



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



2022-1356

Officer-Involved Critical Incident - 1659 S. Main Street, Akron, Ohio  
 44301

Investigative Activity: Personnel File Review

Involves: Officer [REDACTED]

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 [REDACTED] ([REDACTED]) from the Akron Police Department (APD) and the City of Akron Law Department. SA Joseph Goudy reviewed the personnel file and noted the following:

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

**Training:**

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

**Firearms Qualification:**

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

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

Officer [REDACTED]'s personnel file, training records and firearm qualifications are attached to this report. Please refer to the attachments for further details.

**Attachments:**

- Attachment #01: Officer [REDACTED] s Personnel File
- Attachment #02: Officer [REDACTED] s OPOTA Certificate
- Attachment #03: Officer [REDACTED] s Firearms Qualifications
- Attachment #04: Officer [REDACTED] s Evaluation
- Attachment #05: Officer [REDACTED] s Employee Summary
- Attachment #06: Officer [REDACTED] 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.

**Contact Information -- Person ID:** [REDACTED]

Name: [REDACTED] Address: [REDACTED] Akron, Ohio [REDACTED] US  
Home Phone: [REDACTED] Alternate Phone:  
Text Messaging Mobile No: [REDACTED] Email: [REDACTED]  
Notification Preference: Email Former Last Name: [REDACTED]  
Month and Day of Birth: [REDACTED]

**Personal Information**

Can you, after employment, submit proof of your legal right to work in the United States? Yes  
What is your highest level of education? Bachelor's Degree

**Preferences**

Types of positions you will accept: Regular  
Types of work you will accept: Full Time  
Types of shifts you will accept: Day , Evening , Night

**Objective**

**Education**

**College/University** Did you graduate: Yes  
*University of Akron* Major/Minor: Political Science/ Criminal Justice  
<https://www.uakron.edu/> Degree Received: Bachelor's  
9/2014 - 5/2018  
Akron, Ohio

**High School** Did you graduate: Yes  
*Garfield High School* Highest Level Completed: 12  
8/2010 - 6/2014 Did you receive a GED? No  
Akron, Ohio Degree Received: High School Diploma

**Work Experience**

**Cross Trained Agent** Hours worked per week: 16  
8/2018 - Present Monthly Salary: \$1,200.00  
Name of Supervisor: [REDACTED] - General Manager  
May we contact this employer? Yes  
Piedmont Airlines  
[www.piedmont-airlines.com](http://www.piedmont-airlines.com)  
5400 Lauby Rd  
North Canton, Ohio 44720  
[REDACTED]

**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** Hours worked per week: 10  
6/2015 - Present Monthly Salary: \$300.00

Impak Sales/Direct Beauty  
Akron, Ohio 44301  
[REDACTED]

Name of Supervisor: [REDACTED] - General Manager  
May we contact this employer? Yes

**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  
Name of Supervisor: [REDACTED] - Manager  
May we contact this employer? Yes

Hungry Howies  
366 W Waterloo Rd  
Akron, Ohio 44314  
[REDACTED]

**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**

Personal

[REDACTED]  
Copley, Ohio 44321  
[REDACTED]

Professional

[REDACTED]  
Supervisor

[REDACTED]  
North Canton, Ohio 44720  
[REDACTED]

Personal

[REDACTED]  
Akron, Ohio 44301  
[REDACTED]

Professional



DANIEL MORRISAN, MAYOR

# 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

Employee ID Number: [REDACTED] Social Security Number: [REDACTED]

First Name: [REDACTED] Middle Name: [REDACTED] Last Name: [REDACTED]

\*If you have had a name change please submit a copy of your social security card with this form. Date of Birth: [REDACTED] Gender:  Male  Female

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED] Home Phone Number: [REDACTED]

Please check your preferred method of contact below:  
 Phone  Mail  E-mail

Marital Status:  Single  Divorced  Married  Widowed  Separated

Highest Education Level completed:

<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> 2-year College Degree	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> HS graduate or equivalent	<input checked="" type="checkbox"/> Bachelor's Level Degree	<input type="checkbox"/> Doctorate (Professional)
<input type="checkbox"/> Some College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> Post-Doctorate
<input type="checkbox"/> Technical School	<input type="checkbox"/> Master's Level Degree	

First Name: [REDACTED] Last Name: [REDACTED] Phone Number: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

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: [REDACTED] Date: 5/21/20

Please submit completed original form to Department of Human Resources - Employee Records Office

Revised 2/2017

CITY OF AKRON, OHIO

DEPARTMENT  
CHIEF'S OFFICE

CHIEF'S DIRECTIVE

DIRECTIVE

Effective Monday, [REDACTED] the following transfers\* are made in the Akron Police Department:

Officer [REDACTED]  
I.D. # [REDACTED]

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

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

Officer [REDACTED]  
I.D. # [REDACTED]

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

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

Officer [REDACTED]  
I.D. # [REDACTED]

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

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

Officer [REDACTED]  
I.D. # [REDACTED]

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

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

Officer [REDACTED]  
I.D. # [REDACTED]

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

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

Effective Monday [REDACTED] the following transfers\* are made in the Akron Police Department:

Officer [REDACTED]  
I.D. # [REDACTED]

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

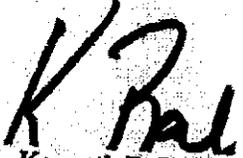
Uniform  
Sub-Division  
Platoon #1  
10:30PM-7:00AM

Officer [REDACTED]  
I.D. # [REDACTED]

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

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

\*Based on 2-year rule.

  
Kenneth R. Ball II  
Chief of Police

**CITY OF AKRON, OHIO**

**DEPARTMENT**

**CHIEF'S DIRECTIVE**

**POLICE DIVISION**

**2022-CD-67**

**June 27, 2022**

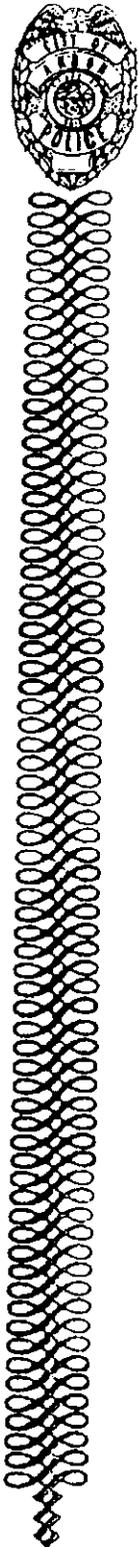
**DIRECTIVE**

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

Officer [REDACTED]  
Officer [REDACTED]

*Stephen L. Mylett*

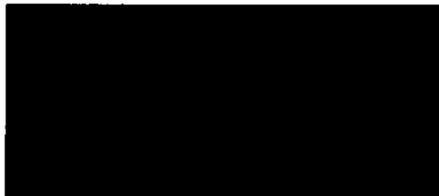
**Stephen L. Mylett  
Chief Of Police**



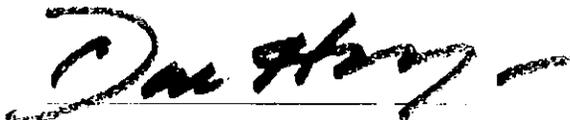
I, [REDACTED] DO SOLEMNLY PLEDGE

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 [REDACTED]

  
DANIEL HORRIGAN, MAYOR



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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

**NOTICE OF PEACE OFFICER APPOINTMENT**

Check Box If:  Correction to Record  Name Change

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.

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

Akron Police Department

<b>AGENCY INFORMATION</b>		8. Agency Name Akron Police Department			
10. Reporting Authority's Email Address chiefsakle@akronohio.gov			11. Agency Phone Number 330-375-2244		
12. Agency Mailing Address (#/Street/PO Box)		(City)	(Zip Code)	(County Name)	

217 S. High Street Akron 44308 Summit

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)			13. New Appointment Date	14. Status Change Date
15. Select New Status <input checked="" 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				
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				
<input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02)	<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	<input type="checkbox"/> City Chief (737.02)		
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)	<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	<input type="checkbox"/> Village Chief (737.15)		
<input type="checkbox"/> Township Police Officer (505.49)	<input type="checkbox"/> Township Constable (509.01)	<input type="checkbox"/> Other Chief - List ORC/Charter		
<input type="checkbox"/> Other - List ORC/Charter	<input type="checkbox"/> Deputy Sheriff (311.04)	<input type="checkbox"/> Sheriff (311.01)		

<b>ATTESTATION OF REPORTING AUTHORITY</b>		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 <i>K. Ball</i>	18. Printed Name and Title Kenneth R. Ball, Chief of Police	19. Date 05, 21, 2020	
20. Signature of Witness <i>C.A. Brown</i>	21. Printed Name (First, Middle, Last) Charles A. Brown	22. Date 05, 21, 2020	

SF400adm  
Page 1 of 2  
Effective 02/06/2019

This form may be emailed to: SF400@ohioattorneygeneral.gov

Officer Name (Last)

(First)

(Middle)

Social Security Number

**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 to discharge the duties of this office.

  
Signature of appointing Authority

**Daniel Horrigan**

Name of Appointing Authority (Typed or Printed Legibly)

**Mayor, City of Akron**

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) <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		

*Handwritten initials and date*

Manager

Akron , Ohio 44314

**Resume**

**Text Resume**

**Attachments**

<b>Attachment</b>	<b>File Name</b>	<b>File Type</b>	<b>Created By</b>
Bachelors Degree.pdf	Bachelors Degree.pdf	<b>Copy of Degree</b>	Job Seeker
Associates Degree.pdf	Associates Degree.pdf	<b>Copy of Degree</b>	Job Seeker
Resume-2.docx	Resume-2.docx	<b>Resume</b>	Job Seeker
residency form 2019	[REDACTED]	<b>Other</b>	Kris Rininger

**Agency-Wide Questions**

1. Q: Applicants are eligible for Residency Preference Points in accordance with Section 106a of the Akron City Charter. A candidate who obtains a passing grade on an examination, shall have preference points added to the examination score provided the candidate has been a resident citizen within the corporate limits of the City of Akron continuously for at least one year immediately prior to the date of examination and remains a resident citizen of the City of Akron throughout the remainder of the selection process. Do you live within the corporate limits of the City of Akron?

A: Yes

2. Q: How many months have you continuously lived at your present address?

A: 168

3. Q: List all addresses where you have resided in the previous year including the dates you resided at each address.

A: [REDACTED]  
Akron, OH 44301  
Ive resided at this address from 2004 to the present date.

4. Q: Indicate an alternate contact person and telephone number.

A: [REDACTED]

5. Q: Have you ever been employed by the City of Akron?

A: No

6. Q: Are you currently a permanent City of Akron employee in the classified service?

A: No

7. Q: If you were previously employed by the City of Akron, please indicate positions held and dates of employment.

A:

8. Q: Have you ever been terminated from a public agency?

A: No

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

A:

10. Q: How did you hear about the position? Check all that apply.

A: City of Akron Website  
Poster

**Supplemental 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 examination. What is your full date of birth? (MM/DD/YYYY)

A: [REDACTED]

3. Q: Will you be between the ages of 21 and 40 at the time of the examination?

A: Yes

4. Q: Select the category that defines your date of birth.

A: Born between May 10, 1978 and May 12, 1998.

5. Q: Do you possess a valid driver's license?

A: Yes

6. Q: Is your driver's license currently suspended?

A: 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](mailto: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: No

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

**A:**



DANIEL HARRIGAN, MAYOR

# CITY OF AKRON SETUP & CHANGE PERSONAL INFORMATION

✓  
no change

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

Employee ID Number: [REDACTED]

Social Security Number: [REDACTED]

First Name: [REDACTED]

Middle Name: [REDACTED]

Last Name: [REDACTED]

\*If you have had a name change please submit a copy of your social security card with this form.

Date of Birth: [REDACTED]

Gender:

Male

Female

### Contact Information

Street Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

E-mail address: [REDACTED]

Cell Phone Number: [REDACTED]

Home Phone Number: [REDACTED]

Please check your preferred method of contact below:

Phone

Mail

E-mail

### Personal Information

Marital Status:

Single

Divorced

Married

Widowed

Separated

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:

First Name: [REDACTED]

Last Name: [REDACTED]

Phone Number: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Relationship to Employee: [REDACTED]

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 answers may be considered a violation of the law.

Signature: [REDACTED]

Date: 5/21/20

Please submit completed original form to Department of Human Resources - Employee Records Office

Revised 2/2017

12/9



# HIRE/PERSONNEL ACTION FORM

[Redacted]

## Employee Information

Employee: [Redacted]  
 Address 1: [Redacted]  
 Address 2:  
 City: [Redacted] State: [Redacted] Zip: [Redacted]  
 Phone: [Redacted]

## Hire Information

Person ID: [Redacted]  
 Job Class #: 510S Job Class: Police Officer  
 Hire Date: 12/09/19 Pay Rate: \$0.00  
 Department: Public Safety Department  
 Division: Police Uniformed Division - 751  
 Hire Req. #: 2018-00233 Job Term: Permanent

Desired start date as listed above is not guaranteed. Employee must not work until final approval is received from Human Resources.:

NOTE: For Promotion, Transfer, or Demotion, the Hire Date above is the effective date: This is a Hire

Enter the direct supervisor of this employee as of the start date:: Jerry Forney

Employee ID:  
Pay Grade and Step: 80-3

Appointment Actions: Employment

Change Actions:

Appointment Code: Permanent Full-Time  
Probation New

Status Code: Active

List Code: Open

Position Number: 00001635

[Redacted]

12/5/2019

**SSN (DEPARTMENT OF HR USE ONLY):**

**Marital Status (DEPARTMENT OF HR USE ONLY):**

**Comments:** 10000-130100

---

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

Printed on December 05, 2019

10/1



12/5/2019



City of Akron Setup & Change Personal Information

Employee

[REDACTED]

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Employee ID Number

[REDACTED]

Social Security Number

[REDACTED]

First Name

[REDACTED]

Middle

[REDACTED]

Last Name

[REDACTED]

Date of Birth

[REDACTED]

Gender

- Male
- Female

\*If you have had a name change please submit a copy of your social security card with this form.

Street Address

[REDACTED]

City

[REDACTED]

State

[REDACTED]

Zip Code

[REDACTED]

E-mail Address

[REDACTED]

Cell Phone Number

[REDACTED]

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:**

First Name

[REDACTED]

Last Name

[REDACTED]

Phone Number

[REDACTED]

Street Address

[REDACTED]

City

[REDACTED]

State

[REDACTED]

Zip Code

[REDACTED]

Relationship to Employee:

[REDACTED]

**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

[REDACTED]

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**

\_\_\_\_\_ hereby "Voluntarily"  
agree to have \_\_\_\_\_ withheld from my weekly pay benefits by the City of Akron.

X \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Payroll ID Number

*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.





**AGREEMENT**

I, [REDACTED], 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.

[REDACTED]

Signature [REDACTED]

Date 9/26/19

Witness (Print) Sgt. John Palmer

Witness (Signature/Date) Sgt. John Palmer 9/25/19

[REDACTED]



**DAVE YOST**  
OHIO ATTORNEY GENERAL



Civilian Identification  
Office 877-224-0043  
Fax 740-845-2633

P.O. Box 365  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://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

7/2/2019



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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166 SOUTH HIGH ST  
102 MUNIPAL BUILDING  
AKRON, OH 44308



Joseph A. Morbitzer  
Superintendent  
Ohio Bureau of Criminal Investigation

7/2/2019



print this page  
close this window to return

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

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

[Redacted Signature]

Please print your name

New Recruit

Title

Akron Police Department

Department/Division

1-3-20

Date

2020 JAN 22 PM 3:25

12/20/2019

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.

1. The computer based Training course I am evaluating is  
**SEXUAL HARASSMENT AWARENESS (SHA) TRAINING**
2. Before taking this computer-based training (CBT) course, your knowledge and understanding of the subject is
  - Above average
  - Average
  - Below average
  - Unsure
3. Approximately, how long did it take you to complete the CBT course?
  - Less than 30 minutes
  - 30 - 55 minutes
  - 1 - 2 hours
  - 3 - 4 hours
4. The quality of sound is
  - Excellent
  - Good
  - Average
  - Below average
5. After taking this computer-based training, your knowledge and understanding of the subject is
  - Above average
  - 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:

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---



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12/20/2019



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

This is to certify that

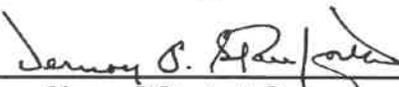


has completed the Ohio  
Peace Officer Basic Training Program

Conducted by  
Akron Police Department

Awarded On  
May 29, 2020

  
\_\_\_\_\_  
Dave Yost  
Attorney General

  
\_\_\_\_\_  
Vernon P. Stanforth, Chairman  
Ohio Peace Officer Training Commission



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

\_\_\_\_\_  
School Commander

**BAS19-090 200548**

OHIO ATTORNEY GENERAL  
RECOGNITION OF COMPLETION AWARD

*This certificate of completion is awarded to*

[Redacted Name]

For successfully completing the Webcast course

**OHLEG Security Training**

Issued on [Redacted Date]

Expires in 2 years

*Joseph A. Morbitzer*

Joseph A. Morbitzer, BCI SUPERINTENDENT

\* No CPT Hours





## Akron Police Department Weapons Training Report

Range Course Results  
Type: Any  
Officers filtered: 1

7 results returned

ID	Officer	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		Passed	
		12/21/2020 21:30	Low Light	Semi-Automatic Pistol	Glock	G5-17		Passed	
		05/07/2020 08:00	Rifle	Rifle	Palmetto St Armory			Passed	

EMPLOYEE NAME [REDACTED]	DIVISION Police Uniformed	CLASS TITLE Police Officer
EVALUATION FROM 12/9/19 TO 03/07/20	MERIT INCREASE DATE	RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 04/07/20

EMPLOYEE ID [REDACTED]	TYPE OF EVALUATION				EVALUATOR 1 ID [REDACTED]
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER	
	INTERIM 6-MONTH	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY	
	0000	000000	0000	0000	

ITEMS	MO: 00000000000000	FACTORS	YR: 00000000000000																																																																						
<b>1. MARK PERFORMANCE, IN</b> ITEMS WHICH ARE JOB-RELATED, WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS</b> WHICH ARE NOT JOB-RELATED	<b>3. EVALUATE PERFORMANCE BY</b> BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING																																																																						
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT <input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input type="checkbox"/> COMPLETION OF WORK ON SCHEDULE <input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE <input checked="" type="checkbox"/> DILIGENCE, EFFORT <input type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS <input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input type="checkbox"/> ORAL EXPRESSION <input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT <input checked="" type="checkbox"/> INITIATIVE <input type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK <input type="checkbox"/> CONDUCT WITH PUBLIC <input type="checkbox"/> PERSONAL APPEARANCE & CARE <input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	QUALITY OF WORK QUANTITY OF WORK ATTENDANCE WORK HABITS RELATIONSHIP WITH OTHERS SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	<table border="1"> <tr> <td>EVALUATOR 1</td> <td>EVALUATOR 2</td> <td>60</td> <td>70</td> <td>80</td> <td>90</td> <td>95</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table>	EVALUATOR 1	EVALUATOR 2	60	70	80	90	95	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

*RECRUIT [REDACTED] IS PERFORMING AS EXPECTED BY AN EMPLOYEE AT THIS POINT IN HIS TRAINING.*

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

[Signature] 10791 3/12/20 [Signature] 10948 3/11/20  
 EVALUATOR 1 SIGNATURE EMPLOYEE ID # DATE EVALUATOR 2 SIGNATURE EMPLOYEE ID # DATE

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD; THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON ORIGINAL APPOINTMENT OR PROMOTION

[Signature] 10449 3/12/2020 [Signature]  
 SIGNATURE OF REVIEWER EMPLOYEE ID # DATE SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE DATE

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

[Signature] 1154 3/13/20  
 SIGNATURE AND DATE TO THE EMPLOYEE. YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU. IT DOES NOT MEAN YOU AGREE. [REDACTED] 3/13/20

CITY OF AKRON **EMPLOYEE PERFORMANCE EVALUATION REPORT** CS

EMPLOYEE NAME: [REDACTED] DIVISION: **Police Uniformed** CLASS TITLE: **Police Officer**

EVALUATION FROM: **12/9/19 TO 03/07/20** MERIT INCREASE DATE: [REDACTED] RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY **04/07/20**

**PLEASE USE #2 PENCIL**

		TYPE OF EVALUATION			
		STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER
D - INTERIM	6-MONTH				
	45 DAY				
	90 DAY				
	180 DAY				
	270 DAY				
	45 DAY				
	90 DAY				
	FINAL				
	45 DAY				
	90 DAY				

EVALUATOR ID: [REDACTED]

ITEMS	NO.	FACTORS	YR.	60	70	80	90	95	
1. MARK PERFORMANCE IN ITEMS WHICH ARE JOB-RELATED. WITH: <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK		2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED		3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.		60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING			
<input checked="" type="checkbox"/> ACCURACY		<input checked="" type="checkbox"/> JUDGEMENT	<b>QUALITY OF WORK</b>	EVALUATOR 1					
<input checked="" type="checkbox"/> THOROUGHNESS		<input checked="" type="checkbox"/> WRITTEN EXPRESSION		EVALUATOR 2					
<input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT		<input checked="" type="checkbox"/> ORAL EXPRESSION							
<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED			<b>QUANTITY OF WORK</b>	EVALUATOR 1					
<input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE				EVALUATOR 2					
<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS		<input checked="" type="checkbox"/> AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT	<b>ATTENDANCE</b>	EVALUATOR 1					
<input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE				EVALUATOR 2					
<input checked="" type="checkbox"/> DILIGENCE, EFFORT		<input checked="" type="checkbox"/> INITIATIVE	<b>WORK HABITS</b>	EVALUATOR 1					
<input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES		<input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL		EVALUATOR 2					
<input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY		<input checked="" type="checkbox"/> ORGANIZATION OF WORK							
<input checked="" type="checkbox"/> COOPERATION WITH SUPERVISION		<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC	<b>RELATIONSHIP WITH OTHERS</b>	EVALUATOR 1					
<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS		<input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE		EVALUATOR 2					
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING		<input type="checkbox"/> EVALUATING PERFORMANCE	<b>SUPERVISORY SKILLS</b> (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1					
<input type="checkbox"/> TRAINING & INSTRUCTING		<input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP		EVALUATOR 2					
<input type="checkbox"/> DISCIPLINARY CONTROL									

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

*RE CRUIT [REDACTED] IS PERFORMING AS EXPECTED BY AN EMPLOYEE AT THIS POINT IN HIS TRAINING*

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: *[Signature]* EMPLOYEE ID #: *10791* DATE: *3/12/20* EVALUATOR 2 SIGNATURE: *[Signature]* EMPLOYEE ID #: *10948* DATE: *3/11/20*

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY:

SIGNATURE OF REVIEWER: *[Signature]* EMPLOYEE ID #: *10449* DATE: *3/12/2020*

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [REDACTED] DATE: [REDACTED]

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON:  
 ORIGINAL APPOINTMENT  PROMOTION

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY:

SIGNATURE: *[Signature]* AND DATE: *3/13/20*

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.





CITY OF AKRON  
EMPLOYEE RECORDS  
2020 MAR 18 AM 9:40

EMPLOYEE NAME

DIVISION

CLASS TITLE

CSG

EVALUATION FROM

12/9/19 TO 04/30/20

MERIT INCREASE DATE

RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY 05/31/20

EMPLOYEE ID

TYPE OF EVALUATION

STD	EMPLOY PROBATION			SEASON TEMP			PROM TRANSFER	
	45 DAY	90 DAY	180 DAY	45 DAY	90 DAY	FINAL	45 DAY	90 DAY
INTERIM 6-MONTH	<input type="checkbox"/>							

PLEASE USE #2 PENCIL

EVALUATOR 1 ID

1	<input type="checkbox"/>																		
0	<input type="checkbox"/>																		
7	<input type="checkbox"/>																		
1	<input type="checkbox"/>																		

ITEMS MO: 1 2 3 4 5 6 7 8 9 10 11 12

FACTORS YR: 0 1 2 3 4 5 6 7 8 9

1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:

= STRONG

= STANDARD

= WEAK

2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED

3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.

60 = UNSATISFACTORY  
70 = IMPROVEMENT NEEDED  
80 = SATISFACTORY  
90 = VERY GOOD  
95 = OUTSTANDING

ACCURACY

THOROUGHNESS

NEATNESS OF WORK PRODUCT

JUDGEMENT

WRITTEN EXPRESSION

ORAL EXPRESSION

QUALITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT OF WORK ACCOMPLISHED

COMPLETION OF WORK ON SCHEDULE

QUANTITY OF WORK	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADHERENCE TO WORKING HOURS

DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE

AVAILABILITY AS REFLECTED BY AMOUNT OF TIME ABSENT

ATTENDANCE	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DILIGENCE, EFFORT

COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES

OBSERVANCE OF WORK RULES, SAFETY

INITIATIVE

CARE OF EQUIPMENT, MATERIAL

ORGANIZATION OF WORK

WORK HABITS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDUCT & COOPERATION WITH SUPERVISION

CONDUCT & COOPERATION WITH CO-WORKERS

CONDUCT WITH PUBLIC

PERSONAL APPEARANCE & CARE

RELATIONSHIP WITH OTHERS	EVALUATOR 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EVALUATOR 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLANNING, ORGANIZING, ASSIGNING

TRAINING & INSTRUCTING

DISCIPLINARY CONTROL

EVALUATING PERFORMANCE

FAIRNESS, IMPARTIALITY, LEADERSHIP

SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE)	EVALUATOR 1	<input type="checkbox"/>				
	EVALUATOR 2	<input type="checkbox"/>				

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

Recruit [redacted] is performing as expected of an employee at this point. Recruit [redacted] has successfully passed all required testing to this point.

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] EMPLOYEE ID #: 10791 DATE: 5/20/20

EVALUATOR 2 SIGNATURE: [Signature] EMPLOYEE ID #: 10948 DATE: 5/20/20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] EMPLOYEE ID #: 10449 DATE: 6/30/2020

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD: THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON

ORIGINAL APPOINTMENT  PROMOTION

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature]

SIGNATURE AND DATE: [Signature] 5/21/20

TO THE EMPLOYEE, YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 5/21/20

REVISED DATE - MAY 2006

PERSONNEL COPY

CITY OF AMHON  
EMPLOYEE RECORDS

2020 JUN 22 PM 2: 38

CITY OF AMHON  
EMPLOYEE RECORDS

2020 JUN 30 PM 2: 48

EMPLOYEE NAME: [REDACTED] DIVISION: Police Uniformed CLASS TITLE: Police Officer  
 EVALUATION FROM: 12-29-20 TO 1-24-21 MERIT INCREASE DATE: RETURN ORIGINAL TO PERSONNEL DEPARTMENT BY: 1-27-21

PLEASE USE #2 PENCIL

EMPLOYEE ID	TYPE OF EVALUATION				EVALUATOR 1 ID	EVALUATOR 2 ID
	STD	EMPLOY PROBATION	SEASON TEMP	PROM TRANSFER		
	INTERIM	45 DAY 90 DAY 180 DAY 270 DAY	45 DAY 90 DAY FINAL	45 DAY 90 DAY		
	6-MONTH					

ITEMS	MO: 01 02 03 04 05 06 07 08 09 10 11 12	FACTORS	YR: 01 02 03 04 05 06 07 08 09															
<b>1. MARK PERFORMANCE, IN ITEMS WHICH ARE JOB-RELATED, WITH:</b> <input type="checkbox"/> = STRONG <input checked="" type="checkbox"/> = STANDARD <input type="checkbox"/> = WEAK	<b>2. LINE OUT ITEMS WHICH ARE NOT JOB-RELATED</b>	<b>3. EVALUATE PERFORMANCE BY BLACKENING IN BOX WITH A #2 PENCIL. DO NOT ERASE. IF A CORRECTION IS NECESSARY OBTAIN A NEW FORM FROM THE PERSONNEL DEPARTMENT.</b>	60 = UNSATISFACTORY 70 = IMPROVEMENT NEEDED 80 = SATISFACTORY 90 = VERY GOOD 95 = OUTSTANDING															
<input checked="" type="checkbox"/> ACCURACY <input checked="" type="checkbox"/> THOROUGHNESS <input checked="" type="checkbox"/> NEATNESS OF WORK PRODUCT	<input checked="" type="checkbox"/> JUDGEMENT <input checked="" type="checkbox"/> WRITTEN EXPRESSION <input checked="" type="checkbox"/> ORAL EXPRESSION	QUALITY OF WORK EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<input checked="" type="checkbox"/> AMOUNT OF WORK ACCOMPLISHED <input checked="" type="checkbox"/> COMPLETION OF WORK ON SCHEDULE	<input checked="" type="checkbox"/> ADHERENCE TO WORKING HOURS <input checked="" type="checkbox"/> DEPENDABILITY AS REFLECTED BY FREQUENCY OF ABSENCE	ATTENDANCE EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<input checked="" type="checkbox"/> DILIGENCE, EFFORT <input checked="" type="checkbox"/> COMPLIANCE WITH INSTRUCTIONS OR OBJECTIVES <input checked="" type="checkbox"/> OBSERVANCE OF WORK RULES, SAFETY	<input checked="" type="checkbox"/> INITIATIVE <input checked="" type="checkbox"/> CARE OF EQUIPMENT, MATERIAL <input checked="" type="checkbox"/> ORGANIZATION OF WORK	WORK HABITS EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH SUPERVISION <input checked="" type="checkbox"/> CONDUCT & COOPERATION WITH CO-WORKERS	<input checked="" type="checkbox"/> CONDUCT WITH PUBLIC <input checked="" type="checkbox"/> PERSONAL APPEARANCE & CARE	RELATIONSHIP WITH OTHERS EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/> PLANNING, ORGANIZING, ASSIGNING <input type="checkbox"/> TRAINING & INSTRUCTING <input type="checkbox"/> DISCIPLINARY CONTROL	<input type="checkbox"/> EVALUATING PERFORMANCE <input type="checkbox"/> FAIRNESS, IMPARTIALITY, LEADERSHIP	SUPERVISORY SKILLS (LEAVE BLANK IF NOT APPLICABLE) EVALUATOR 1 EVALUATOR 2	<table border="1"> <tr><td>60</td><td>70</td><td>80</td><td>90</td><td>95</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	60	70	80	90	95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

4. COMMENT HERE ABOUT STRENGTHS OR ITEMS WHICH NEED IMPROVEMENT. ITEMS WHICH ARE JOB-RELATED TO THIS EMPLOYEE BUT ARE NOT LISTED ON THE FORM MAY BE ENTERED HERE. EVALUATIONS OF 60, 70, OR 95 MUST BE SUBSTANTIATED IN WRITING. INITIAL OR SIGN YOUR COMMENTS.

off. [REDACTED] is progressing as expected, off. [REDACTED] had 3000 call-offs during this period.

CITY OF ANIMON  
 EMPLOYEE RECORDS  
 2120 DEC 29 PM 3:22

5. SIGNATURE OF EVALUATOR

THIS REPORT IS BASED ON MY OBSERVATION AND/OR KNOWLEDGE. IT REPRESENTS MY BEST JUDGEMENT OF THE EMPLOYEE'S PERFORMANCE.

EVALUATOR 1 SIGNATURE: [Signature] 1315 EMPLOYEE ID #: 17297/1315 DATE: 12/21/20 EVALUATOR 2 SIGNATURE: Capt [Signature] 11507 DATE: 12-21-20

6. REVIEWER: I APPROVE THIS REPORT IN TERMS OF PROCEDURE, CONTENT AND EQUITABILITY.

SIGNATURE OF REVIEWER: [Signature] 11500 EMPLOYEE ID #: 11500 DATE: 12/21/20

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE: [Signature] DATE: 12/21/20

TO BE USED ONLY UPON SUCCESSFUL COMPLETION OF PROBATION PERIOD. THIS IS TO CERTIFY THAT THIS EMPLOYEE SHOULD ACHIEVE PERMANENT STATUS ON [ ] ORIGINAL APPOINTMENT [ ] PROMOTION

7. REPORT DISCUSSION

REPORT DISCUSSED WITH EMPLOYEE BY: [Signature] Capt [Signature] 11507

SIGNATURE AND DATE: [Signature] 12/21/20

TO THE EMPLOYEE: YOUR SIGNATURE SHOWS THAT YOU HAVE RECEIVED A COPY OF THE REPORT AND THAT THE EVALUATION WAS DISCUSSED WITH YOU; IT DOES NOT MEAN YOU AGREE.



2021 JUL 22 AM 11:06

2021 JUL 22 AM 11:06



# AKRON POLICE DEPARTMENT

## EMPLOYEE SUMMARY REPORT

Printed on: Monday, June 27, 2022

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Name: [REDACTED] ID: [REDACTED] Badge#: [REDACTED] Payroll ID: [REDACTED]  
SSN: [REDACTED] DOB: [REDACTED] Status: ACTIVE Service Date: 12/09/2019  
Appointed: 12/09/2019 OPOTC: Sworn In: 05/29/2020 Separation:

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### PROMOTIONS

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### NOTES

MOTHER [REDACTED]

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### ASSIGNMENTS

10-19-2020 UNIFORM, PLATOON 4 7:30PM-3:30AM  
08-10-2020 UNIFORM, PLATOON 5 11AM-7:30PM  
06-01-2020 UNIFORM, PLATOON 4 7PM-3:30AM  
12-09-2019 SERVICES, RECRUIT SCHOOL/POLICE ACADEMY

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### TRAINING

05-05-2020 OHLEG SECURITY TRAINING

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### COMPLAINTS

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### DISCIPLINES

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### FILE REVIEWS

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### SHOTS FIRED

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### AWARDS

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### SPECIAL UNITS

Basic Training

School Number ( Facility Name (School Facility) (Facility)	From Date (Scho To Date (School)	Exam Date	Certificate Num:	Certificate Date
BAS19-090 Akron Police Department	12/11/2019	4/30/2020	5/18/2020	5/29/2020

██████████ Employment History

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	Appointment		Full-time