to help to achieve a common goal.





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
[REDACTED]		[REDACTED]		[REDACTED]		
Address (Street Number and Name)			Apt. Number	City or Town		State
[REDACTED]				Dover		OH
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
10/26/2001		[REDACTED]		[REDACTED]		[REDACTED]
ZIP Code						
44622						

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee [REDACTED]	Today's Date (mm/dd/yyyy) 04/10/2022 10/26/2001 ALM
----------------------------------	--

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)			First Name (Given Name)	
Address (Street Number and Name)			City or Town	State
				ZIP Code

STOP Employer Completes Next Page STOP

LISTS OF ACCEPTABLE DOCUMENTS

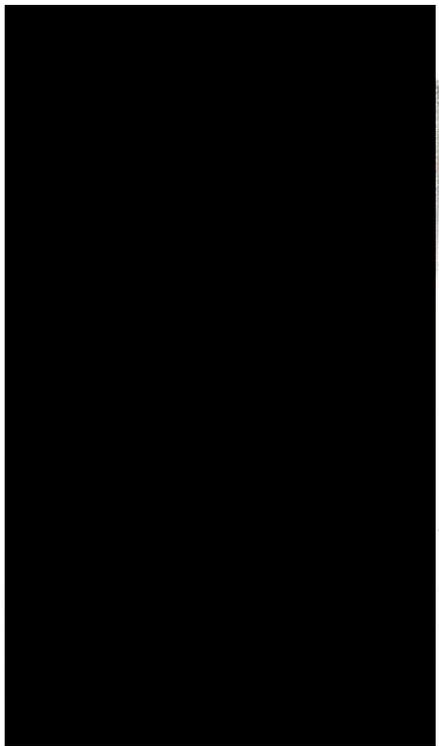
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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

Employee Name [REDACTED] Employee ID# _____
Employer Name TUSCARAWAS COUNTY SHERIFF Employer ID# 34-6002853

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 [REDACTED] Date 04/10/2022

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

TUSCARAWAS COUNTY

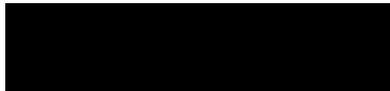
**ACKNOWLEDGEMENT OF EMPLOYER'S INFORMATION
REGARDING THE DRUG FREE WORKPLACE ACT POLICY**

Please sign below and present this acknowledge slip to your supervisor for inclusion in your personnel file.

Date: 04/10/2022

I hereby acknowledge that I have received and read a copy of the Tuscarawas County policy and procedures on a Drug Free Workplace, which establishes my obligations as an employee of the County. By my signature below, I hereby acknowledge that I understand this policy and agree to support and comply with its terms and conditions. I further understand that if I break this policy or acknowledgment, I could be subject to criminal prosecution and/or discipline including termination of my employment.

Signature of Employee:

A solid black rectangular box redacting the signature of the employee.

TUSCARAWAS COUNTY

**DRUG FREE WORKPLACE STATEMENT FOR
PROSPECTIVE EMPLOYEES**

The purpose of this statement is to verify that I have received a copy of the Tuscarawas County Drug Free Workplace Statement and Policy, and to further verify that I understand and support such statement and policies.

I further agree to refrain from violating these policies while employed by the County.

I further acknowledge, in advance, that my understanding is that the penalty for violating these policies can be discharge, and I agree that such penalty is appropriate when supported by evidence.



Signature

04/10/2022

Date

SECTION 2.16 DRUG FREE WORKPLACE

Notice Upon Hiring

As a condition to hiring, all prospective employees should receive a copy of the Drug Free Workplace statement and policy and should be required to sign a receipt, which will become a permanent part of the employee's personnel file.

In addition, all current employees should be required to acknowledge that compliance with the Employer's Drug Free Workplace policies is a condition of employment.

Current Distribution of Drug Free Workplace Policy

All current employees will receive a copy of the Employer's Drug Free Workplace statement and policy and will be required to sign a receipt for it, which will become a permanent part of each employee's personnel file.

The Drug Free Workplace Policy

Definitions

For purposes of this policy:

Employee means any person (i.e., management, supervisory or non-supervisory) who is paid in whole or in part by the Employer.

Controlled Substance means any controlled substance contained in Schedules I through V of Section 202 of the Controlled Substance Act (21 U.S.C. 812 or as defined in Ohio Revised Code 3719.01). This shall include medical marijuana.

Conviction means any finding of guilt, including a plea of no contest or the imposition of a sentence, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

Criminal drug statute means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance.

For purposes of this policy, all definitions will be consistent with Ohio Revised Code 3719.01.

Distribution

Each employee should be made aware of:

- Information concerning the dangers of drug abuse in the workplace;
- A current copy of the Employer's posted/ published statement;
- A current copy of the Employer's Drug Free Workplace policy;
- Information concerning any available drug counseling, rehabilitation, and employee assistance programs;
- Information concerning the penalties that will be imposed for the breach of the Employer's Drug Free Workplace policy; and
- Notice to the employee that any job-related conviction of any federal or state criminal drug statute must be reported in writing to the Employer within 5 calendar days after such conviction.

The information package may also be accompanied by on-site training programs.

Regulations

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by any employee that takes place in whole or in part in the Employer's workplace is strictly prohibited and will result in criminal prosecution and employee discipline, which may include termination from employment.

Notification of Conviction

Any employee convicted of any federal or state criminal drug statute for a workplace-related drug offense must notify the Employer of that fact within 5 calendar days of the conviction.

Any employee convicted of a workplace-related drug offense, who fails to report the conviction as required above will be:

- Terminated from employment;
- Forever barred from future employment; and
- Held civilly liable for any loss of federal funds resulting from the failure to report the conviction.

The elected officials of Tuscarawas County support the Drug Free Workplace Act of 1988 (PL-100-690). Consequently, any unlawful manufacture, distribution, dispensation, possession, or use of controlled substances on these premises by employees is strictly prohibited, and violators will be subject to discipline and criminal prosecution. This includes but is not limited to medical marijuana.

The County Commissioners may refuse to hire, discharge, discipline or otherwise take adverse employment action against an individual due to his use, possession or distribution of medical marijuana.

Auditor of state's system for reporting fraud.

The auditor of state is required to establish and maintain a system for the reporting of fraud, including misuse and misappropriation of public money, by any public office or public official. The system allows Ohio residents and the employees of any public office to make anonymous complaints through a toll-free telephone number, the auditor of state's web site, or the United States mail to the auditor of state's office. The auditor of state is required to review all complaints in a timely manner.

Each year, the Auditor of State's Office receives hundreds of tips regarding suspected fraud in government. These tips come from many sources, including public employees and concerned citizens as well as state auditors who find suspicious activity in the course of a routine financial audit. The Special Audit Task Force – comprised of auditors, investigators and attorneys on the Auditor of State's staff – evaluates tips and discusses the best course of action on a case-by-case basis.

This task force meets on a regular basis and determines how to best address each complaint. If the Special Audit Task Force decides that a case falls under the authority of the Auditor of State's Office, it is sent to the Special Audit Section and Special Investigations Unit for further review. Cases that are not subject to the Auditor of State's authority may be referred to other local, state or federal government agencies, prosecutors and law enforcement officers.

- Report Fraud online:

<https://ohioauditor.gov/fraud>

CALL the SIU Fraud Hotline 1-866-FRAUD OH (1-866-372-8364)

- US MAIL a written complaint:

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

124.341 Violation or misuse – whistleblower protection

(A) If an employee in the classified or unclassified civil service 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 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.

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, or the auditor of state's fraud-reporting system, may report it to a prosecuting attorney, director of law, village solicitor, or similar chief legal officer of a municipal corporation, to a peace officer, as defined in section 2935.01 of the Revised Code, or, if the violation or misuse of public resources is within the jurisdiction of the inspector general, to the inspector general in accordance with section 121.46 of the Revised Code. In addition to that report, if the employee reasonably believes the violation or misuse is also a violation of Chapter 102., section 2921.42, or section 2921.43 of the Revised Code, the employee may report it to the appropriate ethics commission.

(B) Except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint as authorized by division (A) of this section, 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.

(C) An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. 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 under division (A) of this section.

(D) If an appointing authority takes any disciplinary or retaliatory action against a classified or unclassified employee as a result of the employee's having filed a report or complaint under division (A) of this section, 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.

(E) As used in this section:

- (1) "Purposely," "knowingly," and "recklessly" have the same meanings as in section 2901.22 of the Revised Code.
- (2) "Appropriate ethics commission" has the same meaning as in section 102.01 of the Revised Code.
- (3) "Inspector general" means the inspector general appointed under section 121.48 of the Revised Code.

TUSCARAWAS COUNTY

ETHICS ACKNOWLEDGMENT

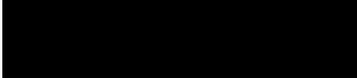
FORM I

Please sign the attached and present the acknowledgment slip below to your immediate supervisor for inclusion in your personnel file.

ACKNOWLEDGMENT

Date: 04/10/2022

I have received a copy of the Ohio Ethics Laws (Chapters 102 and 2921.42 of the Revised Code). I will familiarize myself with these laws and understand that I am governed by them.


Signature of Employee

cc: Employee, Employee Personnel File



Tuscarawas County Sheriff's Office Employment Application

Tuscarawas County Sheriff's Office does not discriminate on the basis of race, color, religion, national origin, sex, ancestry, age, or disability or any other protected class. Consideration was given in the development of this form to your right to individual privacy and equal opportunity. The information requested is needed to assist our office in assessing your employment interests and qualifications. Consideration for employment may be denied if this form is not completed accurately and in its entirety. Attach additional information if needed.

All applications must clearly indicate how the minimum qualifications and positive specific minimum qualifications, if applicable, are met. Applications that do not indicate this will not be given consideration.

EMPLOYMENT INTERESTS

Position Desired:

PERSONAL INFORMATION

Name: _____
Last M.I. First Date of Application

_____ Social Security Number
Disclosure of SSN is voluntary; upon appointment and pursuant to Section 5101.312 of Ohio Revised Code, a request for disclosure of SSN is mandatory.

Have you been known to others (e.g., schools, references, etc.) under a different name? If so, please list.

Present Address: _____
Street Address City State Zip Code
Dover OH 44622

Telephone: _____
Home Cell Work

Are you of legal age to work in the United States? Yes No

Do you have any relatives who are currently employed by the county? Yes No

If yes, list employee's name and relationship.

Referral Sources: Advertisement Friend Relative Employment Agency Other

Are you able to meet the attendance requirements of this position? Yes No
Explain any scheduling conflicts due to outside interests and/or commitments

If the position requires travel, can you supply your own transportation? Yes No

EDUCATION

Educational Level	School Name/Location	Course of Study or Major	Graduate?	Degree or Diploma
High School	Dover High school, Dover	High School Diploma	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
College	Colorado school of trades, dover	Gunsmithing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	associate degree
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical	Buckeye career center	Machine works	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	certificate



EMPLOYMENT HISTORY

Please provide the following information on former employers, assignments, or volunteer activities, beginning with your present or most recent position. (You may submit a resume in addition to completing this section.) If you need additional space, attach extra copies of this page.

JOB TITLE: Smith Ambulance EMT-13

Employer: Smith Ambulance **Telephone:** 330 602-0050

Address: 214 W 3rd St, Dover, OH 44622

Employed From: 03/2020 **To:** Current **Involuntarily Terminated?** Yes No

Reason for Leaving: _____

Salary Beginning: \$ 16.40 ~~12.30~~ /hr. **Salary Ending:** \$ 16.40 /hr.

Immediate Supervisor/Title: Kyle Longwell **May We Contact?** Yes No Later

Description of Work Responsibilities: Provide medical care to patient

Comments: _____

JOB TITLE: Salesman

Employer: Machine gun tours **Telephone:** 610 675-4376

Address: 12550 W Colfax Ave #103, Denver, CO 80215

Employed From: 04/2021 **To:** 08/2021 **Involuntarily Terminated?** Yes No

Reason for Leaving: Graduated school and left Colorado

Salary Beginning: \$ 18.00 /hr. **Salary Ending:** \$ 19.00 /hr.

Immediate Supervisor/Title: Randy Yunhuzz **May We Contact?** Yes No Later

Description of Work Responsibilities: Sell firearms to customers

Comments: _____

JOB TITLE: Machinist

Employer: Flex Technologies **Telephone:** 740 922-5992

Address: 5479 Gundy Dr Dennison, OH, 44663

Employed From: 10/2019 **To:** 03/2020 **Involuntarily Terminated?** Yes No

Reason for Leaving: Covid-19

Salary Beginning: \$ 8.80 /hr. **Salary Ending:** \$ 8.80 /hr.

Immediate Supervisor/Title: Joe Basio **May We Contact?** Yes No Later

Description of Work Responsibilities: _____

Comments: _____



SKILL EXPERIENCE INVENTORY

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).
All information is subject to verification.

Office Skills

- Keyboarding _____ wpm
- Customer Service (human relations)
- Legal Terminology
- Multi-line Phone System
- Dictation
- Other _____
- Accounting
- Cash Handling
- Report/Letter Writing
- Budgeting
- Document Imaging/Scanning

Computer Skills

- Windows
- Word Processing _____
- Spreadsheets _____
- Presentation Software _____
- Internet
- Other _____
- Software Installation
- Hardware Installation/Repair
- System Maintenance
- Peripherals (printers, scanners, etc.)

Certifications, Licenses and Training

- Peace Officer Certification
- Nursing License
- Paramedic License
- Corrections Officer Training
- Other _____
- CPR and First Aid Certification
- Radar Certification
- Use of Force Training
- Firearms Certification

Administrative and Non-Law Enforcement Skills

- Supervision or Human Resource Management
- Fiscal Management
- Policy Development
- Grant Writing
- Other _____
- Medical, Emergency or Clinical Services
- Repairs (i.e. HVAC, plumbing, etc...)
- Maintenance (i.e. HVAC, plumbing, etc...)
- Food Preparation or Food Services

AFFILIATIONS

List professional, trade, business, or civic organizations and offices/licenses held. (Exclude memberships which would reveal sex, race, religion, national origin, age, disability, or any other similarly protected class.)

REFERENCES

Please list the name and telephone number of three (3) individuals whom we may contact for a professional or work-related reference. Exclude relatives and personal references.

Name/Title	Address	Phone
Darin Rowland		(330) 806-3343
Kyle Langwell		(330) 323-3916
Isary Rowland		(330) 432-3967



CERTIFICATION

I hereby affirm that the foregoing statements are true and complete to the best of my knowledge. I realize that any misrepresentation or false information presented in this application could lead to withdrawal of any offer of employment or termination after employment.

I understand that this application will be given every consideration, but its receipt does not guarantee nor imply that I will be granted a selection interview or employment. I further understand that this application will be maintained on file for future reference for two years.

I also understand that a background check and drug testing may be required prior to employment.

I understand and accept that any applicant who is under final consideration for a position that involves providing direct care to clients must undergo a criminal records check.

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

I understand and accept that given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

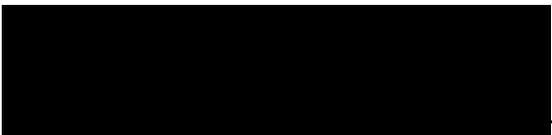
AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that any employment offer is subject to a reference check. I specifically authorize the Tuscarawas County Sheriff's Office to contact any pertinent individual and/or firm for the purpose of obtaining information relating to my work history and job performance.

I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

You may be asked during the employment process if you have been convicted of a felony or misdemeanor for job-related matters but such convictions may not automatically render applicants ineligible for employment.

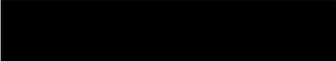
I waive all provisions of law forbidding colleges or universities which I have attended or past employers from disclosing any information which they have acquired relevant to my employment.


Applicant's Signature

10/31/21
Date

ORVIS L. CAMPBELL
SHERIFF

Applicant Questionnaire

Name (Print):  _____

Social Security Number:  Position for Consideration: _____

Please read the instructions carefully before completing the questionnaire.

You must be complete and truthful in all of your answers. The answers in this questionnaire will be verified by interviews and a complete background investigation, which includes checking employment records, personal history, education records, criminal records, financial records, social media sites, etc... Any failure to report completely, report incompletely or any untruthful answers, misrepresentations, omissions or falsifications may subject you to rejection as an employee and if employed, discipline up to and including discharge. The information provided in this questionnaire will be considered confidential to the extent that this is excluded from disclosure under Federal and State laws.

Hand **print** your answers in 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 space at the end of this questionnaire and reference the specific question(s).

Be aware that your spelling, grammar and neatness will be considered as 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 in any interviews and will be similarly considered.

I understand that I may have to submit to a polygraph (lie detector) examination to determine the authenticity of the information provided by me.

I understand that if I receive a conditional offer of employment, I may be required to submit to a job-related physical, psychological and/or psychiatric exams and drug testing and may also be required to submit to such exams and testing as a requirement of continued employment.

I understand that if I am applying for a Deputy or Corrections Officer position, I am required to make known any criminal record I have that has been expunged or legally sealed consistent with Ohio Revised Code 2953.33. You must report your expunged or legally sealed charge or record even if an attorney has told you otherwise. List your record or charge later in this questionnaire.

I have read, understand and agree to the above instructions and requirements.

 10/21/21
Applicant's Signature and Date

I wish to withdraw from consideration for employment with the Tuscarawas County Sheriff's Office.

Applicant's Signature and Date

Tuscarawas County Sheriff's Office
Authorization to Release Employment/Pre-Employment Information

I authorize all persons to whom this request (original or facsimile) is presented to furnish information relating to or concerning me to a duly appointed and authorized member of the Tuscarawas County Sheriff's Office. I am aware that this information is not ordinarily open to public inspection and which I may claim to constitute an invasion of my personal privacy or may otherwise be protected from disclosure by constitutional statutory or common law privileges. I expressly waive all rights and privileges, which may attach to such communication or disclosure and release all persons, firms and corporations from all claims of any nature as a result of said communication or disclosure.

The following information to be disclosed includes the following: personal history, education records, fitness for duty records (including medical, psychological and polygraph information), employment records (including evaluations and disciplinary actions), military service records, financial records, criminal history records (including conviction(s) of domestic violence crime), organizational memberships, driving history (if applicable), social media sites, reference information and other information pertaining to suitability for employment (including applications and subsequent pre-employment screenings conducted when seeking employment with other agencies).

I represent that I have not been convicted of a crime of domestic violence or an associated crime of violence involving a family or household member in Ohio or any other State. I understand that this is part of my application process and falsification of this information will be considered grounds not hiring or if hired, disciplinary actions up to and including discharge. I authorize release of information that may contain my home address, telephone number and social security number. This release will be considered part of my application and if hired, considered part of my personnel file.

Name of Applicant (Print)

Signature of Applicant and Date 10/21/21

Family Information

Father's Full Name: Michael John [REDACTED]
First Full Middle Last

Full Address: [REDACTED] Dover OH 44622

Birth Date: 05/21/1970 Occupation: Fire Fighter

Mother's Full Name: Kelli Rae [REDACTED]
First Full Middle Last

Full Address: Same

Birth Date: 07/02/1976 Occupation: Nurse

Family Information

N/A

List all of your children regardless if children are living with you.

Full Name including Middle	Sex	Date of Birth	Place of Birth

Are you supporting all required dependents? Y or N

Are you paying children support or alimony? Y or N If yes, how much per month: _____

Have you even been sued for alimony payments, child support, non-payment of debts or fraud? Y or N
If yes, please provide court case number, name of court and date: _____

Are you in arrears or have your wages been garnished for back child support or alimony payments in any County in the U.S? Y or N If yes, please name County and State: _____

Education

<u>Dover High School</u>	<u>2016-2020</u>	<u>Yes</u>	
Name of High School	Dates Attended	Did you complete?	
<u>Buckeye career center</u>	<u>2018-2020</u>	<u>Yes</u>	
Name of Training or Trading School	Dates Attended	Were you certified?	
<u>Colorado School of trades</u>	<u>Gunsmith</u>	<u>2020-2021</u>	<u>Yes</u>
Name of University/College	Major	Dates Attended	Did you complete?

Military Information

Have you ever served in any military organization of the United States including Reserves or the National Guard? Y or N

If yes, please provide the following information.

Name of Branch	Rank	Serial Number	Active Duty Dates
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Are you still active? Y or N

Were you honorably discharged? Y or N If no, explain: _____

Have you ever been court martialed, tried on charges, subject of a summary court, deck court, Captain's Mast, company discipline or subject of a disciplinary action a member of a military organization? Y or N If yes, explain.

Miscellaneous Information

Other than a driver's license, please list any other permits or licenses issued by the government.

N/A

List all organizations, clubs and social groups of you are an active member or former member including positions held (i.e. treasurer, secretary, etc...).

N/A

Employment History

Start with current employment. Please include military period and any periods of unemployment.

Smith ambulance *214 W 3rd St Denver CO 80202* *330-602-0050* ^{2020-current} *Kyle Longwell*
Name Address Phone Number Dates Employed Supervisor's Name

Reason for Leaving: _____

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

N/A

Machine gun tours *12550 W Colfax Ave #103 Denver CO 80215* *610-678-4376* *04/2021-08/2021* *Randy Yannuzzi*
Name Address Phone Number Dates Employed Supervisor's Name

Reason for Leaving: *Graduated School*

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

N/A

Flex technologies *5479 Grandy Dr Dennison OH 44663* *740-922-5992* ^{08/2017-03/2021} *Joe Basio*
Name Address Phone Number Dates Employed Supervisor's Name

Reason for Leaving: *Covid-19*

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

N/A

Name Address Phone Number Dates Employed Supervisor's Name

Reason for Leaving: _____

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

Name Address Phone Number Dates Employed Supervisor's Name

Reason for Leaving: _____

List any disciplinary actions taken against you (verbal and written reprimands and suspensions):

Employment History

Have your employers treated you fairly? Y or N If no, please explain: _____

Were you ever discharged, terminated, fired, removed during probation or forced to resign because of misconduct, unsatisfactory service or any other reason? Y or N If yes, please explain including name and address of employer along with reason: _____

Have you taken a civil service exam? Y or N If yes, please list below.

Agency (City and State)	Date	Position
Agency (City and State)	Date	Position

Are you eligible to be hired by the above or any other employer? Y or N If yes but not hired, please say why if known: _____

Have you ever been rejected for any civil service position? Y or N If yes, please explain: _____

List all of the governmental agencies you have applied with in the last two years: N/A

If selected for employment, will you be working secondary employment? Y or N If yes, please list: _____

Have you had experience working shifts? Y or N

Do you object to working midnight or afternoon shift? Y or N

Do you object working weekends or holidays? Y or N

Do you object to wearing a uniform? Y or N

Criminal History

Have you ever been arrested, detained, held, charged, indicted or convicted with any violation or crimes as an adult or juvenile (including traffic if physically arrested)? Y or N If yes, please give details. Please include incidents even if not formally charged or no court appearance, dismissed, found not guilty or settled by payment or fine.

Date	Policy Agency	Charge	Penalty/Disposition	Details
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Date	Policy Agency	Charge	Penalty/Disposition	Details
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Date	Policy Agency	Charge	Penalty/Disposition	Details
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Date	Policy Agency	Charge	Penalty/Disposition	Details
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Have you ever been placed on probation? Y or N If yes, please give details.

Date	Location including City and State	Police Agency	Details/Outcome
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Have you ever been required to pay a fine other than those previously mentioned (i.e. Dog Warden, Health Department, etc...)? Y or N If yes, please give details.

Have you ever been reported as a missing person or runaway? Y or N If yes, please give details.

Date	Locations including City and State	Police Agency	Details
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Has a member of your immediate family, in-law or anyone else with whom you live been arrested or convicted of a crime? Y or N If yes, please give details.

Name and Relation	Date of Birth	Offense	Police Agency	Disposition
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Name and Relation	Date of Birth	Offense	Police Agency	Disposition
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Name and Relation	Date of Birth	Offense	Police Agency	Disposition
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Financial Information

List all financial obligations for which you are responsible. If you have no current debt, list paid-up accounts, credit cards, etc...

Creditor	Nature of Debt	Amount Owed	In default?
Creditor	Nature of Debt	Amount Owed	In default?
Creditor	Nature of Debt	Amount Owed	In default?
Creditor	Nature of Debt	Amount Owed	In default?
Creditor	Nature of Debt	Amount Owed	In default?
Creditor	Nature of Debt	Amount Owed	In default?

Have you ever received unemployment compensation or other federal, state or local benefits/assistance (i.e. food stamps, social security, energy assistance, etc....)? Y or N If yes, please list.

Type of Assistance	Start/End Dates	Local Name and Address
Type of Assistance	Start/End Dates	Local Name and Address

Is there a lien against your property or real estate? Y or N If yes, please provide details:

Do you own a business or commercial property? Y or N If yes, please list.

Name	Address	Business Type
Name	Address	Business Type

Financial Information

Have you, your spouse or ex-spouse (only when married to you) ever been sued by anyone in any common pleas, municipal or small claims court? Y or If yes, please provide details.

Date	Name and Location of Court	Other Party	Who Lost	Dollar Amount
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Do you, your spouse or ex-spouse (only when married to you) have any immediate civil action pending against you? Y or If yes, please give details.

Have you, your spouse or ex-spouse (only when married to you) ever filed for bankruptcy under Federal or State law? Y or If yes, please give details.

Have you, your spouse or ex-spouse (only when married to you) ever failed to file or pay required Federal, State and Municipal income taxes? Y or If yes, please give details.

Have you, your spouse or ex-spouse (only when married to you) ever had wages garnished? Y or If yes, please give details.

Driving History

Do you possess a valid driver license or CDL? or N

Have you possessed a valid license or CDL in another State other than Ohio? Y or

Please provide the following information (including any issued by another State):

Driver's License Number	State	Year Expires	Restrictions
-------------------------	-------	--------------	--------------

Driver's License Number	State	Year Expires	Restrictions
-------------------------	-------	--------------	--------------

At any time, has your license or CDL ever been revoked, suspended or been restricted due traffic convictions or been placed on negligent operator's probation? Y or If yes, please explain:

Date	Length	State	Reason
------	--------	-------	--------

Date	Length	State	Reason
------	--------	-------	--------

Driving History

As a driver, have you ever been involved in a motor vehicle accident? Y or N If yes, explain.

Date	Reporting Police Agency	Location	Who Cited	Court Disposition
------	-------------------------	----------	-----------	-------------------

Date	Reporting Police Agency	Location	Who Cited	Court Disposition
------	-------------------------	----------	-----------	-------------------

Date	Reporting Police Agency	Location	Who Cited	Court Disposition
------	-------------------------	----------	-----------	-------------------

List all traffic citations you have received (excluding parking): *N/A*

Month/Year	Location	City/State	Violation	Penalty
------------	----------	------------	-----------	---------

Month/Year	Location	City/State	Violation	Penalty
------------	----------	------------	-----------	---------

Month/Year	Location	City/State	Violation	Penalty
------------	----------	------------	-----------	---------

List all vehicles registered to you or your spouse and any other vehicles which are registered to occupants of your residence that you use: *N/A*

Year	Make	Model	License Plate Number	State	Registered Owner
------	------	-------	----------------------	-------	------------------

Year	Make	Model	License Plate Number	State	Registered Owner
------	------	-------	----------------------	-------	------------------

Are there any outstanding or delinquent parking tickets on the above vehicles? Y or N If yes, please explain:

Month/Year	Location	City/State	Violation	Penalty
------------	----------	------------	-----------	---------

Month/Year	Location	City/State	Violation	Penalty
------------	----------	------------	-----------	---------

Have you ever been refused automobile, life or other insurance? Y or N

Are you required to carry assigned risk insurance to comply with the Ohio Financial Responsibility Act? Y or N If yes, please list: _____

Personal References (No family or employers. Must have known them for at least three (3) years).

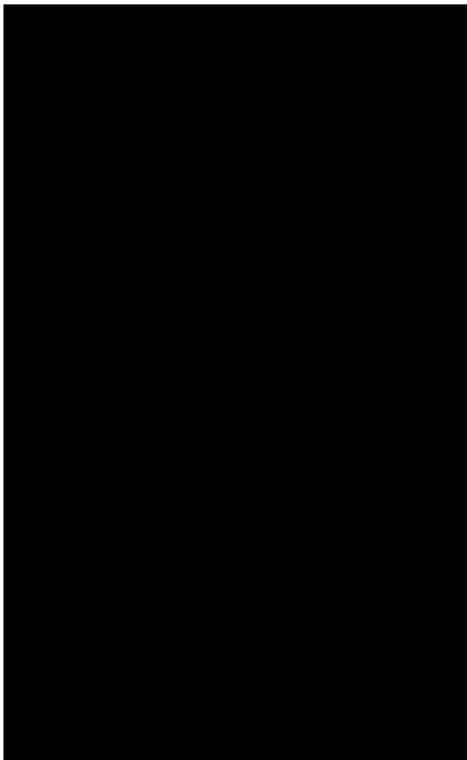
<i>Darlene Rowland</i>		<i>330-806-3343</i>	<i>20</i>	<i>Rice Nursery</i>	<i>Family friend/Scout Master</i>
Name	Address	Phone Number	Years Known	Employer	Relation
<i>Kory Rowland</i>		<i>330-432-3867</i>	<i>20</i>	<i>Pastor</i>	<i>Friend</i>
Name	Address	Phone Number	Years Known	Employer	Relation
<i>Ryan Bertsch</i>		<i>330-749-7051</i>	<i>6</i>	<i>Dover Fire</i>	<i>Friend</i>
Name	Address	Phone Number	Years Known	Employer	Relation

Continuation of Answers

Please use this space to explain or further add to your answers to a specific question. Please reference page number and section.

Page Number	Section Name	Additional Information
Page Number	Section Name	Additional Information
Page Number	Section Name	Additional Information
Page Number	Section Name	Additional Information
Page Number	Section Name	Additional Information
Page Number	Section Name	Additional Information
Page Number	Section Name	Additional Information
Page Number	Section Name	Additional Information

Please make sure you answered all of the questions. Thank you for completing this questionnaire.



1



NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: Correction to Record Name Change OSHP Trooper to Peace Officer
(OSHP certificate must be attached)

1. 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.
2. Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. 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.
5. 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) [REDACTED]	(First) [REDACTED]	(Middle) [REDACTED]	2. Social Security Number (last 5 only) [REDACTED]
3. Previous Name(s) or Alias (Last)		(First)		(Middle)	
4. Birth date (mm/dd/yyyy) 10/26/2001	5. Officer's Individual Email Address [REDACTED]			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) Dover	(State) OH	(Zip Code) 44622	(County Name) Tuscarawas
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name)	(Academy Number)	(Dates of Training)	

AGENCY INFORMATION		9. Agency Name Tuscarawas County Sheriff's Office			
10. Reporting Authority's Email Address sheriff@co.tuscarawas.oh.us		11. Agency Phone Number 330-339-2000			
12. Agency Mailing Address (#/Street/PO Box) 2295 Reiser Ave SW		(City) New Philadelphia	(Zip Code) 44663	(County Name) Tuscarawas	

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 01 / 21 / 2022	14. Status Change Date / /
15. Select New Status ___ Full-Time ___ Part-Time ___ Auxiliary ___ Reserve <input checked="" type="checkbox"/> 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 _____	<input checked="" type="checkbox"/> 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 Sheriff Orvis L. Campbell	19. Date 01 , 21 , 2022	
20. Signature of Witness 	21. Printed Name (First, Middle, Last) Admin Assistant Diane Miller	22. Date 01 , 21 , 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.

[Redacted Signature]

Signature of Appointee

[Handwritten Signature]

Signature of Appointing Authority

Tuscarawas County Sheriff's Office

Name of Appointing Authority (Typed or Printed Legibly)

Sheriff Orvis L. Campbell

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): Tuscarawas County Sheriff's Office	25. From(mm/dd/yyyy): 01 / 21 / 2022	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

39. Appointed By (Agency Name and County):	40. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
41. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Authorization for Use or Disclosure of Drug Screen Information

Applicant's Name: _____
 Applicant's Date of Birth: 10-26-2001
 Commander: _____
 Commander's Address: _____

I hereby consent to submit to a drug screen and to furnish a sample of my urine for analysis to a testing facility designated by the commander in order to be eligible to attend peace officer basic training.

I further authorize and give full permission to have the laboratory or other testing facility release any and all documentation relating to such screen to the above listed commander or designee. I further agree to and hereby authorize the release of the results of said tests to the commander, their designee, or the Ohio Peace Officer Training Commission (OPOTC).

I understand that my sample will be screened for the following substances and concentrations:

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoyllecgonine	100 ng/mL
Codeine/Morphine	2,000 ng/mL	Codeine Morphine	2,000 ng/mL 2,000ng/mL
Hydrocodone/Hydromorphone	300 ng/ml	Hydrocodone Hydromorphone	100 ng/ml 100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	Oxycodone Oxymorphone	100 ng/ml 100 ng/ml
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL
MDMA/MDA	500 ng/ml	MDMA MDA	250 ng/ml 250 ng/ml

I understand that a positive test result, refusal to authorize the tests by signing this form, refusing to take the specified test(s), or failure to produce a specimen, may preclude me from attending this academy.

I understand that I must provide proof within 72 hours that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name if that substance causes a positive result.

I understand that the OPOTC certified school is not a covered entity and is not subject to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that there is a potential that information disclosed to the OPOTC certified school may be subjected to redisclosure by the OPOTC certified school, and not protected from such redisclosure by federal law or federal rule.

I understand that I may revoke this authorization in writing submitted at any time to the OPOTC certified school except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate two years from the date of my signature.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act and that I have not been coerced into signing this document.

Signature: _____ Date: January 21, 2022

- 1) Have [redacted] Sign.
- 2) Diane Sign as Witness
- 3) E-mail scanned copy of signed form to

Melissa Fellure
 mijfellure@dps.ohio.gov

- 4) Place form in [redacted] file



COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información de sus vacunas que ha recibido.



Last Name: [redacted] First Name: [redacted] MI: [redacted]
 Date of birth: 10/26/2001 Patient number (medical record or IIS record number): [redacted]

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Janssen 1855191	1/27/22 mm dd yy	MCPATH
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	



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Fax 740-845-2675

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**Family Educational Rights and Privacy Act (FERPA)
20 U.S.C. § 1232g; 34 CFR Part 99)
CONSENT TO RELEASE STUDENT INFORMATION**

TO ADMINISTRATOR(S) AND/OR STAFF OF:

(College, University, or Career Center that will release the educational records)

Please provide information from the educational records of:

(Name of Student requesting the release of educational records)

to the Ohio Peace Officer Training Commission (OPOTC).

The information to be released under this consent includes any requested records, other than medical records held solely by Student Health Services or the Counseling Center. The information is to be released for the purpose of Ohio Peace Officer Commission oversight of, and communication regarding training programs related to Ohio Administrative Code Chapters 109:2-1 through 109:2-18.

I understand the information may be released orally or in the form of copies of written records, photographs, videos, electronic documents, or otherwise, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Commander of the OPOTC-approved school with which I am or was associated and/or enrolled. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Ohio Peace Officer Training Commission for the purposes described above.

Student Name (print) _____
(Name of parent/legal guardian, if student is a minor)

Signature _____
(Signature of parent/legal guardian, if student is a minor)

Student ID Number _____

Date January 21, 2022



DAVE YOST
OHIO ATTORNEY GENERAL



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

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

This completed form is to be returned to the commander by the student.

INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is both BCI and FBI.
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI and "Law" for FBI.
- This is a **Direct Copy** transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs entered.

TO BE COMPLETED BY STUDENT

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

Ohio State Highway Patrol Academy _____ beginning on February, 2022 (Tentative)
(Academy Name) (Date)

As part of the enrollment process, the OPOTC requires that I have a criminal record background check conducted within 150 days of the above date by the Ohio Bureau of Criminal Identification (BCI) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

Name: _____
(Last) (First) (Middle Name)

Previous Name(s) or Alias: _____

Date of Birth: 10-26-2001 _____ Social Security Number: _____

Address (including P.O. Box, if applicable): _____

City: Dover _____ State: Ohio _____ Zip Code: 44622

Name of Fingerprinting Agency: Tuscarawas County Sheriff's Office _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: Jan. 04, 2022

OHIO STATE HIGHWAY PATROL ACADEMY

Information Sheet

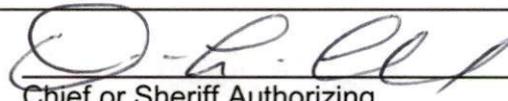
Please complete entire form

Course: 146th Basic Peace Officer Training

Course Dates: February 14, 2022 – June 2022

Applicant Name: _____

Sheriff Orvis L. Campbell
Chief or Sheriff Authorizing
(Type or print name)


Chief or Sheriff Authorizing
(Signature)

Tuscarawas County Sheriff's Office
Agency Name

330-339-2000
Agency Phone Number

330-339-4432
Agency Fax

Ocampbell@co.tuscarawas.oh.us
Chief's E-mail Address

Training Officer E-mail Address

Spouse Name: _____

Military Information: _____

The National Web-Check (SF 102) and Student Enrollment/Certification Record (SF 115unv), **must be submitted to secure a seat on the roster. All originals will be needed by February 14, 2022.**
(No copies or signature stamps).

- **SF102 - National Web-Check**

- When an individual is fingerprinted for attendance in an Ohio Peace Officer Basic Training academy, the fingerprinting agency must indicate "Direct Copy" to "OPOTA" on the data entry screen. If that happens, I receive automatic notification from BCI via electronic submission. If the direct copy option isn't selected, the results are automatically sent to the fingerprinting agency, or any address that is typed in manually by that agency. In cases where the results are being returned to you, this can be verified by the address listed at the top of the letters you received. If you have received any of these letters for those that were listed on the earlier letter, you may forward them to be and I will update our records accordingly. If you don't have the letters, these individuals will need to be reprinted, with "Direct Copy" selected.

- **SF115 - Student Enrollment/Certification Record to verify applicant to be employed by certified police agency.**

- The Ohio Peace Officer's Training Commission requires the enrollment/certification be completed in its' entirety to include:
 - Appointing Agency Information
 - Date of Appointment
 - Education-highest level attained
 - **MUST BE TYPED**, not handwritten.

U.S. Mail or Hand Deliver Records to:

Ohio State Highway Patrol Training Academy
Peace Officer Basic Training Commander
Attn: Lieutenant Scott M. Aker
740 East 17th Avenue
Columbus, Ohio 43211
smaker@dps.ohio.gov



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

STUDENT HANDBOOK ACKNOWLEDGMENT AND VERIFICATION

My signature below indicates that I have received, read and agree to abide by the Ohio Revised Code, the Ohio Administrative Code, the Peace Officer Basic Training Student Handbook, and the above-listed forms, and that if any of the information contained in the Handbook needs additional information or explanation, that information or explanation is detailed below.

ADDITIONAL INFORMATION OR EXPLANATION:

(Attach additional documentation if needed)

[REDACTED]
[REDACTED]
1/28/2022

Student's Name (please print) Student's Signature Date

Diane Miller, Admin. Asst. *Diane Miller* 1/28/2022

Witness Name (please print) Witness Signature Date

OSP Academy School Name School Number

Instructions for Completing the Medtox 5 Part Non Regulated Drug Testing Custody and Control Form

Note: Complete form using a black or blue ballpoint pen, press hard, and check all copies for legibility.

- A. Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and the Specimen I.D. number on the top of the CCF matches the Specimen I.D. number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides a remark in STEP 2 if the donor refuses to provide his/her SSN or Employee I.D. number.
- C. Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If it is an observed collection, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s), and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector turns to Copy 2 (MRO Copy) and instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers, and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as required.

COMPLETING THE COLLECTION PROCESS

Upon completing STEP J, give donor his/her copy, Copy 5 of the Drug Testing Custody and Control Form.

Donor may leave the collection site at this point.

If a split specimen collection was performed, place both specimen bottles and Copy 1 of the Drug Testing Custody and Control Form in the shipping container.

If a single collection was performed, place the specimen bottle and Copy 1 of the Drug Testing Custody and Control Form in the shipping container.

Secure the shipping container. On the shipping container seal, record your initials and the date.

Send Copy 2 directly to the Medical Review Officer. Do not send to laboratory.

Retain Copy 3 for your records.

Send Copy 4 to the employer indicated.

Campbell, Orvis

From: Campbell, Orvis
Sent: Tuesday, January 25, 2022 19:58
To: 'mjfellure@dps.ohio.gov'
Subject: RE: Basic 146

Good Evening Ms. Fellure,

Thank you for the reminders. I will have all of my forms to you on Thursday. My candidate, [REDACTED] has decided to get vaccinated as a result of your COVID protocol letter. He has his PT test tomorrow morning and is getting vaccinated Thursday. He completed his drug test and physical yesterday and we are meeting Thursday morning. I will have it all to you by about noon that day.

Your help in this process has been so appreciated.

Sheriff Orvis Campbell
Tuscarawas County

From: mjfellure@dps.ohio.gov [mailto:mjfellure@dps.ohio.gov]
Sent: Tuesday, January 25, 2022 9:04 AM
To: Ashley Andolsek <aandolsek@co.delaware.oh.us>; Beverly Leary <beverly.leary@cityhall.lima.oh.us>; Brian Gleason <Brian.Gleason@hamilton-oh.gov>; Brian Schuck <brian.schuck@wco84.us>; Brian Sturgill <b.sturgill@cuyahogaheights.com>; Brooke Brady <bbrady@wyomingohio.gov>; David Bivens <david.bivens@fayette-co-oh.com>; Donald Claar <dclar@delawareohio.net>; James Mathias <jmathias@findlayohio.com>; John Oliver <106@starksheriff.org>; Josh Jacobs <josh.jacobs@ci.urbana.oh.us>; Kevin Holmstrom <kholmstrom@grovecityohio.gov>; Lisa Broucker <lisa.broucker@cantonohio.gov>; eglockhart@dps.ohio.gov; Matt Kissel <Matt.Kissel@gahanna.gov>; Campbell, Orvis <OCampbell@co.tuscarawas.oh.us>; Patrick Russo <patrick.russo@strongsville.org>; Roseann Bandelow <Bandelow@cityofmentor.com>; srotolo@woosteroh.com; Terry Nemuth <tnemeth@newalbanyohio.org>; Troy Landon <tlandon@morrowcountysheriff.org>; WBalling@sidneyoh.com
Cc: SMAker@dps.ohio.gov; mjfellure@dps.ohio.gov
Subject: [EXTERNAL EMAIL] Basic 146

THIS MESSAGE ORIGINATES FROM OUTSIDE THE ORGANIZATION. Please use caution when opening attachments and clicking links!

Good Morning,

We are less than 3 weeks to the start of the Basic 146th Peace Officer Class. All paperwork is due by the end of business day, Friday, February 4th. This will give us a week to go through everything prior to the first day and our audit with OPOTA. The list of forms is below. If you have any questions, please feel free to reach out to Lt. Scott Aker at smaker@dps.ohio.gov or myself at the contact information below.

SF115 (Student Enrollment)
SF102 (Webcheck)
SF114 (Student Health Data)
SF147 and results (Drug Screen)
Signed Student Handbook Acknowledgement form
SF400 (Oath of Office)

Completed P.T. Test

Completed (passed) PT Test

Thank you!

Melissa Fellure

Program Administrator 1
Ohio State Highway Patrol
740 E. 17th Avenue
Columbus, Ohio 43211
614-466-7944
mjfellure@dps.ohio.gov



Miller, Diane

From: mjfellure@dps.ohio.gov
Sent: Friday, January 28, 2022 10:22 AM
To: Miller, Diane
Cc: Campbell, Orvis
Subject: RE: [EXTERNAL] [REDACTED]

THIS MESSAGE ORIGINATES FROM OUTSIDE THE ORGANIZATION. Please use caution when opening attachments and clicking links!

I think this was the last form I needed.

Thanks so much!

From: Miller, Diane <MillerD@co.tuscarawas.oh.us>
Sent: Friday, January 28, 2022 10:11 AM
To: Fellure, Melissa <mjfellure@dps.ohio.gov>
Cc: Campbell, Orvis <ocampbell@co.tuscarawas.oh.us>
Subject: [EXTERNAL] [REDACTED]

Melissa:

Attached please find the executed Student Handbook Acknowledgment and Verification signed by [REDACTED]

If you need anything further, please let us know.

Diane Miller

Administrative Assistant – Sheriff Orvis L. Campbell
Tuscarawas County Sheriff's Office
2295 Reiser Avenue SE
New Philadelphia, Ohio 44663
Telephone: (330) 339-2000
Direct Line: (330) 308-6629
Email: millerd@co.tuscarawas.oh.us



Miller, Diane

From: Miller, Diane
Sent: Friday, January 28, 2022 10:11 AM
To: 'mjfellure@dps.ohio.gov'
Cc: Campbell, Orvis
Subject: [REDACTED]
Attachments: Student Handbook Acknowledgment.pdf

Melissa:

Attached please find the executed Student Handbook Acknowledgment and Verification signed by [REDACTED].

If you need anything further, please let us know.

Diane Miller

Administrative Assistant – Sheriff Orvis L. Campbell

Tuscarawas County Sheriff's Office

2295 Reiser Avenue SE

New Philadelphia, Ohio 44663

Telephone: (330) 339-2000

Direct Line: (330) 308-6629

Email: millerd@co.tuscarawas.oh.us





Tuscarawas County Sheriff's Office

OPOTA STATE QUALIFICATION RECORDS

2

Name [REDACTED] Unit [REDACTED] Date 7-28-22

Handgun Make S&W Model M&9 2.0

Serial [REDACTED] Caliber 9mm

HANDGUN PROFICIENCY							
Stage	Distance	# of Rounds	Max Time	Preferred Area	Non-Preferred Area	Off Target	Instructions
1.	3 Ft	3	5 sec	3			3 rounds from retention
2.	9 Ft	3	6 sec	3			3 rounds (2 chest - 1 head)
3A.	12-Ft	4	8 sec	4			4 rounds using dominant hand
3B.	12 Ft	4	7 sec	4			4 rounds using non-dominant hand
4	20 Ft	6	12 sec	6			3 rounds / reload / 3 rounds
5	30 Ft	3	8 sec	3			3 rounds - sighted
6	50 Ft	2	8 sec	2			2 rounds - sighted

SUBTOTAL

25

TOTAL

100

GRADING SCALE	
25 =	100 %
24 =	96 %
23 =	92 %
22 =	88 %
21 =	84 %
20 =	80 %
19 =	FAIL

Instructor

LT [Signature]

Requal #

04977



TUSCARAWAS COUNTY SHERIFF'S OFFICE

2295 REISER AVENUE, S.E. ★ NEW PHILADELPHIA, OHIO 44663
PHONE: (330) 339-2000 ★ FAX: (330) 339-4432

Applicant: [REDACTED]

Address: [REDACTED] **Dover, OH 44622**

Date: **July 18, 2022**

**RE: Conditional Offer of Employment for the Position of
Probationary Deputy Sheriff**

Dear [REDACTED]:

Congratulations, you have satisfied this Office as to your background investigation and I am pleased to offer you the position of Probationary Deputy Sheriff with the Tuscarawas County Sheriff's Office with a starting wage of \$21.55 per hour plus benefits. This offer of employment is contingent upon the following conditions:

1. Satisfactory completion of a polygraph exam. **(completed)**
2. Satisfactory results of a psychological examination. **(completed)**
3. Satisfactory completion of an occupational screening and medical examination conducted by a physician.
4. Obtain satisfactory results on a controlled substance abuse screening test.
5. Presentation of documents verifying employment eligibility on date of employment as required by U.S. Department of Homeland Security, U.S. Citizenship and Immigration and Services Form I-9.
6. Successful completion of a Field Training and Evaluation Program.

7. After successful completion of one-year as a Probationary Police Officer, you will be eligible for consideration for continued employment with the designation of Deputy Sheriff.
8. Budgetary approvals. ***(All employees should be aware that as budgets and funding sources may be reduced, all titles and positions may be subject to reductions in force.)***

Please confirm your acceptance of this job offer by signing this letter and keep a copy for your records.

Welcome to the Tuscarawas County Sheriff's Office. We wish you success in your new position.

Sincerely,



Orvis L. Campbell
Sheriff

Your signature below acknowledges your receipt of this letter and your understanding that this offer is subject to satisfaction of all the conditions listed herein.



7-18-22
Date