

**Cleveland County Sheriff's Department  
Employment Application for Certified Reserve Deputy**

**AN EQUAL OPPORTUNITY EMPLOYER:** The city does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disability status, or any other legally protected status.

**Warning:** All information in this application will remain confidential and only released to those with need to know. However, it will be subject to extensive background examination and polygraph. Any false, misleading, or incomplete statements will be considered grounds for rejection. Leave no blank spaces. If the question does not apply to you, mark N/A (not applicable).

Last Name, First, Middle \_\_\_\_\_

List any other name (s) you have been known by: \_\_\_\_\_

Provide any Social Security Number (s) you have used: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date Available for work: \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Shift Work \_\_\_\_\_ Weekends \_\_\_\_\_ Nights

Present age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**If you are under 21 years of age, you may not be hired until 21.**

At this point, please stop and review the attached job description for Certified Reserve Deputy. After reviewing the essential job functions, the minimum qualifications and the special requirements from the attached job description, are you able to do them with or without reasonable accommodation? Yes [ ] No [ ]

**REMEMBER:** The city conducts a pre-employment exam that will determine whether you can do the essential functions of the job without substantial risk or harm to yourself and the public.

**It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential**

**functions of the Certified Reserve Deputy position. Failure to answer these questions may indicate that you have not provided the information to qualify for the present position. Attach an additional page if necessary.**

Are you a U.S. Citizen? Yes  No

Are you legally eligible to work in the United States: Yes  No  (Verification will be required upon employment and failure to furnish documents will be cause for separation).

Have you ever worked for this City: Yes  No

If yes, give prior name and dates and reason for leaving:

---

---

Are you related to any City employee or any member of the City Council?

Yes  No  if so, give name, department, and relationship:

---

Have you applied with this Sheriff's Department before? \_\_\_\_\_

If so, when? \_\_\_\_\_.

Have you applied with any other Police Department in the last 5 years?

Yes  No  If yes, which department (s) and when?

---

---

---

---

Do you know any City Police Officers: \_\_\_\_\_,

If yes, who? \_\_\_\_\_

How did you learn about this opening?

---

Can you operate:  Automobile  Motorcycle  Airplane  Helicopter?  
License Number, State, Date Expires, Type

---

---

---

Does your driver's license have any restrictions? Yes  No  if yes, explain:

---

---

Have you ever had a driver's license suspended or revoked?  Yes,  No. If yes, please explain:

---

---

---

Do you have liability insurance on the vehicles you operate? Yes  No .

Have you ever had your insurance policy cancelled? Yes [ ] No [ ]. If yes, explain:

---

---

---

In the last seven years: how many traffic tickets have you received? \_\_\_\_\_.  
Number of times arrested while driving while drinking or under the influence?  
\_\_\_\_\_; reckless driving of any type? \_\_\_\_\_. Number of accidents you were  
involved in as a driver for which you were charged or cited? \_\_\_\_\_.  
Have you been involved in a serious accident (s) where you were the driver? \_\_\_\_\_  
If yes, or anything other than none to the above, explain:

---

---

---

---

---

---

---

It is imperative that law enforcement personnel have a clean conviction record and not be  
addicted to controlled substances. (Arrest information will not necessarily disqualify  
you). Have you ever been arrested?\_\_\_\_\_, placed in jail? \_\_\_\_\_, detained  
\_\_\_\_\_, received a conviction? \_\_\_\_\_, suspended sentence? \_\_\_\_\_,  
deferred sentence that has not been sealed? \_\_\_\_\_, probation? \_\_\_\_\_by any  
court of law or enforcement body anywhere.  
If so please explain below: Age, Location, Date of Charge, Type of Charge, Court, Police  
Agency involved

---

---

---

---

---

---

---

Other Explanation:

---

---

---

---

---

---

---

Have you ever been fingerprinted? [ ] Yes, [ ] No. If yes, complete:  
When Where Why and for Whom Purpose

---

---

---

---

---

Residence (List each and every place you have resided in the past 10 years) (Provide  
phone number of current landlord: \_\_\_\_\_)

List dates from when to when: using month and year. Address including City and State and Landlord's name and phone number for each location.

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**Use additional sheet if necessary.**

Education (List high school (s), college (s), correspondence, business or technical schools attended. Exclude military schools.)

Name of School: \_\_\_\_\_

Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attendance: \_\_\_\_\_

Did you graduate: \_\_\_\_\_ Degree Completed: \_\_\_\_\_

Hours: \_\_\_\_\_

Name of School: \_\_\_\_\_

Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attendance: \_\_\_\_\_

Did you graduate: \_\_\_\_\_ Degree Completed: \_\_\_\_\_

Hours: \_\_\_\_\_ Name of

School: \_\_\_\_\_

Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attendance: \_\_\_\_\_

Did you graduate: \_\_\_\_\_ Degree Completed: \_\_\_\_\_

Hours: \_\_\_\_\_

List all special education honors, scholarships, etc., received.

---

---

---

---

List all memberships in school societies, fraternities, or clubs.

---

---

---

Have you ever been expelled or suspended from any school or dropped out of school because of poor Scholastic standing? [ ] Yes; [ ] No. If yes please explain circumstances:

---

---

---

Employment experience for the past 10 years:

Social Security Number: \_\_\_\_\_

**In chronological order, list all employment, including part time.**

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Types of duties: \_\_\_\_\_

---

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Types of duties: \_\_\_\_\_

---

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Types of duties: \_\_\_\_\_

---

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Types of duties: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Types of duties: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Types of duties: \_\_\_\_\_

\_\_\_\_\_

**Attach additional sheet if necessary.**

If you have had no prior employment experience, please explain what you have done since high school to prepare you for this job?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been fired, suspended, or put on an inactive status (other than for workers' compensation cases) by any of your previous employers? [ ] Yes, [ ] No. If yes, state circumstances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account for all periods of time since age 18 that you were not in school, working, in the military, or recuperating from an illness or injury if over 90 days in duration:

---

---

---

---

---

---

In chronological order, list all special training received and occupational schools attended in your employment history. (Exclude Military schools and training, high schools, colleges, etc.)

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Hours: \_\_\_\_\_ - \_\_\_\_\_

Certificate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Type: \_\_\_\_\_ Attendance: \_\_\_\_\_

Completed: \_\_\_\_\_ Received: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Hours: \_\_\_\_\_ - \_\_\_\_\_

Certificate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Type: \_\_\_\_\_ Attendance: \_\_\_\_\_

Completed: \_\_\_\_\_ Received: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Hours: \_\_\_\_\_ - \_\_\_\_\_

Certificate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Type: \_\_\_\_\_ Attendance: \_\_\_\_\_

Completed: \_\_\_\_\_ Received: \_\_\_\_\_

Indicate if you have any additional information or comments concerning any volunteer experience, any special licenses or training which would help us determine your suitability for this position:

---

---

---

Are you now engaged in any business as an owner, partner (active or silent) or other connection (such as an employee)? [ ] Yes, [ ] No. If yes, give full details: (e.g. name, address, etc.)

---

---

---

---

Has any corporation, partnership or business of which you are/were an officer, partner, etc. ever been issued or denied a license or permit by any City, State or Federal Government?  Yes  No. If yes, give full details: Exclude drivers license (s):

---

---

---

---

**Selective Service / Military Service**

Have you registered for the selective service? Yes  No

If yes, when \_\_\_\_\_.

Have you served in any branch of the military?  Yes  No.

If yes, indicate branch: \_\_\_\_\_

Current status: \_\_\_\_\_

Military training or experience that would assist you in being a Reserve Deputy:

---

---

---

Base or Location: \_\_\_\_\_

School Dates of Hours: \_\_\_\_\_

Certificate: \_\_\_\_\_

Name of School: \_\_\_\_\_

City and State: \_\_\_\_\_

Type: \_\_\_\_\_

Attendance: \_\_\_\_\_ Completed: \_\_\_\_\_

Received: \_\_\_\_\_

List any medals, decorations, campaign and theatre ribbons awarded to you while in the armed forces:

---

---

---

Were you honorably discharged?  Yes  No. Please provide a copy of any discharge papers (Forms DD 214 and DD 214 Member 4) Subversive Organizations

**As used in this application, a subversive organization shall mean any group or organization which does not support local, State, and Federal Laws and which advances its beliefs through violence and force.**

Have you advocated, advised or taught the doctrine that the government of the United States of America or any State or any political subdivision thereof should be overthrown by force, violence or any other unlawful means?  Yes  No.

Are you now or have you ever been a member of any subversive organization?

Yes  No.

Have you ever been connected, or affiliated in any manner with or have you ever attended meetings of any subversive organization?  Yes  No.

Have you ever paid, collected, or solicited any money, dues, or contributions to, for, or on behalf of any subversive organization?  Yes  No.

If your responses are yes to any of the questions in the above category, please indicate circumstances: \_\_\_\_\_

---

---

---

Background references pertaining to past character:

**(This information is used to question family members and associates to determine your fitness to do the essential functions of the job)**

Name, Phone Number and Address of Current Spouse, if applicable:

---

Name, Phone Number and Address of Former Spouse, if applicable:

---

Name, Phone Number and Address of College Roommate, if applicable:

---

Name, Phone Number and Address of Military Associate, if applicable:

---

Name, Phone Number and Address of Mother, Father, of Siblings:

---

---

---

---

Name, Phone Number and Address of any other personal references:

---

---

---

List any social, labor, civic, and fraternal organizations that you have or now belong to which demonstrates your fitness for this position (you may exclude any that is associated with a national origin if you wish)

---

---

---

---







**am required to abide by all rules and regulations of the City. I hereby authorize any City, County, State, or Federal Agency or former employer or any individual listed in this application form to furnish to any member of the Cleveland County Sheriff's Department any information concerning me necessary to process this questionnaire. A photo static and / or verifax copy of this authorization shall be considered as valid as the original.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

### **Authorization to Release Information**

#### **To Whom It May Concern:**

**I hereby authorize any sworn Police Officer or other authorized representative of the Cleveland County Sheriff's Department bearing this release, or a photo static copy thereof, within one year of its date, to obtain information from your files pertaining to my employment, credit, or educational records, including but not limited to academics, achievements, attendance, athletics, personal (non medical) history, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Cleveland County Sheriff's Department. Consent is granted for the Cleveland County Sheriff's Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities. I hereby release you as the custodian of such records and any school, college, university, or other educational institution, credit bureau, lending institutions, consumer reporting agency or retail business establishment including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of any compliance with this authorization and request to release information, or and attempt to comply with it. A copy of this authority to release will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print your Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

### **Authorization to Release Medical and Workers' Compensation Information**

**To Whom It May Concern: I hereby authorize any physician or other authorized medical representative under contract with the Cleveland County Sheriff's Department bearing this release, or a photo static copy thereof, within one year of its date, to obtain medical history information to determine whether I can do the essential functions of the position of Reserve Deputy. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of any medical group, medical or psychological practitioner or professional for Cleveland County. Consent is granted for the purpose of performing such post offer medical or psychological exam as required by the Cleveland County Sheriff's Department. Such information is confidential and will not be released to the City except as covered by the Americans with Disabilities Act and as required by State Law. I hereby release you as the custodian of such records and any hospital or other repository of medical records, including its officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this authority to release, will be as valid as the original. Should there be any question as to the validity of this release, you may contact me as indicated below.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print you Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**Cleveland County Sheriff's Department  
Confidential Information Agreement Form**

**A thorough investigation will be conducted to determine your qualifications for the position of a Certified Reserve Deputy. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with whom you have been associated, including personal references you may have listed. If reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date but that other candidates provided experience, education, and background data that was more suitable for employment. I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**Cleveland County Sheriff's Department  
Personal Questionnaire**

**As an applicant for the position of a Certified Reserve Deputy with the Cleveland County Sheriff's Department, you will be subjected to intense background investigation including polygraph on any of these questions. The following questionnaire is a preview of items that will be necessary for us to check into. It will be to your benefit to answer all questions honestly and to the best of your ability.**

1. Have you in the past 7 years used any controlled substance such as a narcotic, speed, PCP, barbiturate, amphetamine, LSD, cocaine, crack, heroin, marijuana, etc. that was not prescribed for you by a medical doctor? \_\_\_\_\_. If yes, please indicate the type of drug, the date of use, and extent of usage:

---

---

---

---

---

---

2. During the past 5 years, except as covered by medical procedure, have you sniffed or inhaled glue, paint, lacquer, gasoline or any other substance with the intent of getting high or intoxicated? \_\_\_\_\_.

If yes, please indicate the particulars:

---

---

---

3. Have you stolen anything of value?  Yes  No. If the answer is yes, please indicate what it was, when it happened, and how often it happened:

---

---

---

4. Have you ever been arrested and / or convicted of any crime?  Yes  No. If yes, be sure you have explained this in detail indicating the outcome of the conviction on page 3 of the application form.

5. Do you support the local, State and Federal Laws and are willing to do so without reservation.  Yes  No.

6. Are you able to do the essential functions of the job of Police Officer with or without reasonable accommodation?  Yes  No.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **CERTIFIED RESERVE DEPUTY**

### **JOB SUMMARY**

THIS POSITION IS LOCATED IN THE CLEVELAND COUNTY SHERIFF'S DEPARTMENT, AND IS AN ENTRY LEVEL POSITION UNDER THE DIRECTION OF A RANKING OFFICER. AFTER EMPLOYMENT, THE INCUMBENT IS REQUIRED TO SUCCESSFULLY COMPLETE FIELD TRAINING. UPON COMPLETION OF THIS TRAINING, THE OFFICER IS ASSIGNED TO A FIELD DUTY WITH THE SENIOR OFFICER, TO RECEIVE ON THE JOB TRAINING. FIELD DUTY CONSISTS OF BOTH ROUTINE AND COMPLEX LAW ENFORCEMENT DUTIES AND RESPONSIBILITIES. AFTER COMPLETION OF REQUIRED TRAINING, INCUMBENT WORKS INDEPENDENTLY EXERCISING A HIGH DEGREE OF SELF-DICIPLINE, INTEGRITY AND DECISION MAKING ABILITY. ALSO IN THIS CLASSIFICATION THERE ARE SPECIALTY POSITIONS REQUIRING ADDITIONAL SKILLS, KNOWLEDGE AND ABILITIES.

### **DUTIES AND RESPONSIBILITIES**

OPERATES A MOTOR VEHICLE FOR EXTENDED PERIODS OF TIME IN ALL ENVIROMENTAL CONDITIONS AND ON OCCASION OPERATES THE VEHICLE AT HIGH SPEEDS AND IN CONGESTED TRAFFIC SITUATIONS. PATROLS ASSIGNED AREA OF CITY AND ENFORCES STATE AND FEDERAL LAWS AND CITY ORDINANCES; PATROLS AND EXAMINES BUILDINGS AND RESIDENCES TO DETECT SUSPICIOUS CONDITIONS AND HANDLES SITUATIONS ACCORDINGLY. DIRECTS TRAFFIC IN CONGESTED AND EMERGENCY AREAS; REPORTS SAFETY HAZARDS; RESPONDS TO SCENE OF ACCIDENT; ADMINISTERS FIRST AID AND INVESTIGATESM CAUSE AND FILES ACCIDENT REPORT; ISSUES CITATIONS TO VIOLATORS OF TRAFFIC LAWS.

VISITS THE SCENE OF CRIMES AND ACCIDENTS; SEARCHES FOR AND PRESERVES EVIDENCE; INVESTIGATES AND INTERVIEWS VICTIM, WITNESSES AND POTENTIAL SUSPECTS; APPREHENDS THOSE SUSPECTED OF CRIMES OR MISDEMEANORS; PARTICIPATES IN LINE-UPS; MAKES ORAL AND WRITTEN REPORTS; PROVIDES TESTIMONY IN COURT. SPEAKS BEFORE CITIZENS AND CITIZEN'S GROUPS AND PARTICIPATES IN VARIOUS TRAINING SESSIONS.

### **MINIMUM QUALIFICATIONS OF A CERTIFIED RESERVE DEPUTY**

MUST BE 21 YEARS OLD.

MUST BE ABLE TO QUALIFY ON THE SHOOTING RANGE.

MUST BE ABLE TO PASS THE OKLAHOMA POLICE PENSION AND RETIREMENT SYSTEM'S MEDICAL STANDARD AND BE STATE CERTIFIED.

ABILITY TO OPERATE A TWO-WAY RADIO, WALKIE-TALKIE IN FIELD SITUATIONS, AND TO OPERATE EFFECTIVELY RADAR EQUIPMENT, BREATHALYZER, ETC.:

TO PERFORM ROUTINE PREVENTIVE MAINTENANCE ON VEHICLE.

ABILITY TO READ, UNDERSTAND AND INTERPRET ORDINANCES, LAWS AND OTHER OPERATING PROCEDURES AND COMMUNICATE ORALLY AND IN WRITING; ABILITY TO INVESTIGATE CRIMES AND DO REPORTS.

ABILITY TO DEAL EFFECTIVELY WITH THE PUBLIC USING TACT AND DIPLOMACY AND REMAIN CALM IN EMERGENCY SITUATIONS; PROVIDE CONSTITUTIONAL REQUIREMENTS AND PERFORM FIRST AID AND / OR CPR.

ABILITY TO MAKE SPLIT SECOND DECISIONS THAT COULD AFFECT THE WELL BEING OF THE PUBLIC, DEPARTMENT, FELLOW EMPLOYEES, AS WELL AS THE OFFICER'S SAFETY. ABILITY TO INTERFACE WITH OTHER LAW ENFORCEMENT PERSONNEL AND SAFETY PERSONNEL. ABILITY AND WILLINGNESS TO MAINTAIN STRICT CONFIDENTIALITY. MUST BE ABLE TO RESPOND TO VARYING SITUATIONS WITH TACT AND DIPLOMACY AND KNOW HOW TO DEAL WITH STRESSFUL, HOSTILE OR IRRATIONAL PERSONS, WHETHER DUE TO PHYSICAL OR MENTAL DISABILITY, DRUGS, SOCIO-ECONOMIC DIFFERENCES, OR OTHER FACTORS.

**WORKING CONDITIONS / PHYSICAL REQUIREMENTS OF A CERTIFIED RESERVE DEPUTY.**

SOME EXPOSURE TO UNPLEASANT WEATHER AND REQUIRES CONTINUOUS ATTENTION SAFE WORKING AND OPERATING PROCEDURES TO ENSURE THE SAFETY OF ONE'S OWN SELF AND FELLOW CITIZENS. POSSIBILITY OF BODY ATTACKS WHILE MAKING ARREST; SEVERE BODILY HARM WHILE DEALING WITH FELONS. MUST POSSESS THE PHYSICAL STRENGTH AND STAMINA TO CHASE AND SUBDUE FLEEING PERSONS; TO ARREST THEM IF NECESSARY; AND BRING THEM INTO CUSTODY. GREAT PROBABILITY OF WORKING ROTATING SHIFTS, EXTENDED HOURS, EMERGENCY CALL OUT, AND TO TESTIFY AT COURT ON DAYS OFF. MUST HAVE THE PHYSICAL STRENGTH AND STAMINA TO RESCUE VICTIMS. MUST HAVE THE VISUAL ACUITY TO IDENTIFY SUSPECTS, DETECT DANGER, READ LICENSES AND TAGS ETC. MUST POSSESS THE AURAL ACUITY TO UNDERSTAND CONVERSATION IN QUIET AND NOISY ENVIRONMENTS, UNDERSTAND RADIO TRANSMISSIONS, DISTINGUISH BETWEEN CAR BACKFIRES AND GUN SHOTS, DETERMINE LOCATION OF PERSONS IN DISTRESS, ETC. MUST BE ABLE TO COMMUNICATE EFFECTIVELY TO TRANSMIT INFORMATION VIA THE RADIO, TALK TO VICTIMS, SUSPECTS, ETC.

**SUPERVISION RECEIVED**

RECEIVES CLOSE SUPERVISION DURING PROBATIONARY PERIOD; THEREAFTER, INCUMBENT RECEIVES GENERALIZED WORK ASSIGNMENTS FROM IMMEDIATE SUPERVISOR OR OTHER SUPERVISORS. WORK IS SUBJECT TO PERIODIC REVIEW BY IMMEDIATE SUPERVISOR THROUGH WORK PERFORMANCE EVALUATIONS, VISUAL MONITORING OF TASKS PERFORMED AND REVIEW OF REPORTS AND ACCOMPLISHMENTS.

