



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



2024-1015  
Officer Involved Critical Incident – 100 Block 8th Street, N.E. New  
Philadelphia, Ohio 44663 Tuscarawas, County

**Investigative Activity:** Review of Records  
**Involves:** ██████████ (S)  
**Date of Activity:** 05/20/2024  
**Author:** SA Joshua S. Rammel, #175

**Narrative:**

On May 20, 2025, Special Agent (SA) Josh Rammel (Rammel) completed the document review of all training records associated with ██████████ (██████████) pertaining to the Officer Involved Critical Incident (OICI) that occurred at 100 Block 8th Street, N.E. New Philadelphia, Ohio.

The following information was identified by SA Rammel as being deemed important to the OICI investigation.

1. ██████████ was hired as a Reserve Deputy by the Tuscarawas County Sheriff's Office (TCSO) on August 31, 2020, and was hired as a full-time Deputy on June 27, 2022.
2. ██████████ received his Ohio Police Officer Certification from the Buckeye Career Center on August 31, 2020.
3. ██████████ had completed several hours' worth of training conducted by the Ohio Police Officer Training Academy (OPOTA) between 2022 and 2023, including training in Deadly Use of Force, Ohio Bureau of Criminal Investigation (BCI) Use of Force, Crisis Intervention, and Qualified Immunity.
4. ██████████ served in the Marine Corp Reserves from 2014 through 2020.
5. ██████████ served as a Corrections Officer for TCSO but does not have any other prior law enforcement experience.
6. ██████████'s most recent attached weapon qualification form indicated that ██████████ qualified with two Smith and Wesson M2.0's with serial numbers ██████████ and ██████████ as well as a Glock 43X with serial number ██████████ on March 20, 2024.

All of ██████████'s training records, recent firearm qualification forms, and OPOTA certifications were attached to this investigation. See the attachments for complete details.

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

**References:**

None

**Attachments:**

- Attachment # 01: 2024-1015 [REDACTED] OPOTA POLARIS REPORT
- Attachment # 02: [REDACTED] -- Certificates
- Attachment # 03: [REDACTED] Qualification
- Attachment # 04: [REDACTED] Training Records
- Attachment # 05: [REDACTED] -- Employment Documents

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**Office of Ohio Attorney General**  
**Ohio Peace Officer Training Academy**  
**Officer Record**



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

██████████, Tuscarawas County Sheriff's Office, ID: ██████████

**Appointment History\***

Agency	Employee Status	Start Date	End Date
Tuscarawas County Sheriff's Office	Reserve	8/31/2020	6/27/2022
Tuscarawas County Sheriff's Office	Full-time	6/27/2022	

**Basic Academy Records**

School Number	School	Start Date	End Date	Exam Date	Certificate Number	Certificate Date	Appointed By	Appointed Date
BAS18-072	Buckeye Career Center	9/4/2018	5/22/2019	6/27/2019	██████████	8/31/2020	Tuscarawas County Sheriff's Office	8/31/2020

**OPOTA Advanced Training Records\*\***

Course Title	Start Date	End Date
No Records Found		

**LMS Training Records**

Date Completed	Course Title	Officer Number	Officer
10/15/2022	Domestic Violence Legal Updates	██████████	██████████████████
10/16/2022	Communication Disabilities	██████████	██████████████████
10/17/2022	Ethics and Professionalism	██████████	██████████████████
10/17/2022	Diversity and Cultural Competency for Law Enforcement	██████████	██████████████████

## LMS Training Records

10/20/2022	Communication Disabilities	██████	████████████████
10/21/2022	Sexual Assault Investigations	██████	████████████████
10/21/2022	Biological Evidence Collection for Sexual Assaults	██████	████████████████
10/21/2022	Concealed Firearm Carry Changes	██████	████████████████
10/21/2022	Hate Crimes	██████	████████████████
10/21/2022	Hazing	██████	████████████████
10/25/2022	New and Updated Criminal Charges	██████	████████████████
10/25/2022	Ohio Public Records Law	██████	████████████████
10/26/2022	Trauma and the Brain	██████	████████████████
10/26/2022	Crisis Intervention	██████	████████████████
10/26/2022	Officer Wellness Seminar	██████	████████████████
10/31/2022	Vicarious Trauma	██████	████████████████
11/3/2022	Use of Deadly Force and Legal Guidelines	██████	████████████████
11/3/2022	BCI Lethal Use of Force and OIS Investigations	██████	████████████████
11/3/2022	Critical Thinking in Use of Force Situations	██████	████████████████
11/3/2022	Objective Reasonableness	██████	████████████████
11/3/2022	Effective Communication and Safe Interaction with Persons in Crisis	██████	████████████████
11/3/2022	Qualified Immunity	██████	████████████████
11/9/2022	Community Diversity and Procedural Justice	██████	████████████████
11/9/2022	Responding to Sexual Assault	██████	████████████████
4/26/2023	Ohio School Threat Assessment	██████	████████████████
7/9/2023	Arrest, Search, and Seizure 2023	██████	████████████████
7/9/2023	Part 1 - Legal Updates 2023	██████	████████████████
7/18/2023	Part 2 - Legal Updates 2023	██████	████████████████
7/21/2023	Part 3 - Legal Updates 2023	██████	████████████████



### LMS Training Records

8/15/2023	Safe at Home	██████	████████████████
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### Canine Training Records

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

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

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



FILED  
COURT OF COMMON PLEAS  
TUSCARAWAS COUNTY, OHIO  
**CERTIFICATE OF APPOINTMENT**  
OF  
2021 MAR -5 AM 9:25

[REDACTED]

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

This is to certify, that the undersigned being of the opinion that the business of this office requires, it has appointed [REDACTED] a suitable, and competent person as **SPECIAL DEPUTY SHERIFF** therein beginning 03-01-2021 and continuing until otherwise ordered, in accordance with Section 311.04 ORC. Said **SPECIAL DEPUTY SHERIFF** to receive compensation payable bi-weekly from the County Treasury upon the Warrant of the County Auditor.

WITNESS MY SIGNATURE THIS 1st DAY OF March, 2021.

  
ORVIS L. CAMPBELL, SHERIFF

**OATH OF SPECIAL DEPUTY SHERIFF**

STATE OF OHIO, TUSCARAWAS COUNTY: SS

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

[REDACTED]

SWORN TO BEFORE ME, and signed in my presence this 1st day of March, 2021.



KELLY J. McCUNE  
Notary Public, State of Ohio  
My Commission Expires

3-11-2022

Civilian, not a law enforcement officer.

  
NOTARY PUBLIC



**CERTIFICATE OF APPOINTMENT**  
**OF**

FILED  
COURT OF COMMON PLEAS  
TUSCARAWAS COUNTY, OHIO  
2021 FEB 25 PM 2:49

[REDACTED]

STEPHEN  
COURTS

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

This is to certify, that the undersigned being of the opinion that the  
business of this office requires, has appointed [REDACTED] a  
suitable, and competent person as **SPECIAL DEPUTY SHERIFF**  
therein beginning 01/04/2021 and continuing until otherwise  
ordered, in accordance with Section 311.04 ORC. Said **DEPUTY**  
**SHERIFF** to receive compensation payable bi-weekly from the County  
Treasury upon the Warrant of the County Auditor.

WITNESS MY SIGNATURE THIS 5th DAY OF January, 2021.

ORVIS L. CAMPBELL, SHERIFF

**OATH OF SPECIAL DEPUTY SHERIFF**

STATE OF OHIO, TUSCARAWAS COUNTY: SS

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

[REDACTED]

SWORN TO BEFORE ME, and signed in my presence this 5th day of  
January, 2021.



KELLY J. McCUNE  
Notary Public, State of Ohio  
My Commission Expires

3-11-2022

  
NOTARY PUBLIC



# Tuscarawas County Sheriff's Office

2295 Reiser Avenue, S.E. ★ New Philadelphia, Ohio 44663

Phone: (330) 339-2000 ★ Fax: (330) 339-4432

Orvis L. Campbell  
Sheriff

### Range Proficiency Record: Semi Auto Pistol

Name: [REDACTED] Agency: TCSO

Weapon make: Smith and Wesson Model: M&O Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 3 NPA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_

Stage 2 2 hits in the preferred area, one hit in the head circle or hip circle

PA: 3 NPA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_ Head Miss: \_\_\_

Stage 3A PA: 4 NPA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_

Stage 3B PA: 4 NPA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_

Stage 4 PA: 6 NPA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_

Stage 5 PA: 3 NPA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_

Stage 6 PA: 2 NPA: \_\_\_ NF: \_\_\_ MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_

Subtotals: 25 MISS: \_\_\_ OT: \_\_\_ ERF: \_\_\_ Head Miss: \_\_\_

Total: 25 (PASSING IS A MINIMUM OF 20)

Date tested: MAR 20 2024 Passed: X Failed: MAY 26 2026

Tested by: 9914 REQ#: 01285 Exp: \_\_\_\_\_



# Tuscarawas County Sheriff's Office

2295 Reiser Avenue, S.E. ★ New Philadelphia, Ohio 44663

Phone: (330) 339-2000 ★ Fax: (330) 339-4432

Orvis L. Campbell  
Sheriff

### Range Proficiency Record: Low Capacity Sub-Caliber Backup

Name: [REDACTED] Agency: TCSO

Weapon make: Smith and Wesson Model: M2.0 Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1	PA: <u>2</u>	NPA: <u>    </u>	NF: <u>    </u>	MISS: <u>    </u>	OT: <u>    </u>	ERF: <u>    </u>
Stage 2A	PA: <u>2</u>	NPA: <u>    </u>	NF: <u>    </u>	MISS: <u>    </u>	OT: <u>    </u>	ERF: <u>    </u>
Stage 2B	PA: <u>2</u>	NPA: <u>    </u>	NF: <u>    </u>	MISS: <u>    </u>	OT: <u>    </u>	ERF: <u>    </u>
Stage 3	PA: <u>2</u>	NPA: <u>    </u>	NF: <u>    </u>	MISS: <u>    </u>	OT: <u>    </u>	ERF: <u>    </u>

Subtotals: 8 MISS:      OT:      ERF:     

Total: 8 (PASSING IS A MINIMUM OF 8/100%)

Date tested: MAR 20 2024 Passed: X Failed:     

Tested by: 7914 REQ#: 09285 Exp: MAY 26 2026





# Tuscarawas County Sheriff's Office

2295 Reiser Avenue, S.E. ★ New Philadelphia, Ohio 44663

Phone: (330) 339-2000 ★ Fax: (330) 339-4432

Orvis L. Campbell  
Sheriff

### Range Proficiency Record: Low Capacity Sub-Caliber Backup

Name: [REDACTED] Agency: TCSO

Weapon make: Glock Model: 43X Serial #: [REDACTED]

Hits in the preferred area (PA) count as a plus one (+1).

Hits in the non-preferred area (NPA) and inside of the silhouette outline are zero (0).

Rounds not fired (NF) are zero (0).

Rounds outside of the silhouette outline (MISS), off the target (MISS), fired over the time limit (OT), or any extra rounds fired (ERF) are minus 1 (-1).

Stage 1 PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

Stage 2A PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

Stage 2B PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

Stage 3 PA: 2 NPA:      NF:      MISS:      OT:      ERF:     

Subtotals: 8 MISS:      OT:      ERF:     

Total: 8 (PASSING IS A MINIMUM OF 8/100%)

Date tested: MAR 20 2024 Passed: X Failed:     

Tested by: 7914 REQ#: 09285 Exp: MAY 26 2026



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

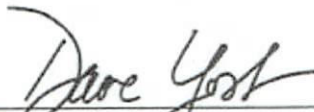
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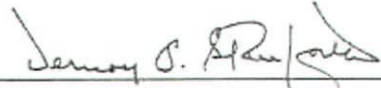



has successfully met the prescribed program requirements for

**Safe at Home**

Date: August 15, 2023

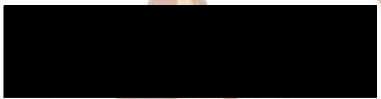
  
 \_\_\_\_\_  
 Dave Yost  
 Attorney General

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

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

AMERICA'S STANDARD IN TRAINING

BY THESE PRESENT, BE IT KNOWN THAT



HAS ATTENDED THE

16 HOUR CERTIFIED ALERRT COURSE,

**Basic Active Shooter Level I**

AND IS HEREBY AWARDED THIS

CERTIFICATE OF **Completion**

TEXAS STATE UNIVERSITY

DATED **April 25, 2023**

Handwritten signature of John Curnutt.

JOHN CURNUTT, DIRECTOR OF TRAINING

Handwritten signature of Dr. Pete Blair.

DR. PETE BLAIR, EXECUTIVE DIRECTOR

**ALERRT.ORG**







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

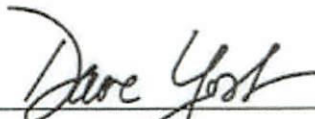
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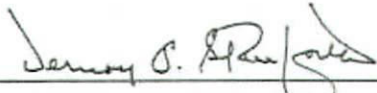


has successfully met the prescribed program requirements for

**Ohio School Threat  
Assessment**

Date: April 26, 2023

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

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

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



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

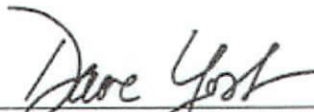
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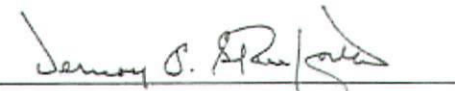
has successfully met the prescribed program requirements for

**Arrest, Search, and  
Seizure 2023**

*Date:* July 09, 2023

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

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

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





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

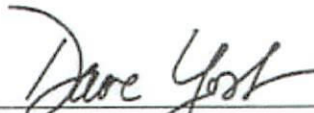
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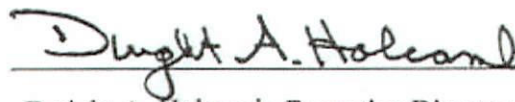


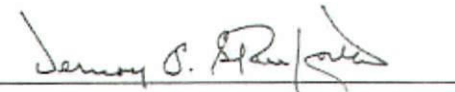
has successfully met the prescribed program requirements for

**Legal Updates 2023 -  
Part 1**

*Date:* July 09, 2023

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

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

  
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Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



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

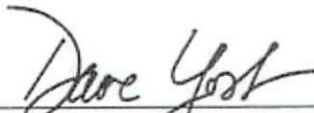
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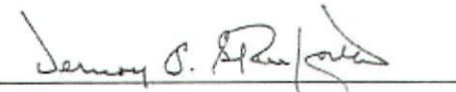
has successfully met the prescribed program requirements for

**Legal Updates - Part 2**

*Date:* July 18, 2023

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

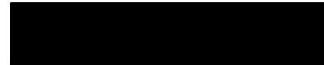
  
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 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission

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



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

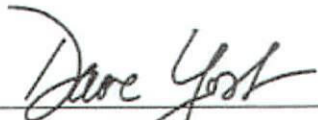
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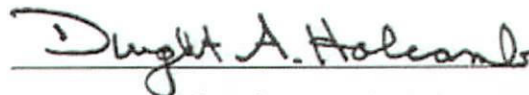


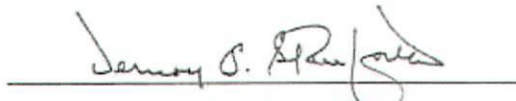
has successfully met the prescribed program requirements for

**Legal Updates 2023 -  
Part 3**

*Date:* July 21, 2023

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

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

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



# TUSCARAWAS COUNTY SHERIFF'S OFFICE



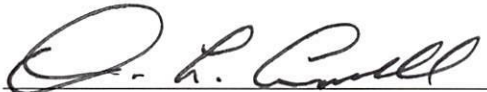
HAS PARTICIPATED IN THE ADVANCED TRAINING COURSE

*OFFICERS FLYING ARMED*

ON FEBRUARY 21st, 2023 AT

THE TUSCARAWAS COUNTY JUSTICE CENTER



  
Orvis L. Campbell, Instructor



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

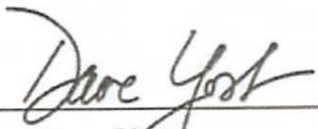
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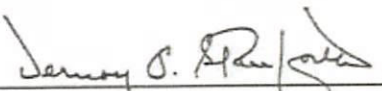


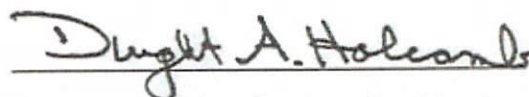
has successfully met the prescribed program requirements for

**Community Diversity  
and Procedural Justice**

*Date:* November 09, 2022

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

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

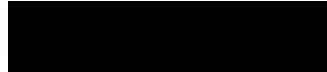
  
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 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission





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

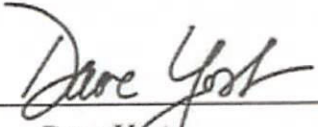
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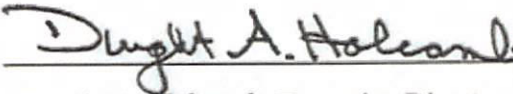


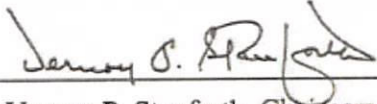
has successfully met the prescribed program requirements for

**Communication  
Disabilities**

Date: October 16, 2022

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

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

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





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

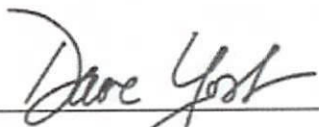
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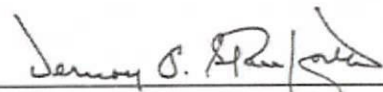


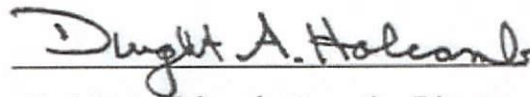
has successfully met the prescribed program requirements for

**Ethics and  
Professionalism**

Date: October 17, 2022

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

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

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



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

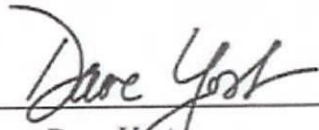
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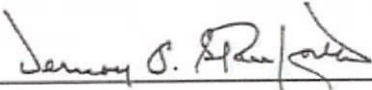


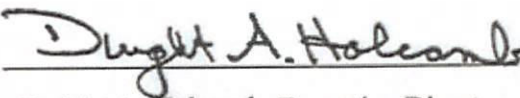
has successfully met the prescribed program requirements for

**Diversity and Cultural Competency for Law Enforcement**

*Date:* October 17, 2022

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

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

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





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

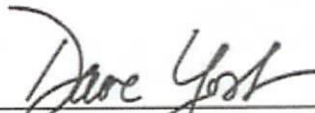
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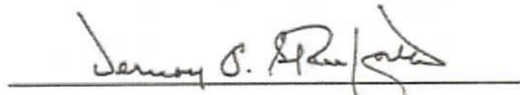
has successfully met the prescribed program requirements for

## Domestic Violence Legal Updates

*Date:* October 15, 2022

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

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

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



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

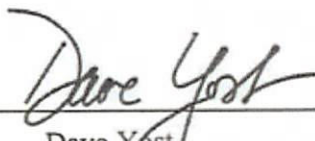
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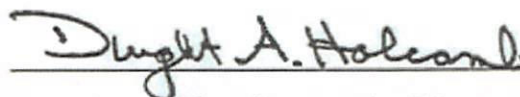


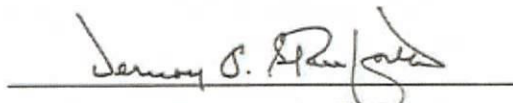
has successfully met the prescribed program requirements for

**Hate Crimes**

Date: October 21, 2022

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

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

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





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

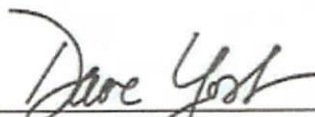
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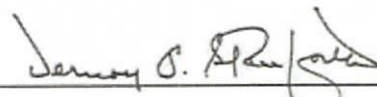



has successfully met the prescribed program requirements for

**Concealed Firearm Carry  
Changes**

*Date:* October 21, 2022

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

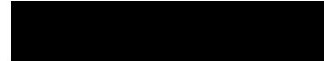
  
 \_\_\_\_\_  
 Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

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



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

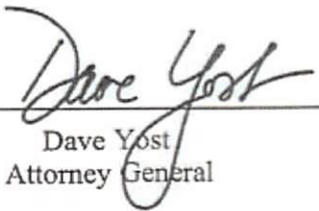
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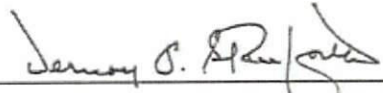


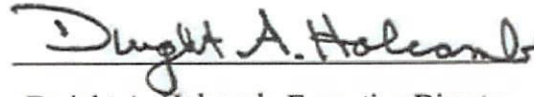
has successfully met the prescribed program requirements for

**Hazing**

*Date:* October 21, 2022

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

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

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





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

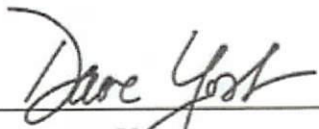
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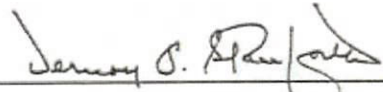


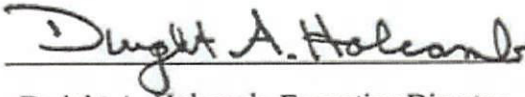
has successfully met the prescribed program requirements for

**New and Updated  
Criminal Charges**

*Date:* October 25, 2022

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

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

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



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

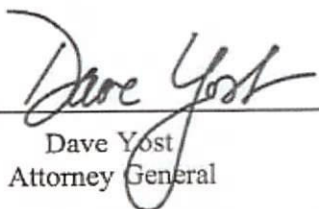
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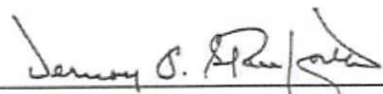


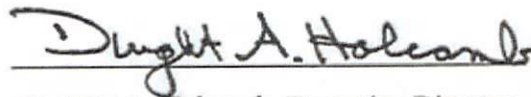
has successfully met the prescribed program requirements for

**Ohio Public Records Law**

*Date:* October 25, 2022

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

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

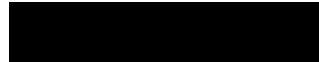
  
 \_\_\_\_\_  
 Dwight A. Holcomb, Executive Director  
 Ohio Peace Officer Training Commission





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

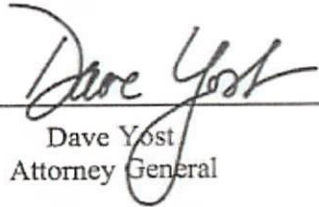
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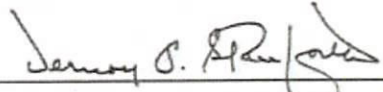


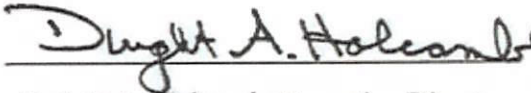
has successfully met the prescribed program requirements for

## Officer Wellness Seminar

Date: October 26, 2022

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

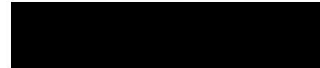
  
 \_\_\_\_\_  
 Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission

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



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

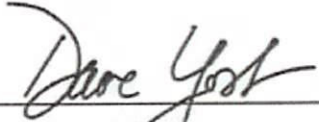
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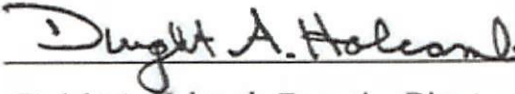


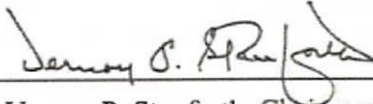
has successfully met the prescribed program requirements for

**Vicarious Trauma**

*Date:* October 31, 2022

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

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

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





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

This is to certify that



has successfully met the prescribed program requirements for

**Biological Evidence  
Collection for Sexual**

**Assaults**  
Date:                      2022

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

*Dwight A. Holcomb*  
\_\_\_\_\_

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

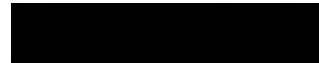
*Vernon P. Stanforth*  
\_\_\_\_\_

Vernon P. Stanforth, Chairperson  
Ohio Peace Officer Training Commission



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

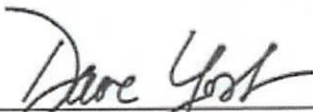
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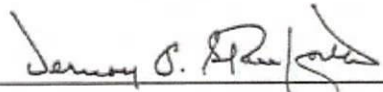


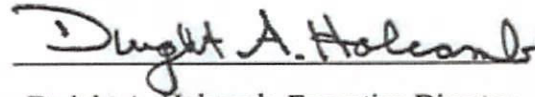
has successfully met the prescribed program requirements for

**Crisis Intervention**

*Date:* October 26, 2022

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

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

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





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

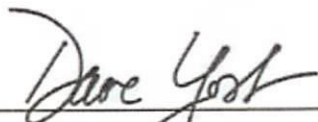
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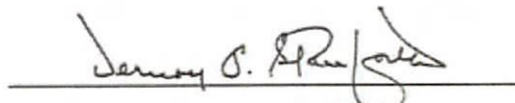
has successfully met the prescribed program requirements for

**Trauma and the Brain**

*Date:* October 25, 2022

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

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

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



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

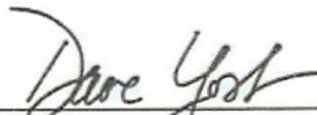
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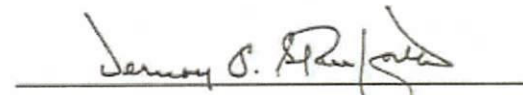
has successfully met the prescribed program requirements for

**Sexual Assault  
Investigations**

*Date:* October 20, 2022

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

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

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





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

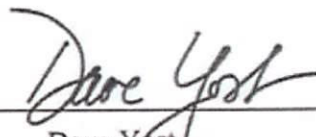
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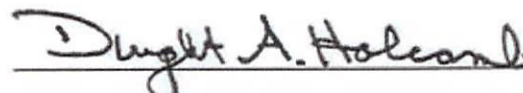


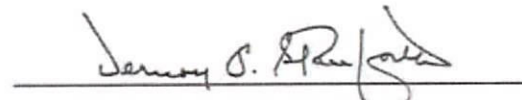
has successfully met the prescribed program requirements for

**Effective**  
**Communication and**  
**Safe Interaction with**  
**Persons in Crisis**

Date: November 03, 2022

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

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

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



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

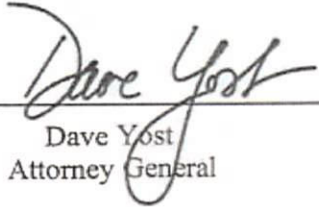
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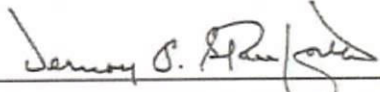


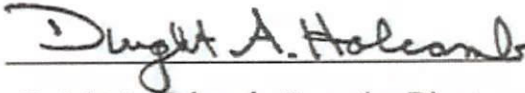
has successfully met the prescribed program requirements for

**Responding to Sexual  
Assault**

*Date:* November 09, 2022

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

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

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





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

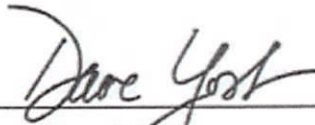
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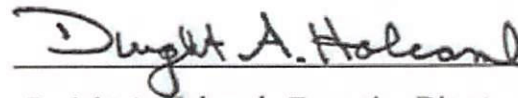


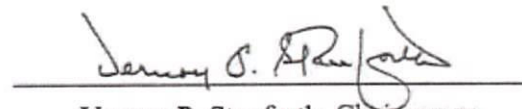
has successfully met the prescribed program requirements for

**Critical Thinking in Use  
of Force Situations**

*Date:* November 03, 2022

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

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

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



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

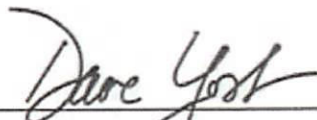
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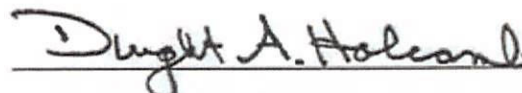


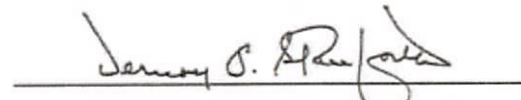
has successfully met the prescribed program requirements for

**Objective  
Reasonableness**

*Date:* November 03, 2022

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

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

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





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

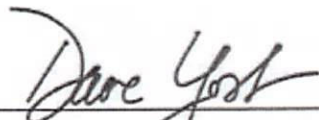
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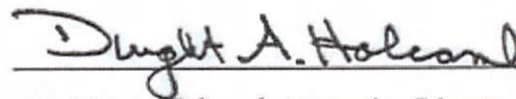


has successfully met the prescribed program requirements for

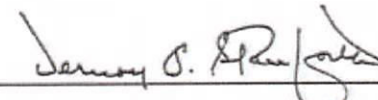
**Qualified Immunity**

*Date:* November 03, 2022

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

  
 \_\_\_\_\_

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

  
 \_\_\_\_\_

Vernon P. Stanforth, Chairperson  
 Ohio Peace Officer Training Commission





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

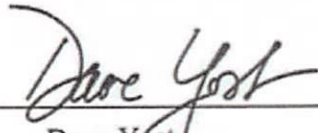
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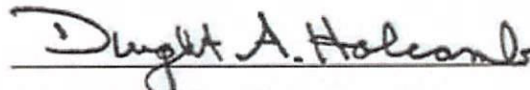


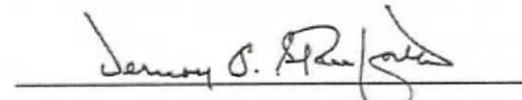
has successfully met the prescribed program requirements for

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

*Date:* November 02, 2022

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

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

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



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

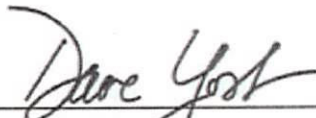
This is to certify that

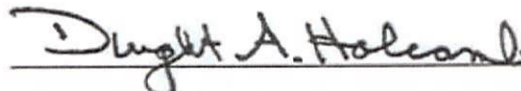


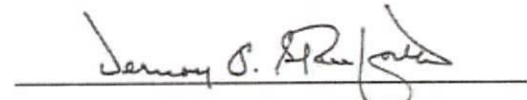
has successfully met the prescribed program requirements for

## Use of Deadly Force and Legal Guidelines

*Date:* November 02, 2022

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

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

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





HAS COMPLETED THE

*4 HOURS OF DOMESTIC VIOLENCE LEGAL UPDATES*

ON DECEMBER 29th, 2022 at

**THE TUSCARAWAS COUNTY SHERIFF'S OFFICE**



  
Detective Lieutenant Adam Fisher



**BUCKEYE CAREER CENTER ADULT POSTSECONDARY EDUCATION**  
an Ohio Technical Center  
**NEW PHILADELPHIA, OHIO**  
**CAREER-TECHNICAL TRAINING CERTIFICATE**

This certifies that

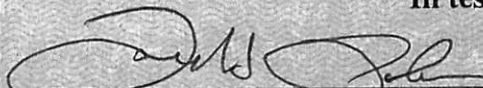


has satisfactorily completed a Career-Technical program of study in

**OHIO PEACE OFFICER TRAINING ACADEMY**

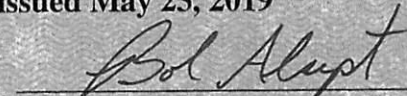
as approved by the  
Buckeye Career Center Board of Education  
in conjunction with the  
Ohio Department of Higher Education and the office of the Ohio Attorney General

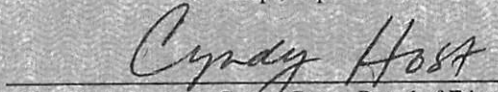
In testimony thereto, this certificate is issued May 23, 2019

  
Frank H. Polen, Adult Postsecondary Education Director

  
Adult Career-Technical Instructor



  
Bob Alsept, Superintendent

  
President, Buckeye Career Center Board of Education

Competencies attained are listed on the student's Career Field Technical Content Standards document



Ohio Revised Code Section 3121.09 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired employees to the state of Ohio within 20 days of the contract or hire date. Information about new hire reporting and online reporting is available on our website: [www.oh-newhire.com](http://www.oh-newhire.com)

**Send completed forms to:**  
 Ohio New Hire Reporting Center  
 PO Box 15309  
 Columbus, OH 43215-0309  
 Fax: (614) 221-7088 or toll-free fax (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C
---	---	---

1	2	3
---	---	---

**EMPLOYER INFORMATION**

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee's quarterly wages will be reported under):

34 6002853

Employer Name:

TUSCARAWAS COUNTY SHERIFF

Employer Address (Please indicate the address where the Income Withholding Orders should be sent).

2295 REISER AVE SE

NEW PHILADELPHIA

Employer City:

Employer State: Zip Code (5 digit):

OH 44663

Employer Phone (optional):

Extension:

Employer Fax (optional):

3303392000

3303394432

Email:

sheriff@co.tuscarawas.oh.us

**EMPLOYEE OR CONTRACTOR INFORMATION**

Social Security Number (SSN)

(Check here if using FEIN for the Contractor)

[REDACTED]

State of Hire: OH

First Name:

Middle Initial:

[REDACTED]

[REDACTED]

Last Name:

[REDACTED]

Address:

[REDACTED]

City:

State:

Zip Code (5 digit):

NEW PHILA

OH

44663

Date of Hire:

Date of Birth:

Is this a Contractor?

083120

022893

Yes  No

Date payments will begin for Contractor:

Length of time the Contractor will be performing services:

months

**REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING**

Questions? Call us at (614) 221-5330 or toll-free (888) 872-1490



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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
[REDACTED]		[REDACTED]		[REDACTED]		
Address (Street Number and Name)			Apt. Number	City or Town	State	ZIP Code
[REDACTED]				New Philadelphia	OH	44663
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
02/28/1993	[REDACTED]		[REDACTED]@gmail.com		[REDACTED]	

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
[REDACTED]	08/31/2020

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

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

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

STOP - Employer Completes Next Page - STOP






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

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

**Section 2. Employer or Authorized Representative Review and Verification**

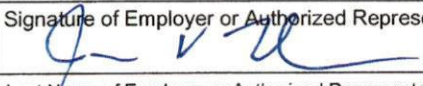
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) [REDACTED]	First Name (Given Name) [REDACTED]	M.I. [REDACTED]	Citizenship/Immigration Status 1
-------------------------------------	---------------------------------------	---------------------------------------	--------------------	-------------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title U.S. birth certificate
Issuing Authority N/A		Issuing Authority Ohio		Issuing Authority Health Department La Porte County, IN
Document Number N/A		Document Number [REDACTED]		Document Number [REDACTED]
Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) 02/28/2022		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">QR Code - Section 2 Do Not Write In This Space</p>  </div>		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 08/31/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative 		Today's Date (mm/dd/yyyy) <u>08/31/2020</u>	Title of Employer or Authorized Representative Fiscal HR Administrator	
Last Name of Employer or Authorized Representative Torch		First Name of Employer or Authorized Representative James	Employer's Business or Organization Name Tuscarawas County Sheriff	
Employer's Business or Organization Address (Street Number and Name) 2295 Reiser Ave SE		City or Town New Philadelphia	State OH	ZIP Code 44663

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

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

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

**Refer to the instructions for more information about acceptable receipts.**





CERTIFICATE OF BIRTH

# La Porte County Health Department

La Porte County, Indiana

This certifies that according to the records of the La Porte County Health Department

Name: [REDACTED]

Was born in: **LAPORTE**

On: [REDACTED]

Child of: **RICK ALAN [REDACTED] AND DIANNE LYNNE [REDACTED]**

Birthplace of Father: **INDIANA**

Birthplace of Mother: **OHIO**

Recorded Locally: **098-93      LPC1993**

Date Filed: **March 29, 1993**

Date Issued: **August 13, 2004**

La Porte County Health Officer

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

VOID IF ALTERED OR ERASED



TUSCARAWAS COUNTY

ETHICS ACKNOWLEDGMENT

FORM I

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

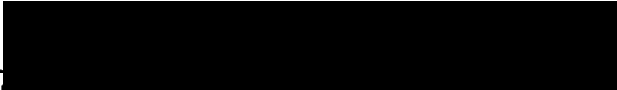
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ACKNOWLEDGMENT

Date: 08/31/2020

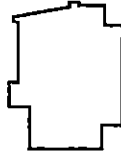
I have received a copy of the Ohio Ethics Laws (Chapters 102 and 2921.42 of the Revised Code). I will familiarize myself with these laws and understand that I am governed by them.

  
Signature of Employee

cc: Employee, Employee Personnel File

**Auditor's Office**  
**Tuscarawas County**

LARRY LINDBERG, Auditor  
125 E. High Avenue  
New Philadelphia, Ohio 44663



Telephone  
(330) 365-3220  
Fax: (330) 365-3397

**Acknowledgement of receipt of Auditor of State fraud--reporting system information**

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

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

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

I \_\_\_\_\_, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

\_\_\_\_\_  
PRINT NAME, TITLE, AND DEPARTMENT

\_\_\_\_\_  
PLEASE SIGN NAME

08/31/2020  
DATE

## **Auditor of state's system for reporting fraud.**

The auditor of state is required to establish and maintain a system for the reporting of fraud, including misuse and misappropriation of public money, by any public office or public official. The auditor of state is required to review all complaints in a timely manner.

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

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

The Ohio Auditor of State's system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll-free number, the Auditor of State's website, a mobile app or through the United States' mail:

### **Auditor of State's fraud contact information:**

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

US Mail: Ohio Auditor of State's office  
88 East Broad Street, 10<sup>th</sup> Floor  
Columbus, OH 43215  
Attn: Special Investigations Unit

Web: [www.ohioauditor.gov](http://www.ohioauditor.gov) then click the drop down Quick Links/Report Fraud Online, email @ [fraudohio@ohioauditor.gov](mailto:fraudohio@ohioauditor.gov)

Mobile App: See download instructions below

The following instructions can be used to download the app:

### **For Apple users:**

Visit the Apple App Store via your mobile device or Apple computer and search for *Ohio Stops Fraud*. This app is available for iOS7 users who own the iPhone 4 or later models.

### **For Android users:**

Visit the Google Play Store via your mobile device or computer and search for *Ohio Stops Fraud*.



### **124.341 Violation or misuse – whistleblower protection**

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

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

(B) Except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint as authorized by division (A) of this section, including, without limitation, doing any of the following:

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

(C) An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information under division (A) of this section.

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

(E) As used in this section:

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

## **SECTION 2.16 DRUG FREE WORKPLACE**

### **Notice Upon Hiring**

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

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

### **Current Distribution of Drug Free Workplace Policy**

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

### **The Drug Free Workplace Policy**

#### **Definitions**

For purposes of this policy:

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

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

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

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

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

### **Distribution**

Each employee should be made aware of:

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

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

### **Regulations**



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

### **Notification of Conviction**

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

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

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

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

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

TUSCARAWAS COUNTY

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

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

Date: 08/31/2020

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

Signature of Employee:

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

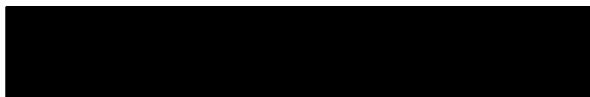
TUSCARAWAS COUNTY

**DRUG FREE WORKPLACE STATEMENT FOR  
PROSPECTIVE EMPLOYEES**

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

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

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



Signature

08/31/2020

Date



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

Employee Name [REDACTED] Employee ID# \_\_\_\_\_  
Employer Name Tuscarawas County Sheriff Employer ID# 34-6002853

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

### Windfall Elimination Provision

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

### Government Pension Offset Provision

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

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

### For More Information

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

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

Signature of Employee [REDACTED] Date 08/31/2020

---

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

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

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

Employers must:

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

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

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

TUSCARAWAS COUNTY

ETHICS ACKNOWLEDGMENT

FORM I

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

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ACKNOWLEDGMENT

Date: 08/31/2020

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

  
Signature of Employee

cc: Employee, Employee Personnel File





# Tuscarawas County Sheriff's Office Employment Application

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

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

## EMPLOYMENT INTERESTS

Position Desired: Reserve

## PERSONAL INFORMATION

Name: [Redacted] Last [Redacted] M.I. [Redacted] First [Redacted] Date of Application 08/26/2020

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

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

Present Address: [Redacted] Street Address New Philadelphia City OH State 44663 Zip Code

Telephone: [Redacted] Home [Redacted] Cell [Redacted] Work

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

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

If yes, list employee's name and relationship. Rick [Redacted] (Father)

Referral Sources:  Advertisement  Friend  Relative  Employment Agency  Other

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

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

## EDUCATION

Educational Level	School Name Location	Course of Study or Major	Graduate?	Degree or Diploma
High School	New Philadelphia High School	High School	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
College	Hocking College	wildlife science	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Technical	Buckeye Career Center	N.R., L.E.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Diploma



### EMPLOYMENT HISTORY

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

<b>JOB TITLE:</b>	
Employer: <u>Muskingum Watershed</u>	Telephone: <u>330-343-6647</u>
Address: _____	
Employed From: <u>June 2018</u>	To: <u>October 2018</u> Involuntarily Terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Leaving: _____	
Salary Beginning: \$ <u>15</u> /hr.	Salary Ending: \$ <u>15</u> /hr.
Immediate Supervisor/Title: <u>John Lewis-Manager</u>	May We Contact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities: <u>Educate the public on natural resources and run the nature center.</u>	
Comments: _____	
<b>JOB TITLE:</b>	
Employer: <u>Marine Corps Reserve</u>	Telephone: _____
Address: _____	
Employed From: <u>2014</u>	To: <u>2020</u> Involuntarily Terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Leaving: _____	
Salary Beginning: \$ _____ /hr.	Salary Ending: \$ _____ /hr.
Immediate Supervisor/Title: <u>Ssgt. Toby Bryant/Platoon Sgt.</u>	May We Contact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities: <u>Mortarman-0341 Squad Leader</u>	
Comments: _____	
<b>JOB TITLE:</b>	
Employer: <u>Planet Fitness</u>	Telephone: <u>234-801-4527</u>
Address: _____	
Employed From: <u>2014</u>	To: <u>2017</u> Involuntarily Terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Leaving: _____	
Salary Beginning: \$ _____ /hr.	Salary Ending: \$ _____ /hr.
Immediate Supervisor/Title: _____	May We Contact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Later
Description of Work Responsibilities: <u>front desk</u>	
Comments: _____	



## SKILL EXPERIENCE INVENTORY

Please indicate your proficiency in the following skill and/or knowledge areas (check all that apply).

All information is subject to verification.

### Office Skills

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Keyboarding _____ wpm              | <input type="checkbox"/> Accounting                           |
| <input checked="" type="checkbox"/> Customer Service (human relations) | <input type="checkbox"/> Cash Handling                        |
| <input type="checkbox"/> Legal Terminology                             | <input checked="" type="checkbox"/> Report/Letter Writing     |
| <input type="checkbox"/> Multi-line Phone System                       | <input type="checkbox"/> Budgeting                            |
| <input type="checkbox"/> Dictation                                     | <input checked="" type="checkbox"/> Document Imaging/Scanning |
| <input type="checkbox"/> Other _____                                   |   |

### Computer Skills

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Windows                                 | <input type="checkbox"/> Software Installation                  |
| <input type="checkbox"/> Word Processing _____                              | <input type="checkbox"/> Hardware Installation/Repair           |
| <input type="checkbox"/> Spreadsheets _____                                 | <input type="checkbox"/> System Maintenance                     |
| <input checked="" type="checkbox"/> Presentation Software <u>powerpoint</u> | <input type="checkbox"/> Peripherals (printers, scanners, etc.) |
| <input checked="" type="checkbox"/> Internet                                |   |
| <input type="checkbox"/> Other _____  |   |

### Certifications, Licenses and Training

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Peace Officer Certification | <input checked="" type="checkbox"/> CPR and First Aid Certification |
| <input type="checkbox"/> Nursing License                        | <input checked="" type="checkbox"/> Radar Certification             |
| <input type="checkbox"/> Paramedic License                      | <input checked="" type="checkbox"/> Use of Force Training           |
| <input type="checkbox"/> Corrections Officer Training           | <input checked="" type="checkbox"/> Firearms Certification          |
| <input checked="" type="checkbox"/> Other _____                 |   |

### Administrative and Non-Law Enforcement Skills

- |   |  |
|---|--|
| <input type="checkbox"/> Supervision or Human Resource Management | <input type="checkbox"/> Medical, Emergency or Clinical Services   |
| <input type="checkbox"/> Fiscal Management                        | <input type="checkbox"/> Repairs (i.e. HVAC, plumbing, etc...)     |
| <input type="checkbox"/> Policy Development                       | <input type="checkbox"/> Maintenance (i.e. HVAC, plumbing, etc...) |
| <input type="checkbox"/> Grant Writing                            | <input type="checkbox"/> Food Preparation or Food Services         |
| <input checked="" type="checkbox"/> Other _____                   |  |

## AFFILIATIONS

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

Ducks Unlimited \_\_\_\_\_

National Wild Turkey Federation \_\_\_\_\_

FFA \_\_\_\_\_

HMMWV license/ Ammo certification \_\_\_\_\_

## REFERENCES

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

Name/Title	Address	Phone
John Lewis		
Toby Bryant		
Chief Ron Johnson		





**CERTIFICATION**

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

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

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

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

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

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

**AUTHORIZATION**

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

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

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

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

[Redacted Signature]

Applicant's Signature

08/26/2020

Date

[REDACTED]  
[REDACTED] New Philadelphia, OH 44663 · [REDACTED]

## EXPERIENCE

JULY 2018 – SEPTEMBER 2018

### **PARK NATURALIST, MWCD – ATWOOD LAKE**

Provide educational programs about the park's natural resources, historical assets, outdoor recreational activities available to park guests. Maintain equipment, practice standard safety procedures, assist other MWCD staff members, provided excellent customer service for all activities with park guests and maintain the wildlife center.

APRIL 2014 – PRESENT

### **MARINE CORPS RESERVIST, UNITED STATE MARINE CORPS – AKRON, OH**

Active Marine of WPNS CO 3/25. Have served several years working in an active status; responsible for everyday requirements of maintaining a ready-status with the unit. Participate on a detail responsible for funeral proceeding for veteran's and their families in their time of grief. Participated in Toys for Tots.

NOVEMBER 2014 – MARCH 2018

### **FITNESS REPRESENTATIVE, PLANET FITNESS – NEW PHILADELPHIA, OH**

Responsible for maintaining the front desk area, assisting members and public with fitness questions. Responsible to maintain the gym, equipment, tanning beds and the facility. Active in training new hires, had an excellent attendance record, provided customer service and feedback.

April 2013 – August 2013

### **CREEL CLERK, ODNR – AKRON, OH**

Responsible to conduct counts of fishermen (Tappan Lake), write precise reports of numbers and species of fish caught, interview and interact with fishermen, responsible to record accurate information to help provide data for the lake managers in maintaining a healthy lake and fish populations for

all to enjoy. Responsible for operating/ maintaining ODNR equipment.

## EDUCATION

AUGUST 2018 – MAY 2019

### **OPOTA CERTIFICATE, OHIO POLICE OFFICER'S TRAINING ACADEMY**

Attended through Buckeye Career Center. Student Lieutenant for class, maintained a perfect attendance record, passed all required training elements of the course, including administration and report writing, legal issues, firearms qualification, human relations, physical fitness, etc. Was the class representative acting as a liaison between staff and students forwarding important information.

SEPTEMBER 2011 – DECEMBER 2013

WIDLIFE SCIENCES, HOCKING COLLEGE – NELSONVILLE, OH

AUGUST 2009 – APRIL 2011

High School graduate, BUCKEYE CAREER CENTER- NEW PHILADELPHIA, OH

## AWARDS/CERTIFICATES

- Certificate of Commendation (USMC)
- 40 hr NHTSA S.F.S.T Certificate
- 40 hr NHTSA Speed Measuring Certificate
- Perfect Attendance Certificate (OPOTA)
- Blue Courage Certificate 16 hrs
- (Boating Certificate (ODNR)
- Hunter Education Certificate (ODNR)
- First aid, CPR, AED training
- TCCC (tactical casualty combat care, USMC)

## ACTIVITIES

Enjoy being in the outdoors, and sharing it with others, member in Ducks Unlimited, National Wild Turkey Federation, past FFA member. Basic computer skills. Ride-along experience with Tuscarawas County Sheriff's Office Deputy





## Tuscarawas County, Ohio Internet and E-Mail Policy

### General Information

Tuscarawas County, Ohio provides computer equipment, software, e-mail and Internet access to its employees for governmental purposes only. Users of equipment must adhere to strict guidelines, outlined in the following document. The County may modify these regulations at any time, providing proper notification of modifications to all users.

Signatures at the end of this document are legally binding and indicate that the parties have read the terms and conditions carefully, understand their significance and the user's responsibilities, and agree to abide by the established rules.

System administrators, office holders, and department heads reserve the right to monitor all activity on County-owned computers. They also reserve the right to immediately **terminate and prosecute** any employee who misuses the system.

### On-line Conduct / Use of the System

- The user agrees not to publish on or over the system any information, which violates or infringes upon the rights of any other person, or any information, which would be abusive, profane or sexually offensive to an average person.
- The user also agrees not to publish any advertising or solicitation to use goods or services.
- The user agrees not to use the facilities and capabilities of the system to conduct any business, or solicit the performance of any activity, which is prohibited by law.
- Internet access shall not be used for the solicitation of money for religious or political purposes.
- The user will not seek to benefit personally or permit others to benefit personally by any confidential information, which has come to you by virtue of your position in the County.
- Internet access is for County business use only. The user is granted permission to utilize Internet access only on County-owned equipment.
- Internet access shall not be used for recreational purposes, including computer games.
- Tuscarawas County does not condone the use of objectionable materials. The user therefore specifically agrees not to submit, publish, or display any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or otherwise illegal materials.
- The user will not encourage the use, sale, or distribution of controlled substances.

**Tuscarawas County, Ohio  
Internet and E-Mail Policy**

Transmission of material, information, or software in violation of any local, state or federal laws is also prohibited.

- The user agrees to indemnify Tuscarawas County of any losses, costs, or damages, including attorney fees incurred relating to or arising out of any breach of this agreement by the user.
- The user understands that access to the Internet will be restricted by station and username.

**Licensed Software / Copyrighted Materials**


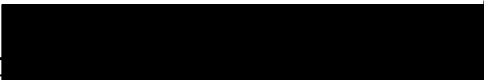
- No user shall install, upload or download any software on County equipment without the consent of the Information Technology Department.
- Copyrighted materials must not be placed on any system. All copyright laws must be observed.
- Downloads will be restricted / filtered by site, file, station and user.

**E-Mail**

- The County owns the computers and their software, including the words written with them and time spent using them.
- E-mail transmissions can and will be monitored by the system administrator.
- E-mail transmissions which contain offensive, harassing or defamation messages are not permitted, including transmissions with disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religious or political beliefs, or any other protected class.
- E-mail transmissions and receipts will be filtered for content, virus activity and attachments.

**Any violations of these policies or attempts to breach the integrity or security of the systems or network will result in termination of your email service and internet access along with disciplinary action, which may include, but is not limited to reprimand, suspension, dismissal, and prosecution.**

**I have read and understand Tuscarawas County's internet and e-mail policy, and agree to assume the responsibilities as outlined.**

	2/25/2021	H. Ken S. [Signature]	2-25-21
Signature	Date	Employer	Date
			Name



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

Employee Name [REDACTED] Employee ID# [REDACTED]  
Employer Name Tuscarawas County Sheriff Employer ID# 34-6002853

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

**Windfall Elimination Provision**

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

**Government Pension Offset Provision**

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

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

**For More Information**

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

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

Signature of Employee [REDACTED] Date 3/1/2021

---

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

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

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

Employers must:

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

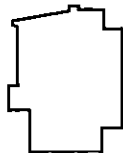
Social Security will not be setting any additional guidelines for the use of this form.

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

# Auditor's Office

## Tuscarawas County

LARRY LINDBERG, Auditor  
125 E. High Avenue  
New Philadelphia, Ohio 44663



Telephone  
(330) 365-3220  
Fax: (330) 365-3397

### Acknowledgement of receipt of Auditor of State fraud--reporting system information

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

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

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

I \_\_\_\_\_, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

\_\_\_\_\_  
PRINT NAME, TITLE, AND DEPARTMENT

*Corrections officer TCSO*

\_\_\_\_\_  
PLEASE SIGN NAME

*3/1/21*  
DATE



## **Auditor of state's system for reporting fraud.**

The auditor of state is required to establish and maintain a system for the reporting of fraud, including misuse and misappropriation of public money, by any public office or public official. The auditor of state is required to review all complaints in a timely manner.

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

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

The Ohio Auditor of State's system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll-free number, the Auditor of State's website, a mobile app or through the United States' mail:

### **Auditor of State's fraud contact information:**

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

US Mail: Ohio Auditor of State's office  
88 East Broad Street, 10<sup>th</sup> Floor  
Columbus, OH 43215  
Attn: Special Investigations Unit

Web: [www.ohioauditor.gov](http://www.ohioauditor.gov) then click the drop down Quick Links/Report Fraud Online, email @ [fraudohio@ohioauditor.gov](mailto:fraudohio@ohioauditor.gov)

Mobile App: See download instructions below

The following instructions can be used to download the app:

### **For Apple users:**

Visit the Apple App Store via your mobile device or Apple computer and search for *Ohio Stops Fraud*. This app is available for iOS7 users who own the iPhone 4 or later models.

### **For Android users:**

Visit the Google Play Store via your mobile device or computer and search for *Ohio Stops Fraud*.

#### **124.341 Violation or misuse – whistleblower protection**

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

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

(B) Except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint as authorized by division (A) of this section, including, without limitation, doing any of the following:

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

(C) An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information under division (A) of this section.

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

(E) As used in this section:

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

TUSCARAWAS COUNTY

ETHICS ACKNOWLEDGMENT

FORM I

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

ACKNOWLEDGMENT

Date: 3/1/2021

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

  
Signature of Employee

cc: Employee, Employee Personnel File

## **SECTION 2.16 DRUG FREE WORKPLACE**

### **Notice Upon Hiring**

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

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

### **Current Distribution of Drug Free Workplace Policy**

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

### **The Drug Free Workplace Policy**

#### **Definitions**

For purposes of this policy:

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



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

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

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

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

### **Distribution**

Each employee should be made aware of:

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

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

### **Regulations**

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

### **Notification of Conviction**

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

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

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

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

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

TUSCARAWAS COUNTY

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

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

Date: 3/1/21

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

Signature of Employee:  \_\_\_\_\_

TUSCARAWAS COUNTY

**DRUG FREE WORKPLACE STATEMENT FOR  
PROSPECTIVE EMPLOYEES**

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

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

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

Signature: 

Date: 3/1/21