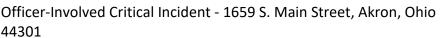


# **Ohio Attorney General's Office Bureau of Criminal Investigation**

Investigative Report







Investigative	Activity: Personn	el File R	leviev	V	
Involves:	Officer				

Authoring Agent: Special Agent Joseph Goudy #83

#### Narrative:

On Monday, August 15, 2022, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Cory Momchilov received the personnel file for Officer Akron Police Department (APD) and the City of Akron Law Department. SA Joseph Goudy reviewed the personnel file and noted the following:

Officer has been a full-time police officer with the APD since May 29, 2020.

# **Training:**

Officer attended and completed the Ohio Peace Officer Basic Training Program at the Akron Police Academy on May 29, 2020.

# **Firearms Qualification:**

Officer qualified with his Glock 17 duty issued semi-automatic pistol, bearing serial number on March 31, 2021.

Most recently, Officer had "Rifle" training using a Palmetto St Armory Rifle, bearing on February 23, 2022, and "Low Light" training using his Glock 17 duty weapon on December 29, 2021.

Officer spersonnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

## **Attachments:**

Attachment #01: Officer	s Personnel File
Attachment #02: Officer	s OPOTA Certificate
Attachment #03: Officer	s Firearms Qualifications
Attachment #04: Officer	s Evaluation
Attachment #05: Officer	s Employee Summary
Attachment #06: Officer	s OPOTA Certificate and Work History

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.

**Supervisor Approval: SAS David Posten #6** 9/2/2022 12:24 PM Page 1 of 1

#### 2019年12月3日 中田東 (日本)主

Contact Information -- Person ID:

Name:

Address:

Akron, Ohio U\$

Home Phone:

Text Messaging Mobile No:

Alternate Phone:

Email:

Notification Preference:

Month and Day of Birth:

Email

Former Last Name:

Personal Information

Can you, after employment, submit proof of your legal right to work in the United States?

What is your highest level of education?

Yes

Bachelor's Degree

**Preferences** 

Types of positions you will accept: Types of work you will accept:

Types of shifts you will accept:

Regular Full Time

Day , Evening , Night

Objective

**Education** 

College/University

University of Akron https://www.uakron.edu/

9/2014 - 5/2018

Akron, Ohio

Did you graduate: Yes

Major/Minor: Political Science/ Criminal Justice

Degree Received: Bachelor's

High School

Garfield High Schoool 8/2010 - 6/2014

Akron, Ohio

Did you graduate: Yes Highest Level Completed: 12

Did you receive a GED? No

Degree Received: High School Diploma

**Work Experience** 

**Cross Trained Agent** 

8/2018 - Present

Hours worked per week: 16 Monthly Salary: \$1,200.00

Name of Supervisor:

 General Manager May we contact this employer? Yes

Piedmont Airlines

www.piedmont-airlines.com

5400 Lauby Rd

North Canton, Ohio 44720

**Duties** 

Responsible for having aircraft depart within strict time constraints.

Run airport gate, responsible for deplaning and boarding of passengers.

Perform ground operations in order to have flights arrive/depart in a safe and timely manner. Guide, park, and move aircrafts.

Load baggage on and off aircrafts.

Check in customers and baggage for flights.

Work with heavy machinery/equipment.

Merchandiser

6/2015 - Present

Hours worked per week: 10 Monthly Salary: \$300.00

Name of Supervisor: General Manager May we contact this employer? Yes

Impak Sales/Direct Beauty <u> Akron, Ohio 4</u>4301

#### **Duties**

Responsible to check up on 10 stores to monitor stock levels and condition of products. Place orders for new products when inventory is low.

Stock shelves with merchandise, keep shelves organized and presentable.

**Delivery Driver** 10/2014 - 2/2018 Hours worked per week: 30 Monthly Salary: \$900.00

May we contact this employer? Yes

Name of Supervisor:

- Manager

**Hungry Howies** 366 W Waterloo Rd

Akron, Ohio 44314

## **Duties**

Deliver orders to customers. Take orders for customers. Check out customer orders. Clean restaurant equipment and shop. Help prepare food.

#### Reason for Leaving

To focus on finishing college.

#### **Certificates and Licenses**

#### Skills

Office Skills

Typing:

Data Entry:

#### Additional Information

# References

<u>Personal</u>

Copley, Ohio 44321

**Professional** 

Supervisor

North Canton, Ohio 44720

Personal

Akron, Ohio 44301

Professional



# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

Employee ID Number:	Socia	Il Security Number:
First Name:	Middle Name:	Last Name:
"If you have had a name chang- copy of your social security can	t please submit a	Gender: Male
Endingly day		
Street Address:		
City:	State:	Zip Code:
-mail address:		
Tell Phone Number:		Please check your preferred method of contact below:
lome Phone Number:		⊠Phone
COMPART SERVICES		
arital Status:	Highest Education Level comp	pleted:
ingle Divorced  Married Midowed	Less than H5 graduate	2-year College Degree Doctorate (Academic)
eparated	Some College	t ☑ Bachelor's Level Degree ☐ Doctorate (Professional) ☐ Some Graduate School ☐ Post-Doctorate
	Technical School	Some Graduate School Post-Doctorate  Master's Level Degree
DAY COLUMN TO SERVICE	in the second second	The supplier of the same of th
st Name:	Last Name:	Phone Number:
eet Address:		
у:	State: Z	Ip Code:
ationship to Employee:		
	ent I have made on this Setup & C	hange Personal Information form is true and complete.
y certify that every statem stand that any false or inc	omplete answer may be grounds t	for dismissal.

Form 190

For inter-Departmental Hea

# CITY OF AKRON, OHIO

DEPARTMENT

CHIEF'S OFFICE

CHIEF'S DIRECTIVE

# DIRECTIVE

Effective Monday Police Department:

the following transfers\* are made in the Akron

Officer L.D. #

Officer

Officer

Office? I.D.

Officer I.D. Uniform Sub-Division Platoon #5 11:00AM-7:30PM

Uniform Sub-Division Platoon #5 11:00AM-7:30PM Uniform
Sub-Division
Platoon #1
10:30PM-7:00AM

Uniform Sub-Division Platoon #1 10:30PM-7:00AM

Uniform Sub-Division Platoon #1 10:30PM-7:00AM

Uniform Sub-Division Platoon #4 7PM-3:30AM

Uniform Sub-Division Platoon #4 7PM-3:30AM Effective Monday Police Department:

the following transfers\* are made in the Akron

Officer: L.D.#

Officer

Chief of Police

Uniform Sub-Division Piatoon #5 11:00AM-7:30PM

Uniform Sub-Division Platoon #5 11:00AM-7:30PM

\*Based on 2-year rule.

Uniform Sub-Division Platoon #1 10:30PM-7:00AM

Uniform Sub-Division Platoon #4 7PM-3:30AM Form 190P Inter-Departmental Use

# CITY OF AKRON, OHIO

**DEPARTMENT** 

POLICE DIVISION

CHIEF'S DIRECTIVE 2022-CD-67 June 27, 2022

# DIRECTIVE

Effective Monday, June 27, 2022, the following officers are placed on Administrative Leave with pay per procedure following a critical incident:



Stephen L. Mylett Chief Of Police

Stephen I myllt



DO SOLEMNLY PLEDGE

UPON MY HONOR THAT I WILL UPHOLD AND SUPPORT THE CONSTITUTION OF THE UNITED STATES AND THE LAWS THEREOF, THE CONSTITUTION OF THE STATE OF OHIO AND THE LAWS THEREOF, THE CHARTER AND ORDINANCES OF THE CITY OF AKRON AND THE RULES AND REGULATIONS OF THE AKRON POLICE DEPARTMENT, AND THAT I WILL FAITHFULLY, HONESTLY AND IMPARTIALLY DISCHARGE AND PERFORM THE DUTIES OF A POLICE OFFICER TO THE BEST OF MY ABILITY.

I DO SO PLEDGE.



AFFIRMED BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS







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

# NOTICE OF PEACE OFFICER APPOINTMENT

Check Box If: Con	ection to Record
-------------------	------------------

- 1. Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email ((SF400@ohioatiomeygeneral.gov), fax or mail.

  Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.

Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.

- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
- Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change

1. Name (Last)		(Flair) (		ing the requestor cricings.
OFFICER INFORMATION		(***)		Social Security Number
3. Previous Name(s) or Alies (Last)		(First)		(Mádio)
4. Sirth date (mm/sd/yyyy) 5. Office	's Individual Email Address			6. Phone Number
7. Home Malling Address (#/Street/PO Box)		(City)	(State)	(Zo Code) (County Name)
				(, (,
8. Basic Training Academy (Academy Na (Only complete if this is the	•	(Academy Numb	er) (Dute	of Training)
officer's first appointment or QSP) Akron Poli	ce Department			
AGENCY INFORMATION 8. Agency Near Akron Poll	ce Department		· — · · · · · · · · · · · · · · · · · ·	***
10. Reporting Authority's Email Address		11. Agency Phone Number		
chiefsalde@akronohio.gov	· .·	330-375-2244		
12. Agency Mailing Address (#Street/PO Box) 217 S. High Street		(City) Akron	(Zip Code) 44308	(County Name) Summit
				Oddinat
APPOINTMENT INFORMATION (Com	olete Date, Status <u>and</u> ORC)	13. New Appointment Date	14.	Status Change Date
15. Select New Status	Part-Time Pay status (including those on v hours in a 14-day period.	AuxiliaryResection, sick, bereevement, personal	BCVB or administrative leave;	Special Seasonal on compensatory time or holidays) receiving
City Full-Time/Part-Time (737.02)	City Auxilia	ry/Reserve/Special (737.051)	City Chi	ief (737.02)
Village Full-Time/Part-Time/Special (737.	l6)Village Aux	iliary/Reserve (737.161)	Village	Chief (737,15)
Township Police Officer (505.49)	Township (	Constable (509.01)	-	hief - List ORC/Charter
Other - List ORC/Charter		eriff (311.04)	Sheriff (	
ATTESTATION OF REPORTING AUTH	ORITY OWN for and or acknowledge.	ree will and volition. I attest tha	it the information p sonal knowledge or	od its contents and I sign it of my rovided on this document is true r inquiry. I further understand and riminal violation.
17. Signature of Recording Augmonty	18. Printed Name and Title			19. Date
K Mu		Ball, Chief of Police	3	05 <sub>/</sub> 21 <sub>/</sub> 2020
20. Signature of Winess	21. Printed Name (First, Mic	• •	·	22. Date
Ca Brain	Charles A. E	Brown		05,21,2020

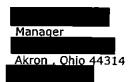
SF400adm Page 1 of 2 Effective 02/05/2019 This form may be emailed to: \$F400@ohloattomeygeneral.gov

Officer Name (Last)	(First)	(Middle)	Social Security Number
and the second s			
23. OATH OF OFFICE			
I do solemnly swear or affirm th Laws of the State of Ohio, and	Laws and Ordinances of the	on and Laws of the United States of A political subdivision to which I am app the duties of this office.	America, the Constitution and pointed and to the best of my
		Daniel Horrigan	
3 %		Name of Appointing Authority (Typed	or Printed Legibly)
		Mayor, City of Akron	ı
Signature of appointing Authority		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):			25. From(mm/dd/yyyy):		To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auxiliary _	Reserve	Special	Seasonal	
27. Appointed By (Agency Name and County):			28. From(mm/dd/yyyy):	<del></del>	To(mm/dd/yyyy):
29. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auxiliary _	Reserve	Special	Seasonal	
30. Appointed By (Agency Name and County):			31. From(mm/dd/yyyy):		To(mm/dd/yyyy):
32. Appointment Status (Check Appropriate Box)Full-TimePart-Time	Auxiliary	Reserve	Special	Seasonal	
33. Appointed By (Agency Name and County):	<del></del>		34. From(mm/dd/yyyy):	<del> </del>	To(mm/dd/yyyy):
35. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auxiliary	Reserve	Special	Seasonal	
36. Appointed By (Agency Name and County):			37. From(mm/dd/yyyy):		To(mm/dd/yyyy):
38. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auxiliary _	Reserve	Special	Seasonal	
39. Appointed By (Agency Name and County):		····	40. From(mm/dd/yyyy):		To(mm/dd/yyyy):
41. Appointment Status (Check Appropriate Box) Full-Time Part-Time	Auxiliary	Reserv	re Special	Season	al

SF400adm Page 2 of 2 Effective 02/05/2019



Resume

**Text Resume** 

**Attachments** 

		nments				
A	\tta	achment	File Name	File Type	<b>Created By</b>	
В	Bachelors Degree.pdf		Bachelors Degree.pdf	Copy of Degree	Job Seeker	
A.	Associates Degree.pdf		Associates Degree.pdf	Copy of Degree	Job Seeker	
R	esur	ne-2.docx	Resume-2.docx	Resume	Job Seeker	
re	side	ency form 2019		Other	Kris Rininger	
Ag	gene	cy-Wide Question	 S		-	
1.		of the Akron City shall have prefere been a resident ci at least one year citizen of the City	pible for Residency Prefere Charter. A candidate who on nce points added to the extizen within the corporate immediately prior to the disording the report of the reporate limits of the City of	obtains a passing grade camination score provict limits of the City of Ak ate of examination and emainder of the selecti	e on an examination, ded the candidate has ron continuously for remains a resident	
2.		How many months	s have you continuously liv	red at your present add	fress?	
3.	Q: A:	resided at each ad Akron, OH 44301	where you have resided in dress.  address from 2004 to the		iding the dates you	
4.	Q: A:	Indicate an alterna	te contact person and tele	phone number.		
5.	Q: A:		n employed by the City of	Akron?	No. de	
6.	Q: A:		permanent City of Akron	employee in the classii	ied service?	
7.		If you were previou and dates of emplo	sly employed by the City	of Akron, please indica	te positions held	
	A:		,onc.			

termination and reason.

A:

9. Q: If you have been terminated from a public agency, please indicate the employer, date of

10	. Q	: How did you hear about the position? Check all that apply.
	Α:	City of Akron Website Poster
Su	ppl	emental Questions
1.	Q:	Did you graduate from an accredited high school or do you have a GED certificate?
	A:	Yes
2.	Q:	Applicants must be between the ages of 21 and 40 at the time of the written
	A:	examination. What is your full date of birth? (MM/DD/YYYY)
3.	ი.	Will you be between the ages of 21 and 40 at the time of the examination?
٠.		Yes
4.	0:	Select the category that defines your date of birth.
		Born between May 10, 1978 and May 12, 1998.
5.	0:	Do you possess a valid driver's license?
	•	Yes
_		
6.	0:	Is your driver's license currently suspended?
		No.
7.	Q:	For the purpose of verifying my eligibility for positions requiring a valid driver's license, I authorize the City of Akron to obtain a consumer report from OPENonline to investigate my driving history for traffic violations and suspensions. I understand that I have a right to request disclosure of this consumer report under the Fair Credit Reporting Act. To print out a summary of your rights under the Fair Credit Reporting Act go to: http://www.akronohio.gov/person.html. Copies of the summary are also available from the City of Akron Department of Human Resources at 330-375-2720.
	A:	I consent
8.	Q:	In order to be awarded additional education credit for course work completed at an accredited college or university, you must submit a copy of your official transcripts or degree. Will you be submitting or attaching your college transcripts or copy of your degree? If yes, you must scan and attach a copy of your official transcripts or degree, mail or hand deliver them to Room 102, Municipal Bldg., 166 S. High St, or email them to krininger@akronohio.gov.
	A:	Yes
9.	Q:	Are you currently on probation, parole or supervised release?
	A:	No
10.	Q:	Are you prohibited by law from acquiring, having, carrying, or using firearms?
	A:	No
11.	Q:	Are you currently certified or in the process of becoming certified by the Ohio Peace Officer Training Commission (OPOTC)?
	A:	
		• • •

**12.** Q: If you have received OPOTC certification, what are the dates of your most recent commission?

A:



# **CITY OF AKRON** SETUP & CHANGE PERSONAL **INFORMATION**



As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual.

Please complete entire form				pecine marviat	····		
Employee ID Number:		S	ocial Security Num	iber:			
First Name:		Middle Name	:		t Name:		
*if you have had a name change copy of your social security card	please submit a with this form.	Date of Birth:			r Name: nder:	⊠imale ∐Female	<u> </u>
Priesippoints				1400			1. (* 1. <del>*</del> * * * * * * * * * * * * * * * * * *
Street Address:			The series of Almond Control of				A Landa Co.
City:	-	State:		Zip Co	 de:		
E-mail address:							
Cell Phone Number:			Please o	heck your pre	ferred me	thod of contact	hafour.
Home Phone Number:	_		Þ	Phone	∏Mail	∏E-mall	Delow;
reconstitution stall seed				Secretary was			
Marital Status:	Highest Educ	ation Level co	moleted:	<u> </u>	e a su	territoria Securitoria di Santa de S	
☑Single ☐Divorced ☐Married ☐Widowed ☐Separated	Less than HS gradua Some Coll Technical	HS graduate ate or equivale lege	2-year Collent 🛛 Bachelor's I	Level Degree uate School		Poctorate (Acade Poctorate (Profesost-Doctorate	
sandina di Managan	Mer.	1.5 × 16 1× 15				57955341553	(All Photosophics)
First Name: Street Address:	Last	Name:		Phone N	lumber:	ing programme	Salating Control
City							
Relationship to Employee:	State:		Zip Code:				
eby certify that every statement derstand that any false or incomp	have made or	this Setup & (	hange Personal In	nformation for	n is true a	nd complete.	
Signature:				D	ate:	5/21/2	ن
	icea an Gillet Low	n to Department (	of Human Resources - I	Employee Records	Office		

Revised 2/2017



# HIRE/PERSONNEL ACTION FORM

	Emplo	yee Information		
Employee:	Emplo	yee mior mation	<del> </del>	
Address 1:				
Address 2:				
City:		State:		Zip:
Phone:				
	Hire	Information	·-··	<del> </del>
Person ID:				
Job Class #:	510S	Job Class:	Police	Officer
Hire Date:	12/09/19	Pay Rate:	\$0.00	
Department:	Public Safety Department			
Division:	Police Uniformed Division - 7	<b>7</b> 51		
Hire Req. #:	2018-00233	Job Term:	Permai	nent
Desired start d work until fina	ate as listed above is not guara I approval is received from Hu	nteed. Employee i man Resources.:	nust not	·
NOTE: For Pro the effective da	omotion, Transfer, or Demotion te:	n, the Hire Date a	bove is	This is a Hire
Enter the direct	t supervisor of this employee as	s of the start date:	:	Jerry Forney
Employee ID:				•
Pay Grade and	Step:			80-3
Appointment A	ctions:			Employment
Change Actions	:			
Appointment Co	ode:			Permanent Full-Time Probation New
tatus Code:				Active
ist Code:				Open
osition Number	r:			00001635

12/5/2019

# SSN (DEPARTMENT OF HR USE ONLY):

# Marital Status (DEPARTMENT OF HR USE ONLY):

Comments: 10000-130100

Approvers					
Division Manager	BALL II, KENNETH	09/30/19 03:50 PM			
Mayor	Akron, Mayor	09/30/19 04:42 PM			

135 4

Printed on December 05, 2019

12/5/2019



#### City of Akron Setup & Change Personal Information

#### **Employee**

specific Individual. Please complete entire form,

As an Equal Employment Opportunity employer, the City of Akron follows all federal, state, and local laws, rules, and regulations that pertain to Equal Employment Opportunity. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the state or federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any

Employee ID Number	Social Security Number
First Name	Middle
Last Name	Date of Birth
Gender  • Male Female	'If you have had a name change please submit copy of your social security card with this form.
Street Address	City
State	Zip Code
E-mail Address	Cell Phone Number
Home Phone Number	Please check your preferred method of contact below.  • Phone Mail E-mail

#### **Marital Status**

 Single Married Separated Divorced Widowed

# Highest Education Level completed

Less Than HS Graduate HS Graduate or Equivalent Some College Technical School 2 Year College Degree

 Bachelor's Level Degree Some Graduate School Master's Level Degree Doctorate (Academic) Doctorate (Professional) Post Doctorate

# In case of emergency please contact:

Phone Number

Street Address

City

State

Zip Code

Relationship to Employee:

I hereby certify that every statement I have made on this Setup & Change Personal Information form is true and complete. I understand that any false or incomplete answer may be grounds for dismissal.

Signature Date 10/30/2019

Please submit completed original form to Department of Human Resources - Employee Records Office Revised 2/2017



# Fraternal Order of Police, Akron Lodge #7

217 S. High Street, Suite 404 Akron. Ohio 44308

Form

# Election to Enroll in Deductions

agree to have withheld from my weekly pay benefits by the City of Akron.

X

Payroll ID Number

Dues Form 8/18

# ACKNOWLEDGMENT OF CONDITIONAL JOB OFFER FOR THE POSITION OF POLICE OFFICER

# Do not resign from your current job in anticipation of employment

I fully understand and acknowledge that I have received a CONDITIONAL JOB OFFER for the position of Police Officer and that the offer is conditioned on satisfactory completion of the below listed conditions. The standards for each must be met as established by the City of Akron:

- 1. I must meet and maintain the requirements of a background investigation, including a criminal background check;
- 2. Physical fitness testing:
- 3. A complete medical examination;
- 4. A psychological evaluation;
- 5. Drug screening:
- 6. That a budgeted position for Police Officer is available;
- 7. That funding is dedicated to fill the vacant position at the time I am hired;
- 8. If conditions one through seven are met, I understand that I must also become certified through the Ohio Peace Officer Training Commission ("OPOTC"). If required by the City, I will attend and must successfully complete a Peace Officer Basic Training Academy, which academy may be selected by the City of Akron. OPOTA curriculum and training requirements are subject to change; however it usually includes passing physical fitness requirements, skill assessments and a written examination, and completing a required amount of hours of training. If I am currently certified by OPOTC, I must maintain my certification. I also understand that I must attend and successfully complete any additional training that may be required by the City of Akron.

OPOTA training and certification process must be successfully completed by or before June 20<sup>th</sup> 2020.

I understand that this offer is conditional subject to all the requirements listed above being met. This offer may be withdrawn if any of the conditions listed above are not satisfied or if I am or become unable to perform the essential job functions for the position of Police Officer with or without reasonable accommodation. I understand that I must be able to meet the minimum qualifications for the position at the time of hiring, which includes, but is not limited to, a valid Ohio driver's license, no felony convictions, and no restrictions on my ability to carry and use a firearm.

I understand that this is not a guarantee of employment. I understand that if I am sworn in to the position of Police Officer, I will be subject to a probationary period as required by the City of Akron and subject to all rules, policies and procedures of the City of Akron related to the probationary period and otherwise.

I further understand that my background investigation is a continuous process throughout my training, probationary period and employment. If any information not previously disclosed is revealed or discovered which would have caused my rejection or disqualification from employment by the City of Akron, in the City's sole discretion, my conditional job offer will immediately be rescinded or my employment will be terminated.

I agree to execute a separate agreement which demonstrates that I agree to reimburse the City of Akron for the cost of my training under certain circumstances detailed therein and a separate agreement regarding the property and equipment issued to me by the City of Akron.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS CONDITIONAL OFFER AND AGREE TO ABIDE BY THESE TERMS. I UNDERSTAND AND AFFIRM THAT IF THE CONDITIONS OF THIS JOB OFFER ARE MET, MY APPOINTMENT WILL BE TO PROBATIONARY EMPLOYMENT AND I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE A PROBATIONARY PERIOD UPON BEING SWORN AS A POLICE OFFICER.

Saf. John Palmer
Akron/Police Department Witness (Print)

Saf John Palmer

Witness (Signature)

Address

9/21/10

City of Akron Human Resources Department January 1999

Revised January 2007, January 2012, July 2013, October 2015, May 2016, October 2016, May 2017, June 2017, August 2017, December 2017, January 2018, September 2019

Page 2 of 2

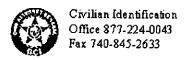
**AGREEMENT** 

\_, am scheduled to be enrolled in an Ohio Peace Officer training academy starting Nov. / Dec. 2019 to receive training prior to my appointment as a Police Officer for the City of Akron.

In the event that I voluntarily resign from the Police Training Academy prior to graduation, I hereby agree to reimburse the City of Akron a pro rata share of the total cost of my training and equipment within twenty-four (24) months of quitting the academy. In the event I do not complete the Academy, do not pass the required OPOTA certification examination at the end of the Academy or am not appointed to the position of police officer with the City of Akron for any reason other than lack of funding, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of the end of my training at the Academy. In the event that I resign from the Akron Police Department within two (2) years from the date I graduate from the Police Training Academy, I hereby agree to reimburse the City of Akron the cost of my training and equipment within twenty-four (24) months of this resignation. This amount due is in consideration of the benefits of the police training received by me to become a City of Akron Police Officer as well as the costs incurred by the City of Akron in paying for such training,

I fully understand the consequences of signing this agreement and voluntarily agree to its terms. I fully understand this is a legal debt of mine and collectible through whatever legal means the City of Akron may employ.

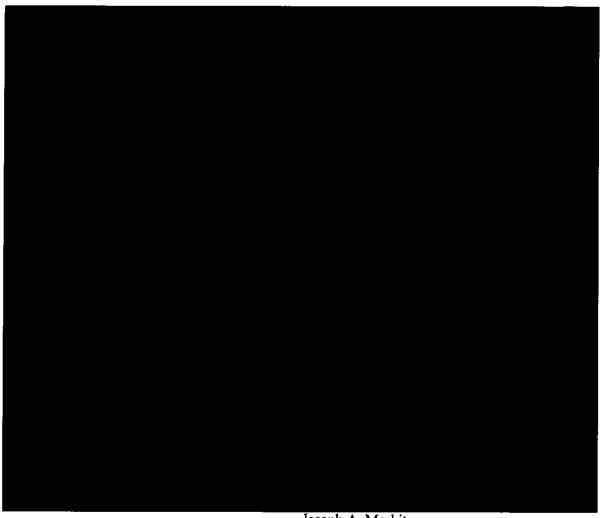




P.O. Box 365 London, OH 43140 www.OhioAttorneyGeneral.gov

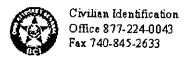
July 02, 2019

CITY OF AKRON DEPT OF H.R. KRIS RININGER 166 SOUTH HIGH ST 102 MUNIPAL BUILDING AKRON, OH 44308



Joseph A. Morbitzer Superintendent Ohio Bureau of Criminal Investigation

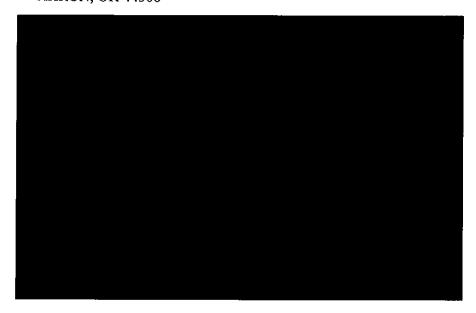




P.O. Box 365 London, OH 43140 www.OhioAttorneyGeneral.gov

July 02, 2019

CITY OF AKRON DEPT OF H.R. KRIS RININGER 166 SOUTH HIGH ST 102 MUNIPAL BUILDING AKRON, OH 44308



Joseph A. Morbitzer Superintendent Ohio Bureau of Criminal Investigation

Ohio Department of Public Safety - Government Access

Last Name:

**Driver Abstract** 

This Ohio driver abstract spans the previous three-year period.

Your License Status as of 11/20/2019: Valid

**Endorsements: None** 

CDL Med Cert Not Certified

Restrictions: A: None

# - CONVICTIONS -

C1 IN-STATE CONVICTION

**Court: CUYAHOGA FALLS MAYORS** 

Offense Date: 2018 Conviction Date: 2018 Points:

Court Case:

2

Offense: SPEED

75 MPH in a 55 MPH zone

print this page close this window to return



# Acknowledgement of SEXUAL HARASSMENT AWARENESS (SHA) TRAINING **Computer Based Training**

I acknowledge that on <u>Friday, December 20, 2019</u>, I completed the City's SEXUAL HARASSMENT AWARENESS (SHA) TRAINING Computer Based Training.

Title

Department/Division 1-3-20

Date

5050 TVN 55 6N 3: 52

print this page close this window to return

# TRAINING EVALUATION SEXUAL HARASSMENT AWARENESS (SHA) TRAINING

Your assessment of this program can help us improve future computer-based training courses. Please express your candid opinions by rating each item with the answer that best describes your reaction. Upon completion, return evaluation to Myra Snipes, Training/EEO Division, Suite 100 - CitiCenter.

The computer based Training course I am evaluating is
SEXUAL HARASSMENT AWARENESS (SHA) TRAINING
2. Refore taking this computer to a relative to the second
2. Before taking this computer-based training (CBT) course, your knowledge and understanding of the subjection
[v] Above average
[ ] Average
[ ] Below average
[ ] Unsure
<ol> <li>Approximately, how long did it take you to complete the CBT course?</li> <li>✓ Less than 30 minutes</li> </ol>
[ ] 30 - 55 minutes
[ ] 1 - 2 hours
[ ] 3 - 4 hours
<ol> <li>The quality of sound is         [✓] Excellent</li> </ol>
[ ] Good
[ ] Average
[ ] Below average
5 After toking this
<ol> <li>After taking this computer-based training, your knowledge and understanding of the subject is</li> </ol>
[ ] Above average
[ ] Below average
[ ] Unsure
6. The computer-based training course is
Very user-friendly
[ √] Moderately user-friendly [ ] Not very user-friendly
[ ] No opinion
Additional Comments:
Additional Comments:

12/20/2019



# OHIO PEACE OFFICER TRAINING COMMISSION &

THE OFFICE OF THE ATTORNEY GENERAL

This is to certify that

has completed the Ohio Peace Officer Basic Training Program

Conducted by

Akron Police Department

Awarded On May 29, 2020

Dave Yost Attorney General

Vernon P.Stanforth, Charperson Ohio Peace Officer Training Commission

2022-08-31 Officer



Dwight A Holcomb, Executive Director Ohio Peace Officer Training Commission

School Commander

BAS19-090 200548

# OHIO ATTORNEY GENERAL This certificate of completion is awarded to

For successfully completing the Webcast course

THE RESERVE THE PROPERTY OF TH

# **OHLEG Security Training**

Issued on

Expires in 2 years

Joseph A. Morbitzer, BCI SUPERINTENDENT





# **Akron Police Department** Weapons Training Report

**Range Course Results** Type: Any Officers filtered: 1

Of	ficer	Date/Time	Training Type	Weapon Type	Manufacturer	Model	Serial #	Result	Notes
		. 02/23/2022 10:00	Rifle	Rifle	Palmetto St Armory			Passed	
		12/29/2021 19:30	Low Light	Semi-Automatic Pistol	Glock	G5-17		Passed	
		08/09/2021 13:00	Rifle	Rifle	Palmetto St Armory			Passed	
		03/31/2021 12:30	Duty Pistol Qualification	Semi-Automatic Pistol	Glock	G5-17		Passed	
		12/21/2020 21:30	Low Light	Semi-Automatic Pistol	Glock	G5-17	B	Passed	
		12/21/2020 21:30	Low Light	Semi-Automatic Pistol	Glock	G5-17	B	Passed	
		05/07/2020 08:00	Rifle	Rifle	Palmetto St Armory			Passed	

EMPLOYEE NAME		DIVISION Police Unifo	rmed	:	CLASS TITLE		1:	·		
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PLANNING, ORGANIZING, ASSIGNI		PERFORMANCE	SUPERVISORY	EVALUATOR 1	0	0	0	0	0
☐ TRAINING & INSTRUCTING ☐ DISCIPLINARY CONTROL	☐ FAIRNESS, IM LEADERSHIP	a ritting (17)	04701.0	EVALUATOR 2 (IF NOT APPLICABLE)	0	0	0		0
COMMENT HERE ABOUT STAR TED ON THE FORM MAY BE ENTE OFF.	RED HERE. EVALUA	ATIONS OF 60, 70, OR	95 MUST BE SUBSTANTIAN	ED IN WRITING. INIT	IAL OR S	SIGN YO	UR CON	IMENTS.	
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				·····-					
SIGNATURE THIS REP OF EVALUATOR  EVALUATE  REVIEWER:   APPROVE THIS RE	OR SIGNATURE		NOWLEDGE IT REPRESENTS A  6 - 9 - 2   Company of the second of the secon	TOR 2 SIGNATURE	LE II.	SO7	Ç	-8 - <u>7</u>	ZI ĀTĒ
It lasy	//807 Employfe 10 1	SHOWS THAT OF THE REPO	SILINATURE OF THE MEN PLOYEE. YOUR GNATURE YOU HAVE RECEIVED A COPY BIT AND THAT THE EVALUATION	T HEAD OR AUTHORIZED	ting		7	DATE	7/
AND DATE		WAS DISCUSS MEAN YOU AG	SED WITH YOU; IT DOES NOT REE.	EMPLOY	ĒE'S SIGN	A TÜRE A	NO DATE		
ED DATE - MAY 2005	•	PERSONNE							

PERSONNEL COPY

CITY OF AKRON EMF		ERFORM/	ANCE EVALL	JATION RE		Γ			C\$C 1-
	Po.	lice Unifor	med	Tolica (		r			
EVALUATION CS/24 TO 1	1 4 2 ME	RIT REASE DATE		RETURN O PERSONNE	RIGINAL L DEPA	TO RTMEN	BY L	-84- <del>/27/</del>	20 20
E		TVDE	OF EVALUATION		PLEAS				
M		540	: _ <del></del>	\varphi \(\bar{\pi} \)	<b>a</b> a				
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E		ONTH DAY DAY	DAY DAY DAY	DAY ON A	மைம	D (D) (	TO CED	<b>3D</b>	COD CI
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	2. LINE OUT ITE	MS	3. EVALUATE PER			UNSATI		)BY	
ITEMS WHICH ARE JOB-	WHICH ARE NO	OT JOB-	BLACKENING IN BOX			MPROV		_	ED
RELATED, WITH:	RELATED		PENCIL. DO NOT ER		80 = 8	SATISFA	ACTOR'	4	
± = STRONG  ■ STANDARD			CORRECTION IS NEC			VERY G			
= WEAK			A NEW FORM FROM DEPARTMENT.	THE PERSONNEL	95 = 0 60	OUTSTA			T 60
ACCURACY	JUDGEMENT			··	·	<del> </del>	80	90	95
THOROUGHNESS  MEATNESS OF WORK PRODUCT	WRITTEN EXPRE		QUALITY OF WORK	EVALUATOR 1 EVALUATOR 2	0 0	0 0	-	0 0	0 0
M AMOUNT OF WORK ACCOMPLISHED			QUANTITY	EVALUATOR 1	0	0	-	0	0
COMPLETION OF WORK ON SCHEDUL  ADHERENCE TO WORKING HOURS			OF WORK	EVALUATOR 2	무무	18		0	0
DEPENDABILITY AS REFLECTED BY	AMOUNT OF TIME	REFLECTED BY ABSENT	ATTENDANCE	EVALUATOR 1 EVALUATOR 2	0.0	0	0 0	0 0	
DILIGENCE, EFFORT	D INITIATIVE	<del></del>			-	1	=		
COMPLIANCE WITH INSTRUCTIONS OF OBSERVANCE OF WORK PURES SAFETY	CARE OF EQUIPMENT ORGANIZATION OF		VORK HABITS	EVALUATOR 1 EVALUATOR 2	0 0	0 0		0 0	0 0
CONDUCT & COOPERATION WITH SUPERVISION CONDUCT & COOPERATION	CONDUCT WITH F		RELATIONSHIP			0	400	0	0
CONDUCT & COOPERATION WITH CO-WORKERS PLANNING, ORGANIZING, ASSIGNING	PERSONAL APPE	······································	WITH OTHERS	EVALUATOR 2		10	1	0	0
TRAINING & INSTRUCTING DISCIPLINARY CONTROL	FAIRNESS, IMPAR		SUPERVISORY SKILLS (LEAVE BL)	EVALUATOR 1 EVALUATOR 2 ANK IF NOT APPLICABLE	0 0	0 0	0 0	0 0	0 0
4. COMMENT HERE ABOUT STRENG	THS OR ITEMS WHI	CH NEED IMPROV	EMENT, ITEMS WHICH A	RE JOB-RELATED TO	THIS EM	OYEE	RUT AR	- NOT	l
LISTED ON THE FORM MAY BE ENTERE		ONS OF 60, 70, OR	95 MUST BE SUBSTANT	IATED IN WRITING. IN			peria	MENTS	L 
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		<del></del>							
5. SIGNATURE THIS REPORT OF EVALUATOR EVALUATOR		ERVATION AND/OR K	NOWLEDGE IT REPRESENT	S MY BEST JUDGEMENT	ماد	II ZO.	7 /2	- Y - &	Ö ÖATE
6. REVIEWER: I APPROVE THIS REPORT AS PEQUITABIL TY:	RT IN TERMS OF PROC	EDURE, CONTENT	TO BE USED ONLY UPON S THIS IS TO CERTIFY THAT () ORIGINAL APPOINTMEN	SUCCESSFUL COMPLETE THIS EMPLOYEE SHOUL	ON OF PRO	RATION P	FRICA		ZAIE
Like 1.	1800	18/9/0							
7. REPORT DISCUSSION	LOYEE ID #		SIGNATURE OF DEPARTM	RE	ZED REPR	SENTATI	VF	DATE	
REPORT DISCUSSED WITH EMPLOYEE BY, SIGNATURE AND DATE Coupt which	Assr	OF THE REPO	YOU HAVE RECEIVED A COM RT AND THAT THE EVALUATION SED WITH YOU: IT DOES IN BREE.	DN PER				14/2	1/20
EVISED DATE - MAY 2005		PERS	CONNEL COPY					:	:

EMPLOYEE RECORDS

2022-08-31 Officer File Review - Bureau of Criminal Investigation Main Office 02/22/2023

EMPLOYEE NAME	70	PIVISION		CLASS TITL	<u></u> E	<u>-</u>			USC
	F	<u>olice Vail</u>	SYMMEC	Folice O	ffice	er.			
FROM 12/9/19 TO		IERIT ICREASE DATE		RETURN OF PERSONNE	L DEPA	RTMEN	T BY (	15/31	/20
E		TVP	E OF EVALUATION		PLEAS				
M		- CM		V O					
<u> </u>			PLOY SEASON PR BATION TEMP TRAN	SEER 7 7	D (I) (				
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E		6-MONTH 45 DAY 90 DAY	DAY DAY DAY NAL	A O B O O O O O O O O O O O O O O O O O		D (D)	I)	œ	CD C
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	<u>മതനാ</u>	ഉതന്നു	FACTORS YR: @	ാധാധാധാധാവ	മമാ	ഉദാ (	<b>I</b>		
1. MARK PERFORMANCE, IN	2. LINE OUT IT		3. EVALUATE PERFO				SFACT	ORY	
ITEMS WHICH ARE JOB- RELATED, WITH:	WHICH ARE N	OT JOB-	BLACKENING IN BOX		70 = I	MPROV	EMEN	T NEED	ED.
⊕ = STRONG	RELATED		PENCIL. DO NOT ERA				ACTOR	Y	
STANDARD			CORRECTION IS NECE A NEW FORM FROM T			ERY G			
= WEAK			DEPARTMENT,	HE PERSONNEL	95 = (	70	NDING 80	90	T 05
ACCURACY	JUDGEMENT					//	1 60	90	95
THOROUGHNESS	WAITTEN EXPRI		QUALITY OF WORK	EVALUATOR 1			(EE)		0
NEATNESS OF WORK PRODUCT	ORAL EXPRESS	ION		EVALUATOR 2		0			0
AMOUNT OF WORK ACCOMPLISHED COMPLETION OF WORK ON SCHEDUL	_		QUANTITY	EVALUATOR 1		0	<b>(498</b> )	0	0
ADHERENCE TO WORKING HOURS			OF WORK	EVALUATOR 2	<del>  -</del>	0	<b>(100</b> )	0	0
DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	AVAILABILITY AS	E ABSENT	ATTENDANCE	EVALUATOR 1 EVALUATOR 2		0 0	0 0	0 0	
D'DILIGENCE, EFFORT COMPLIANCE WITH INSTRUCTIONS OR OR PECTIVES	INITIATIVE		VORK	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>				
OBSERVANCE OF WORK	CARE OF EQUIP		HABITS	EVALUATOR 1 EVALUATOR 2	0 0	0 0		0 0	0 0
CONDUCT & COOPERATION WITH SUPERVISION	CONDUCT WITH		RELATIONSHIP	EVALUATOR 1	10		<b>533</b>		0
CONDUCT & COOPERATION WITH CO-WORKERS	PERSONAL APPE		WITH OTHERS	EVALUATOR 2		0	-	0	0
PLANNING, ORGANIZING, ASSIGNING	EVALUATING PER		SUPERVISORY	EVALUATOR 1	0	0	0	<del>-</del>	<del></del>
DISCIPLINARY CONTROL	FAIRNESS, IMPAR	RITALITY,	0.40.10	EVALUATOR 2 (IF NOT APPLICABLE)		0	$\circ$	0	$\bigcirc$
4. COMMENT HERE ABOUT STRENG	THS OR ITEMS WHI	CH NEED IMPROV	i i						
THOUSED ON THE FORM MAT BE ENTERE	J HEKE, EVALUATK	DNS.OF.60, 70, OR	95 MUST BE SUBSTANTIAT t this point. Recruit	ED IN WRITINGINITI has suc	AL OR S	IGN YO	UR COM	MENTS.	
5. SIGNATURE THIS REPORT OF EVALUATOR	IS BASED ON MY OBSI	ERVATION AND/OR KI	NOWLEDGE, IT REPRESENTS M	Y BEST JUDGEMENT OF		LOYEE'S	-	1 /	
EVALUATOR 1		MPLOYEE 10 #	DATE EVALUA	TOR 2 SIGNATURE		OYEE ID		720/	LO ATE
6. REVIEWER: I APPROVE THIS REPORT AND EQUITABILITY:  SIGNARDIE OF REVIEWER  MPLI	10449 10449	DURE, CONTENT	TO BE USED ONLY UPON SUC THIS IS TO CERTIFY THAT THIS IT ORIGINAL APPOINTMENT TO SIGNATURE OF DEPARTMENT		OF PROBA	ATION PE	RIOD: VT STATU	IS ON	
7. REPORT DISCUSSION			LOYEE. YOUR SIGNATURE					DATE	
REPORT DISCUSSED WITH EMPLOYEE BY. SIGNATURE	, ,		YOU HAVE RECEIVED A COPY IT AND TRAT THE EVALUATION				/.	2. / 2-	
AND DATE	2/26		ED WITH YOU: IT DOES NOT				5/4	1/20	
VISED DATE - MAY 2005			ONNEL COPY				DATE		

CITY OF AKKON EMPLOYEE RECORDS

EMPLOYEE RECORDS

EMPLOYEE NAME		ISION			CLASS TITLE					
EVALUATION	"]	<u>iscə Unito</u> 	mee		Folice Of	fice	<u>r-</u> _	10	-24-	7.0
FROM SEL 24 DO TO 16	4// <b>4</b> ME INC	RIT REASE DATE	<u></u>		RETURN ORI PERSONNEL	DEPAI	RTMEN		<del>1</del>	
E		TYPE	OF EVALUATION							Œ Œ
M				PROM		ာတာင	മക	ÐŒ	Œ <b>æ</b>	നാ വ
L		STD PROB		TRANSFER	15 5					OD (T
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E		MYERIM MONTA 45 DAY 90 DAY	270 DA 45 DA) 90 DA) FINAL	45 D	R 1					
1		E &   4 0	- 50 4 90 1	4 0)						
D		00 00			Do					
ITEMS MO: COROCO	- <u> </u>		I LACTORS		കരാമാദ	താ	D (ID) (	D		
1. MARK PERFORMANCE, IN 2 ITEMS WHICH ARE JOB-	2. LINE OUT ITEN WHICH ARE NO		3. EVALUATE P					SFACTO		
RELATED, WITH:	RELATED	1 306.	BLACKENING IN I					EMEN!	NEED	ED
+ = STRONG	***************************************		CORRECTION IS				/ERY G		•	
			A NEW FORM FR					NDING		
= WEAK		·····	DEPARTMENT.	····		60	70	80	90	95
ACCURACY	JUDGEMENT		QUALITY	F۷	/ALUATOR 1	0	0		0	0
THOROUGHNESS  NEATNESS OF WORK PRODUCT	WRITTEN EXPRES		OF WORK		ALUATOR 2	0			) (	) (
MAMOUNT OF WORK ACCOMPLISHED	ORAL EXPRESSIO		QUANTITY		ALUATOR 1	<del> </del>	<del> </del> _			
COMPLETION OF WORK ON SCHEDULE	<u> </u>		OF WORK		ALUATOR 1	0 0	0 0		0 0	0 0
ADHERENCE TO WORKING HOURS	AVAILABILITY AS P	REFLECTED BY		EV	ALUATOR 1	0	5	0	0 (	
DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	AMOUNT OF TIME	ABSENT	ATTENDANC	EV EV	ALUATOR 2	0	0	0	0	
DILIGENCE, EFFORT	INITIATIVE		VORK	F۷	ALUATOR 1	0	0	450	0	0
OR OBJECTIVES OBSERVANCE OF WORK	CARE OF EQUIPME		HABITS		ALUATOR 2	) ()	0 (	66	0	0
CONDUCT & COOPERATION WITH SUPERVISION	ORGANIZATION OF		RELATIONSH	IID CV	ALLIATOR 1			. The second		
CONDUCT & COOPERATION WITH CO-WORKERS	PERSONAL APPEA	1	WITH OTHER		ALUATOR 1 ALUATOR 2	0 0	0 0		0 0	0 0
PLANNING, ORGANIZING, ASSIGNING	EVALUATING PERF			EV	ALUATOR 1	0	0	<del></del>		<del></del>
TRAINING & INSTRUCTING	FAIRNESS, IMPART	IALITY.	SUPERVISOR SKILLS (LEAVE	łΥ ΕV	ALUATOR 2	0			0	$\overline{0}$
DISCIPLINARY CONTROL			•		T APPLICABLE)					
4. COMMENT HERE ABOUT STRENGT LISTED ON THE FORM MAY BE ENTERED	THS OR ITEMS WHIC	H NEED IMPROVE	EMENT. ITEMS WHICH	HARE JOB-	RELATED TO TH	IIS EMP	LOYEE 6	BUT ARE	TON	
	TIERE. EVALUATION	13 OF 60, 70. OA	93 MO31 BE 30831A	NY TIASED IN	r Watering, initi	AL OH S	SIGN YO	UH COM	IMENIS	
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5. SIGNATURE THIS REPORT I	IS BASED ON MY OBSE	BVATION AND/OD VA	IOWLEDGE. IT REPRESE	TITO NO DEC						
OF EVALUATOR	O DAGED ON MT OBSE	AN HOTOR WOLLKAN	OWLEDGE. II REPHESE	NIS MY BES	I JUUGEMENT OF	THE EMI	PLOYEE'S	PERFOR	MANCE.	
EVALUATOR 1		MPLOYEE ID I	12/3/20 DATE É	VALUATOR 2	SIGNATURE SIGNATURE		LOYEE ID		· Y - 27	ATE
6. REVIEWER: I APPROVE THIS REPORT		DURE CONTENT	TO BE USED ONLY UPO	IN SUCCESSE	LIL COMPLETION	OF PROP	ATION D	DIOD:		
		/. /	THIS IS TO CERTIFY THE	ENT E PRO	MOTION					ŀ
ha like	800	19/3/8/								
	OYEE ID #	DATE	SIGNATURE OF DEPAR		OR AUTHORIZED	REPRES	SENTATIV	E	DATE	
7. REPORT DISCUSSION REPORT DISCUSSED WITH EMPLOYEE BY:			PLOYEE: YOUR SIGNA YOU HAVE RECEIVED A						,	,
SIGNATURE C. + ( s. 1 )		OF THE REPOR	T AND THAT THE EVALUATED WITH YOU; IT DOES	ATION					12/21	201
	10d2	MEAN YOU AGE	REE.						_/_/	<u></u>
EVISED DATE . MAY 2006		PERS	ONNEL COPY							

EMPLOYEE NAME	<del>-</del>	DIVISION	<del></del>		CLASS TITLE	<u></u> ,	•			USU I
EVALUATION		POLICE U	NIFORM		POLICE RETURN ORI			<u> </u>		
FROM 5/29/20 TO	5/29/21	INCREASE DATE	<del>-</del>		PERSONNEL	DEPAR	RTMEN			
E		TVD	E OE EVALUATION					#2 PE		
M		<del></del>	E OF EVALUATION	,	15/			க ச		
P L			LOY SEASON ATION TEMP	PROM TRANSFER	1 A 1 7 1			ತಾ ತಾ	_	
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E		S-MONTH 45 DAY 90 DAY	180 DAY 270 DAY 45 DAY 90 DAY FINAL	5 DAY	Ř					
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ITEMS MO: CD CD CD CD	····		FACTORS YE	R: <b>(D</b> ) (D)	മായമായ	മാദ	O O O	<b>.</b>		
1. MARK PERFORMANCE, IN	2. LINE OUT		3. EVALUATE P			60 = L	INSATI	SFACT	ORY	
ITEMS WHICH ARE JOB- RELATED, WITH:	WHICH ARI RELATED	E NOT JOB-	BLACKENING IN I					EMEN		ED
= STRONG	netareb		PENCIL. DO NOT CORRECTION IS				ERY G	ACTOR	Y	
STANDARD			A NEW FORM FR					NDING	i	
= WEAK			DEPARTMENT.	J 11.2 1 1		60	70	80	90	95
ACCURACY	JUOGEMEN		QUALITY	EV	ALUATOR 1		0	<b>(26)</b>		<del>                                     </del>
THOROUGHNESS	WRITTEN E		OF WORK		ALUATOR 2	0 0			0 0	00
NEATNESS OF WORK PRODUCT  AMDUNT OF WORK ACCOMPLISHED	ORAL EXPR	ESSION								
COMPLETION OF WORK ON SCHEDU	ı F		QUANTITY OF WORK		ALUATOR 1 ALUATOR 2	0 0		(SE)	0	0
AOHERENCE TO WORKING HOURS	· · · · · · · · · · · · · · · · · · ·	Y 45 DEELECTED BY	· ·	EV	ALUATOR 1	10	0	0	0	
DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE		Y AS REFLECTED BY TIME ABSENT	ATTENDANC	-	ALUATOR 2	0	0	0	0	<b>QED</b>
DILIGENCE, EFFORT  COMPLIANCE WITH INSTRUCTIONS	INITIATIVE		WORK	EV.	ALUATOR 1		0	<b>(38)</b>	0	0
OR OBJECTIVES OBSERVANCE OF WORK BULES, SAFETY	☐ CARE OF EC	DUPMENT, MATERIAL	HABITS		ALUATOR 2	0	0		0	0
CONDUCT & COOPERATION WITH SUPERVISION	CONDUCT W		RELATIONSH	IID EV	ALUATOR 1		0	22		
CONDUCT & COOPERATION WITH CO-WORKERS		APPEARANCE & CARE	WITH OTHER		ALUATOR 2	) (	0 (	423	0 0	0 0
PLANNING, ORGANIZING, ASSIGNING	_	PERFORMANCE		EV	ALUATOR 1	0	0	0	0	0
TRAINING & INSTRUCTING	FAIRNESS, IN	MPARTIALITY,	SUPERVISOF SKILLS (LEAVE	EV/	ALUATOR 2	0	0	0		0
OISCIPLINARY CONTROL  4. COMMENT HERE ABOUT STRENG	27.12.22.22.22		•		T APPLICABLE)			_,,,		
ISTED ON THE FORM MAY BE ENTER!	S PN	ATIONS OF 60, 70, OR	95 MUST BE SUBSTA	NOTIATED IN	WRITING INITI	AL OR S	SIGN YO	UR CON	MENTS	
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SIGNATURE THIS REPORT OF EVALUATOR EVALUATOR	SIGNATURE	OBSERVATION AND/OR K	6-8-21		~ (( ()oh	e li		Ç	·-8 -1	ZI PATE
REVIEWER: I APPROVE THIS REPO		POCEDURE, CONTENT	TO BE USED ONLY UPO THIS IS TO CERTIFY TH ORIGINAL APPOINTM	N SUCCESSE	16 COMPLETION	OF PROB	ATION PI	ERIOD:		
	SOJ PLOYEE ID #	7/1/ <del>3</del> /	SIGNATURE OF OUT OF	RIMENT HEAD	HC OR AUTHORIZED	PEPPES	ENTATIV		DATE	*/_
REPORT DISCUSSION  REPORT DISCUSSED WITH EMPLOYEE OF	•	SHOWS THAT	PLOYEE: YOUR SIGNA YOU HAVE RECEIVED A PAT AND THAT THE EVALUA	COPY				_	1.1.	
SIGNATURE AND DATE	t3ro		ED WITH YOU; IT DOES					DATE	4/2	1
SED DATE - MAY 2005		PERSONNEL	COPY							

PROTULE 22 AM IN 06

Name:				ID:	Badge#:	Payro	oll ID:
SSN:	DC	DB:	Status: AC	CTIVE	Serv	vice Date:	12/09/2019
Appointed:	12/09/2019	OPOTC:		Sworn In:	05/29/2020	Separation	on:
PROMOTIO	<u>NS</u>						
NOTES MOTHER							
ASSIGNMEN	NTS						
10-19-2020 08-10-2020 06-01-2020 12-09-2019	UNIFORM, UNIFORM, UNIFORM,	PLATOON 4 7:: PLATOON 5 11 PLATOON 4 7F , RECRUIT SCH	AM-7:30PM PM-3:30AM				
TRAINING 05-05-2020	OHLEG SE	CURITY TRAINI	ING				
COMPLAINT	<u>ΓS</u>						
DISCIPLINE	<u>s</u>						
FILE REVIE	ws						
SHOTS FIRE	<u>D</u>						
<u>AWARDS</u>							
SPECIAL UN	VITS						

	Basic Training					
<b>School Number</b>	( Facility Name (School Facility) (Facility)	From Date (Scho To	o Date (School) Ex	xam Date	Certificate Numb Certificate I	Date
BAS19-090	Akron Police Department	12/11/2019	4/30/2020	5/18/2020	5/29/	/2020

<b>Employment History</b>				
Officer Name (Officer) (Officer)	Agency Name (Agency) (Agency)	Start Date	Employment Dat End Date	Employment Dat Emp. Status (Emp
	Akron Police Department	5/29/2020	O Appointment	Full-time