

# HAMILTON COUNTY SHERIFF'S OFFICE - APPLICATION FOR SPECIAL DEPUTY

(Position of Special Deputy is a voluntary, non-compensated affiliation with the Sheriff's Office)

Check the appropriate box :     Original application     Renewal of application

*(The Hamilton County Sheriff's Office Is A Equal Opportunity Organization)*

**THE HAMILTON COUNTY SHERIFF'S OFFICE CONSIDERS ALL APPLICANTS WITHOUT REGARD TO RACE, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MILITARY STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.**

**The position of Special Deputy Sheriff requires the individual to pay monthly dues and be a member in good standing with the Hamilton County Special Deputy Sheriff's, Incorporated.**

## APPLICANT QUESTIONNAIRE

This questionnaire will be used for reference by those who will be considering you for appointment to the position of Special Deputy with the Hamilton County Sheriff's Office.

Fill it out **COMPLETELY** and **CORRECTLY!**

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a CVSA (voice stress) examination and a drug test.

Any **FALSE, MISLEADING** or **INCOMPLETE** information will be grounds to **disqualify** you for consideration with the Hamilton County Sheriff's Special Deputy Program. Further, if false or inaccurate information provided on this application is discovered later it may result in discharge from appointment as a Special Deputy with the Sheriff's Office.

I have read and fully understand the above \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

## FOLLOW DIRECTIONS CAREFULLY

1. USE INK. COMPLETE THIS FORM IN YOUR OWN HANDWRITING OR PRINTING.
2. **WRITE OR PRINT LEGIBLY.** IF THIS QUESTIONNAIRE CANNOT BE READ IT MAY BE REJECTED.
3. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED **COMPLETELY** and **CORRECTLY**.
4. READ EACH QUESTION CAREFULLY.
5. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE **N/A** IN THE SPACE.

### PERSONAL DATA

LAST NAME		FIRST NAME			MIDDLE NAME	
HOME PHONE (    )		WORK PHONE (    )		CELL PHONE NUMBER (    )		
CURRENT ADDRESS		STREET & NUMBER		CITY	STATE	ZIP CODE
HEIGHT	WEIGHT	HAIR	EYES	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ARE YOU A U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST ANY OTHER NAME(S) YOU HAVE EVER USED. (INCLUDE NICKNAMES)						
LIST ANY SCARS, MARKS, TATTOOS OR BODY PIERCEINGS (USE BACK OF THIS SHEET IF ADDITIONAL SPACE IS REQUIRED)* _____						

**\* If you have a tattoo visible while wearing trousers or slacks and a T-shirt, Sheriff's Office policy prohibits appointment to the position of Special Deputy and you need not apply.**

**PERSONAL DATA CONTINUED**

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES YOU HAVE LIVED AT FOR THE PAST TEN (10) YEARS. INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE.

DATES		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					

**MARITAL STATUS**

A. ARE YOU (CHECK ONE):  MARRIED     SEPARATED  
 SINGLE     DIVORCED     WIDOWED

E. IF PREVIOUSLY MARRIED, DATE: \_\_\_\_\_  
DISPOSITION OF FORMER MARRIAGES: \_\_\_\_\_

B. WIFE'S MAIDEN NAME \_\_\_\_\_ C. HER DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES – A complete street address, city, state and ZIP code is required.**

LIST THREE (3) REFERENCES (NOT RELATIVES) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS (a complete address MUST be included, if the address is a business list the business name – make sure this information is readable).

NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE ( ) -	DAY PHONE ( ) -	E-MAIL ADDRESS			
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE ( ) -	DAY PHONE ( ) -	E-MAIL ADDRESS			
NAME		RESIDENCE OR BUSINESS ADDRESS (NUMBER & STREET)			
HOW LONG KNOWN?	OCCUPATION	(CITY)	(STATE)	(ZIP)	
HOME PHONE ( ) -	DAY PHONE ( ) -	E-MAIL ADDRESS			



C. BEGINNING WITH YOUR PRESENT, OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED, IN THE PROPER ORDER. LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT. KEEP IN PROPER SEQUENCE. **OMIT NONE!**  
**USE THE REVERSE SIDE OF THIS SHEET IF NEEDED.**

1.	<b>NAME OF EMPLOYER:</b>		<b>ADDRESS:</b>	
	(CITY)	(STATE)	(ZIP)	PHONE #: ( ) -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING:			
2.	<b>NAME OF EMPLOYER:</b>		<b>ADDRESS:</b>	
	(CITY)	(STATE)	(ZIP)	PHONE #: ( ) -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			
3.	<b>NAME OF EMPLOYER:</b>		<b>ADDRESS:</b>	
	(CITY)	(STATE)	(ZIP)	PHONE #: ( ) -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			
4.	<b>NAME OF EMPLOYER:</b>		<b>ADDRESS:</b>	
	(CITY)	(STATE)	(ZIP)	PHONE #: ( ) -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			

<b>5.</b>	<b>NAME OF EMPLOYER:</b>		<b>ADDRESS:</b>	
	(CITY)	(STATE)	(ZIP)	PHONE #: (     )     -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			

<b>6.</b>	<b>NAME OF EMPLOYER:</b>		<b>ADDRESS:</b>	
	(CITY)	(STATE)	(ZIP)	PHONE #: (     )     -
	STARTING DATE:		LEAVE DATE:	
	JOB TITLE:		SUPERVISOR'S NAME:	
	BEGINNING SALARY:		FINAL SALARY:	
	WORK PERFORMED:			
	REASON FOR LEAVING			

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, WRITE THE DETAILS ON THE LINE PROVIDED, IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE OF THIS SHEET:**

	YES	NO	
A. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
B. HAVE YOU EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
C. HAVE YOU EVER HAD ANY OF YOUR PROPERTY REPOSSESSED?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
D. DO YOU CURRENTLY PAY CHILD SUPPORT?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
E. IF YOU ARE CURRENTLY PAYING CHILD SUPPORT ARE YOU CURRENT WITH YOUR PAYMENTS?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
F. HAVE YOU EVER FILED BANKRUPTCY?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
G. HAVE YOU OR YOUR SPOUSE EVER BEEN SUED OR SUMMONED INTO COURT?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
H. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR IMPRISONED?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____
I. HAVE YOU EVER BEEN EVICTED FROM ANY DWELLING OR APARTMENT HOUSE?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN _____ _____

**ARREST HISTORY**

THE OHIO REVISED CODE SECTION 2953.32 (D2) STATES THAT SEALED CONVICTIONS (EXPUNGEMENTS) MAY BE INSPECTED BY A LAW ENFORCEMENT AGENCY AS PART OF A BACKGROUND INVESTIGATION OF AN APPLICANT FOR A LAW ENFORCEMENT POSITION. FOR THE PURPOSES OF OUR BACKGROUND INVESTIGATION, **YOU ARE REQUIRED TO REPORT ANY CRIMINAL CONVICTION OR ANY EXPUNGEMENT. INCLUDE ANY MINOR MISDEMEANOR ARRESTS.**

A. HAVE YOU EVER BEEN **ARRESTED, CHARGED, QUESTIONED, ACCUSED, WARNED OR DETAINED** FOR ANY OFFENSE OR ALLEGED VIOLATION OF ANY STATUTE, ORDINANCE, LAW, OR REGULATION BY **ANY CIVIL OR MILITARY AUTHORITY** EITHER IN THIS COUNTRY OR ANY OTHER COUNTRY?  YES  NO IF YES, DESCRIBE BELOW (INCLUDE DETENTIONS AS A JUVENILE OR MINOR AND ANY REDUCTIONS IN RANK WHILE IN THE MILITARY).

DATE	CHARGE	CITY-COUNTY-STATE	DISPOSITION	POLICE AGENCY

B. HAVE YOU EVER BEEN **CONVICTED** OF ANY CRIME, INCLUDING MINOR MISDEMEANORS OTHER THAN TRAFFIC VIOLATIONS?  YES  NO  
 IF YES, EXPLAIN IN DETAIL \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING HISTORY**

A. LIST ALL DRIVER'S LICENSES YOU HOLD. HAVE YOU EVER HAD YOUR LICENSE REVOKED OR SUSPENDED.  YES  NO  
 IF YES, EXPLAIN IN DETAIL (USE REVERSE SIDE IF NECESSARY).

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE #	REVOKED OR SUSPENDED (REASON)

B. HAVE YOU EVER BEEN SENTENCED TO DRIVER IMPROVEMENT SCHOOL?  YES  NO  
 WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

C. LIST ALL DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT.

MONTH/YEAR	CHARGE	CITY OR STATE	DISPOSITION

D. DO YOU HAVE LIABILITY AND PROPERTY DAMAGE INSURANCE ON VEHICLES OWNED BY YOU?  YES  NO

E. HAVE YOU EVER HAD YOUR CAR INSURANCE CANCELLED?  YES  NO IF YES, EXPLAIN  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



HAVE YOU EVER **BOUGHT, SOLD OR USED** ANY OF THE FOLLOWING WITHOUT A DOCTOR'S PRESCRIPTION? IF YES, EXPLAIN.

I. CANNABIS

A. HASHISH/HASHISH OIL  YES  NO \_\_\_\_\_  
\_\_\_\_\_

II. STIMULANTS/AMPHETAMINES

A. BENNIES  YES  NO \_\_\_\_\_  
\_\_\_\_\_

B. RITALIN  YES  NO \_\_\_\_\_  
\_\_\_\_\_

C. COCAINE/CRACK  YES  NO \_\_\_\_\_  
\_\_\_\_\_

III. HALLUCINOGENS

A. LSD IN ANY FORM  YES  NO \_\_\_\_\_  
\_\_\_\_\_

B. P.C.P./PHENCYCLIDINE (ANGEL DUST)  YES  NO \_\_\_\_\_  
\_\_\_\_\_

C. HALLUCINOGENIC MUSHROOMS, Mescaline, PSILOCYBIN, PSILOCYN, PEYOTE CACTUS  YES  NO \_\_\_\_\_  
\_\_\_\_\_

D. SPECIAL K (KETAMINE)  YES  NO \_\_\_\_\_  
\_\_\_\_\_

IV. DEPRESSANTS/DOWNERS

A. METHAQUALONE, LUDES, SOPORS  YES  NO \_\_\_\_\_  
\_\_\_\_\_

B. MORPHINE OR METHADONE  YES  NO \_\_\_\_\_  
\_\_\_\_\_

C. HEROIN  YES  NO \_\_\_\_\_  
\_\_\_\_\_

D. ECSTASY, ROOFIES  YES  NO \_\_\_\_\_  
\_\_\_\_\_

E. TALWIN OR PYROBENZAMINE  YES  NO \_\_\_\_\_  
\_\_\_\_\_

F. VICODIN  YES  NO \_\_\_\_\_  
\_\_\_\_\_

Have you used any other drug not listed? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATION MEMBERSHIP**

A. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FACIST, COMMUNIST, SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF OHIO OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES, OR THE STATE OF OHIO, BY ANY UNLAWFUL, OR UNCONSTITUTIONAL MEANS?

YES  NO IF YES, EXPLAIN ON THE REVERSE SIDE.

B. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE?  YES  NO IF YES, EXPLAIN BELOW

\_\_\_\_\_

\_\_\_\_\_

**MILITARY STATUS**

SELECTIVE SERVICE NUMBER

DRAFT CLASSIFICATION

LOCAL BOARD #

ADDRESS

A. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION?  YES  NO IF SO, LIST THEM. IF THERE WAS MORE THAN ONE PERIOD, THEN LIST THE SEPARATE PERIODS.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

B. LIST ALL MILITARY OCCUPATIONAL SERVICE (MOS) NUMBERS YOU OBTAINED:

C. DO YOU CURRENTLY HAVE A MILITARY RESERVE COMMITMENT?

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

**CITIZENSHIP**

A. ARE YOU A UNITED STATES CITIZEN?  YES  NO IF NO, EXPLAIN \_\_\_\_\_

B. IF NOT A UNITED STATES CITIZEN, CAN YOU PROVIDE DOCUMENTATION YOU ARE LEGALLY IN THE UNITED STATES?  YES  NO

C. IF NOT A UNITED STATES CITIZEN, CAN YOU PROVIDE DOCUMENTATION FOR ELIGIBILITY TO WORK IN THE UNITED STATES?  YES  NO

**ADDITIONAL INFORMATION**

IS THERE ANY INFORMATION YOU BELIEVE IS RELEVANT TO YOUR APPLICATION THAT HAS NOT BEEN ADDRESSED IN THIS APPLICATION?

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIAL DEPUTY PROGRAM INFORMATION

If you have any tattoos or body piercing (except in the ear) which are visible while wearing trousers or slacks and a T-shirt you are not eligible for appointment as a Special Deputy.

If your height / weight is outside of the below listed Sheriff's Office policy you are not eligible for appointment as a Special Deputy until you meet the height / weight standard.

### MALE

HEIGHT	MINIMUM ACCEPTABLE WEIGHT	AVERAGE WEIGHT	MAXIMUM ACCEPTABLE WEIGHT*
5 FEET / 0 INCHES	113	131	155
1	116	134	159
2	118	137	163
3	122	141	166
4	125	145	171
5	129	149	175
6	133	153	180
7	136	157	186
8	140	161	189
9	143	165	194
10	148	170	200
11	152	174	204
6 FEET / 0 IN	156	179	219
1	160	183	223
2	164	188	229
3	169	193	235
4	174	199	242
5	179	204	248
6	184	210	255
7	189	215	261
8	194	221	267
9	199	226	273
10	204	232	279
11	209	238	285
7 FEET / 0 IN	214	243	291

### FEMALE

HEIGHT	MINIMUM ACCEPTABLE WEIGHT	AVERAGE WEIGHT	MAXIMUM ACCEPTABLE WEIGHT*
4 FEET / 8 INCHES	95	111	137
9	97	113	140
10	99	115	142
11	100	117	144
5 FEET / 0 INCHES	103	120	148
1	106	123	152
2	108	125	155
3	111	129	159
4	114	132	162
5	117	135	166
6	120	139	171
7	123	142	174
8	130	146	179
9	130	150	184
10	134	154	189
11	138	158	195
6 FEET / 0 INCHES	143	164	201
1	147	168	207
2	151	172	213
3	155	176	219
4	159	180	225
5	164	184	231
6	168	188	237
7	171	191	243
8	175	195	249

\* Add one pound to the maximum allowable weight for every year over the age of 40.

If you have already attended the required peace officer training through the Ohio Peace Officer Training Commission (OPOTC), you may not be required to attend the Hamilton County Sheriff's Office Training Academy. However, you will be responsible for completing any refresher course(s) required by OPOTC. These refresher courses may not be available through the Hamilton County Sheriff's Office but may be available through other training locations. Any refresher course(s) shall be completed within the timeframe established by OPOTC and at the expense of the individual. All individuals becoming Special Deputies will be required to attend training administered by the Sheriff's Office that includes various topics and policies unique to the Hamilton County Sheriff's Office. The date of the training will be determined by the Hamilton County Sheriff's Office and attendance is mandatory. Special Deputies serve at the pleasure of the Hamilton County Sheriff.

It is essential you understand the demands and expectations that will be placed upon you, once appointed a Special Deputy. Please carefully review the following summary of issues you will encounter as a result of your decision to pursue appointment as a Special Deputy. The challenges and commitments required by the Special Deputy Program should not be taken lightly. Consider the time and financial impact upon you, personally, you and your family's personal needs and any social obligations or commitments you have. Both you and the Hamilton County Sheriff's Office will have time and a financial investment in your participation in the Special Deputy Program; therefore, anything less than an applicant's sincere commitment to meeting the needs and requirements of the Special Deputy Program is unacceptable. The Special Deputy Program will require a financial commitment and a great demand on your family and social time. The Special Deputy Program may not be easy and considered by some to be extremely tough and demanding. The Special Deputy Program will challenge you physically, mentally, academically and emotionally.

The Hamilton County Sheriff's Office operates a voluntary auxiliary non-compensated Special Deputy Program in conjunction with the Hamilton County Special Deputy Sheriffs, Incorporated, which is a 501.3.C non-profit organization incorporated under the laws of the State of Ohio. The Hamilton County Special Deputy Sheriffs, Incorporated is a separate entity from the Hamilton County Sheriff's Office, and as such you will be required to pay monthly dues to remain a member in good standing of that organization. In addition to the dues requirement, a Special Deputy must provide a minimum of volunteer, non-compensatory and non-remunerable service or duty to the Hamilton County Sheriff's Office. Currently there is a monthly minimum eight-hour requirement of volunteer, non-compensatory and non-remunerable service or duty to the Hamilton County Sheriff's Office. A Special Deputy is not an employee of the County of Hamilton or the Hamilton County Sheriff's Office. Since a Special Deputy is not an employee, the position offers no health care, retirement or other benefits. The Hamilton County Sheriff's Office does provide Workers Compensation during the period of time that the special deputy is performing volunteer duties for the Sheriff's Office.

As a Special Deputy, you may be authorized to work approved private employer compensated law enforcement functions.

The Hamilton County Special Deputy Sheriffs, Incorporated provides Workers Compensation during the period of time you are performing law enforcement functions for an authorized private employer

The Hamilton County Sheriff's Office policy prohibits the appointment of an individual to the position of Special Deputy who works in a private security field.

As a Special Deputy you represent the Hamilton County Sheriff's Office. However, while conducting authorized private employer compensated law enforcement functions as a Special Deputy you are working as an independent contractor working under the color of the Hamilton County Sheriff's Office and are responsible to pay any applicable taxes or fees associated with being an independent contractor.

Hamilton County Sheriff's Special Deputies are subject to all policies, procedures, rules and regulations and will be required to sign a "SPECIAL DEPUTY AGREEMENT" which details certain specific requirements of the program prior to being commissioned a Special Deputy.

In order to be accepted as a Hamilton County Sheriff Special Deputy, the following requirements must be successfully completed:

- Have a licensed physician complete a Hamilton County Sheriff's Office fitness for duty form which will be provided upon meeting the minimum qualification for acceptance into the Special Deputy Program
- Your application must be accepted
- You must pass a home interview conducted by a current Special Deputy
- You must pass a background investigation
- You must pass a Patrol Division Commander's interview
- You must pass an interview with the Sheriff
- You must pass a truth verification test
- You must pass a substance abuse test
- You must agree to a three year commitment to the Special Deputy Program
- You must agree to the monetary commitment
- You must agree to meet and maintain a required weight standard
- You must be able to pass and maintain compliance with the Sheriff's Office physical fitness standards at the "Fair" level for the 1.5 mile run or 3 mile walk as well as successfully complete the standards for the Agility Course as set forth in General Order #311, a copy of which has been provided to you with this application.

1.5 MILE RUN

AGE (YEARS)

Fitness Category		13-19	20-29	30-39	40-49	50-59	60 +
III. Fair	(men)	10:49-12:10	12:01-14:00	12:31-14:45	13:01-15:35	14:31-17:00	16:16-19:00
	(women)	14:31-16:54	15:55-18:30	16:31-19:00	17:31-19:30	19:01-20:00	19:31-20:30

3 MILE WALK

AGE (YEARS)

Fitness Category		13-19	20-29	30-39	40-49	50-59	60 +
III. Fair	(men)	37:31-41:00	38:31-42:00	40:01-44:30	42:01-47:00	45:01-50:00	48:01-54:00
	(women)	39:31-43:00	40:31-44:00	42:01-46:30	44:01-49:00	47:01-52:00	51:01-57:00

The Hamilton County Special Deputy Sheriffs, Incorporated is a non-profit organization whose purpose is to provide volunteer non-compensated peace officers to perform certain functions for the Hamilton County Sheriff's Office for no monetary compensation. As a Special Deputy, you are required to be a member of the Hamilton County Special Deputy Sheriffs, Incorporated and pay the dues required of that organization which is currently set at 40 dollars a month. Since a Special Deputy is not considered an employee of Hamilton County or the Hamilton County Sheriff's Office, it is the individual's obligation to purchase certain equipment not supplied by the Hamilton County Special Deputy Sheriffs, Incorporated. The financial obligation required to purchase the required equipment may be significant. The Hamilton County Special Deputy Sheriffs, Incorporated will provide certain required uniform clothing, but the individual Special Deputy must purchase the following items.

- Uniform shoes (must meet Sheriff's Office requirements)
- Service weapon (must be the service weapon required by the Sheriff)
- Soft body armor

- Leather equipment (duty belt, handcuffs, etc.)
- Defensive baton and mace or stun gun device
- Other equipment deemed necessary by the Sheriff

The cost of the required equipment may exceed three thousand dollars.

Upon accepting the position of Special Deputy you must agree to:

- Maintain any licensing, permit or qualification requirements.
- Perform a minimum of eight hours of monthly non-compensated volunteer service.
- Abide by the requirements of the Sheriff's Weight Standards and Physical Fitness Policy, a copy of which has been provided with this application. Do not return the policies with your completed application.
- Follow all rules, regulations and policies or procedures of the Hamilton County Sheriff's Office.
- Understand any violation of the rules, regulations, policies or procedures of the Hamilton County Sheriff's Office may result in disciplinary action up to and including revocation of your commission as a Special Deputy.
- Periodic substance abuse screening.
- Remain in the service of the Sheriff as a Special Deputy or other approved position within the Sheriff's Office for a period of at least three (3) years from the date of your commission. It is the date on your OPOTC certificate if you attend the Sheriff's Patrol Academy.
- Pay the costs associated with being a member of the Hamilton County Special Deputy Sheriffs, Incorporated and maintain a status of "good standing" within that organization.
- Attend required meetings and training.
- Perform other duties required by the Hamilton County Sheriff's Office or the Hamilton County Special Deputy Sheriffs, Incorporated.

Please consider your decision carefully.

Name of the Academy attended: \_\_\_\_\_

Basic Academy School number: \_\_\_\_\_

Dates attended the Academy: Start \_\_\_\_\_ End \_\_\_\_\_

By affixing my signature to this application, I accept and understand the position of Special Deputy is an affiliation with the Hamilton County Sheriff's Office in a voluntary non-compensated position which offers no benefits paid by the Sheriff of Hamilton County, County of Hamilton, or State of Ohio and requires me to perform services and duties to the Sheriff's Office as requested or required by virtue of being a Special Deputy.

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

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

Return this application minus the two attached General Orders to:

Hamilton County Sheriff's Patrol  
 Attention: Support Services Commander  
 11021 Hamilton Avenue  
 Cincinnati, Ohio 45231

Please make sure the Authorization for Release of Information form is completed. It may be notarized free at the Sheriff's Patrol Headquarters, 11021 Hamilton Avenue, Cincinnati, Ohio 45231

**INFORMATION FOR INDIVIDUALS WHO WILL BE ATTENDING THE  
SHERIFF'S PATROL ACADEMY**

Call 513-825-1500 and ask to speak to the Patrol Academy Commander to determine if a Sheriff's Patrol Academy is being offered. If a Sheriff's Patrol Academy is not being offered in the near future, it is possible to attend another Ohio Peace Officer Training Commission (OPOTC) Academy. Should you decide to attend another OPOTC peace officer training academy there is no guarantee that peace officer training will lead to a commission as a Hamilton County Sheriff's Special Deputy. Do not complete and submit an application unless a Sheriff's Patrol Academy is being offered or you have successfully completed another OPOTC academy.

If you decide to attend the Hamilton County Sheriff's Patrol Academy and are accepted into the training program it is essential, you understand the demands and expectations that will be placed upon you. The Hamilton County Sheriff's Patrol Academy will require a financial commitment and a great demand on your family and social time. Both the Hamilton County Sheriff's Patrol Academy and the Special Deputy Program are not easy and considered by some to be extremely tough and demanding.

If accepted into the Hamilton County Sheriff's Patrol Academy you will be challenged physically, mentally, academically and emotionally.

In order to be accepted into the Hamilton County Sheriff's Patrol Academy, the following requirements must be successfully completed:

- Your application must be accepted
- You must have a licensed physician complete a Hamilton County Sheriff's Office fitness for duty form which will be provided upon meeting the minimum qualification for acceptance into the Special Deputy Program
- You must pass a background investigation
- You must pass an extensive interview process
- You must pass a truth verification test
- You must pass a substance abuse test
- You must agree to a three year commitment
- You must agree to the monetary commitment
- You must agree to meet and maintain a required weight standard
- You must be able to perform the following physical fitness standards:

	<u>Males (under age 29)</u>	<u>Females (under age 29)</u>
Sit ups (1 minute)	40	35
Push-ups (1 minute)	33	18
1.5 mile run (in minutes)	11:58	14:15

	<u>Males (age 30-39)</u>	<u>Females (age 30-39)</u>
Sit ups (1 minute)	36	27
Push-ups (1 minute)	27	14
1.5 mile run (in minutes)	12:25	15:14

	<u>Males (age 40-49)</u>	<u>Females (age 40-49)</u>
Sit ups (1 minute)	31	22
Push-ups (1 minute)	21	11
1.5 mile run (in minutes)	13:05	16:13

	<u>Males (age 50-59)</u>	<u>Females (age 50-59)</u>
Sit ups (1 minute)	26	17
Push-ups (1 minute)	15	13
1.5 mile run (in minutes)	14:33	18:05
	<u>Males (age 60+)</u>	<u>Females (age 60+)</u>
Sit ups (1 minute)	20	8
Push-ups (1 minute)	15	8
1.5 mile run (in minutes)	16:19	20:08

For the costs associated with attending the Hamilton County Sheriff's Patrol Academy please call 513-825-1500 and ask to speak to the Academy Commander. In addition to the Academy tuition cost, the individual student trainee must purchase the following items:

- Academy uniforms
- Uniform shoes (will be able to be used upon graduation)
- Service weapon (will be able to be used upon graduation)
- Soft body armor (will be able to be used upon graduation)
- Leather equipment, duty belt, etc. (will be able to be used upon graduation)
- Defensive baton and mace or stun gun device. (will be able to be used upon graduation)
- Other equipment deemed necessary by the Academy Commander.

The cost of the required items may exceed three thousand dollars and is in addition to the academy tuition costs. Upon graduation from the Sheriff's Patrol Academy and appointment as a Special Deputy, the Hamilton County Special Deputy Sheriffs, Incorporated will furnish the required uniform clothing.

Once you have started your academy training, no more than sixteen (16) total hours can be missed for any reason. Failure to pass any topic unit exam will require you to retake the exam, failure to pass the retaken test results in automatic dismissal from the academy. Upon the third topic unit exam failure, a retake test will not be offered, and you will be automatically dismissed from the academy. Unit examinations require a minimum score of seventy percent to pass. No reimbursement of equipment expenses will be made nor will any paid tuition money be returned for any reason. No more than two physical conditioning sessions may be missed. Certain topics are considered mandatory, and no absences are allowed. Physical skill proficiency tests in the area of firearms, defensive driving, first aid, subject control and physical conditioning must be passed. Failure to attend the mandatory topics or pass the required proficiency tests will result in your ineligibility to take the final exam required by the State of Ohio. Absences in excess of those indicated above will result in termination of your participation in the academy.

At the Sheriff's discretion, a full-time day academy or a part-time night/weekend academy may be offered. The academy start dates are dependent on the needs of the agency and have no set starting dates. Please call 513-825-1500 and ask to speak to the Academy Commander to determine if an Academy is being offered. Since a Special Deputy is a volunteer non-compensated position, there is no monetary compensation while attending the academy. If an Academy is being offered you need to complete and submit this application. If your application is accepted, you will receive an acceptance letter via the U. S. Mail indicating you met the minimum qualifications to attend the academy and will proceed to the next level of the application processing. Individuals who do not desire to attend an offered Sheriff's Patrol Academy or those who have not received the required OPOTC training should not submit an application.

The Sheriff's Patrol Academy currently consists of approximately 800 hours of training. The full-time academy operates Monday-Friday from 8 A.M. to 5 P.M. and includes most holidays. The

part-time academy is held Monday-Thursday from 6 P.M. to 10 P.M., Saturday and Sunday from 8 A.M. to 5 P.M. and includes most holidays.

Upon accepting the position of Special Deputy you must agree to:

- Have a licensed physician complete a Hamilton County Sheriff's Office fitness for duty form which will be provided upon meeting the minimum qualification for acceptance into the Special Deputy Program
- Maintain any licensing, permit or qualification requirements.
- Perform a minimum of eight-hours of monthly volunteer service after graduation.
- Abide by the requirements of the Sheriff's Weight Standards and Physical Fitness Policy, a copy of which has been provided to you with this application. Do not return the policy with your completed application.
- Follow all rules, regulations and policies and/or procedures of the Hamilton County Sheriff's Office.
- Understand any violation of the rules, regulations, policies and/or procedures of the Hamilton County Sheriff's Office may result in disciplinary action up to and including revocation of your commission as a Special Deputy.
- Periodic substance abuse screening.
- Remain in the service of the Sheriff as a Special Deputy or other approved position for a period of at least three (3) years from the date of completion of your certification training.
- Pay the costs associated with attending the Hamilton County Sheriff's Patrol Academy.
- After graduation, pay the costs associated with being a member of the Hamilton County Special Deputy Sheriffs, Incorporated and maintain a status of "good standing" within the Hamilton County Special Deputy Sheriff's, Incorporated.
- Attend required meetings and training.
- Perform other duties required by the Hamilton County Sheriff's Office or the Hamilton County Special Deputy Sheriffs, Incorporated.

Please consider your decision carefully.

By affixing my signature to this application, I accept and understand the position of Special Deputy is an affiliation with the Hamilton County Sheriff's Office in a voluntary non-compensated position which offers no benefits paid by the Sheriff of Hamilton County, County of Hamilton, or State of Ohio and requires me to perform services and duties to the Sheriff's Office as requested or required by virtue of being a Special Deputy.

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

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

Return this application minus the two attached General Orders to:

Hamilton County Sheriff's Patrol  
Attention: Support Services Commander  
11021 Hamilton Avenue  
Cincinnati, Ohio 45231

Please make sure the Authorization for Release of Information form is completed. It may be notarized free at the Sheriff's Patrol Headquarters, 11021 Hamilton Avenue, Cincinnati, Ohio 45231

**AUTHORIZATION FOR RELEASE OF INFORMATION TO THE  
HAMILTON COUNTY SHERIFF'S OFFICE**

I, the undersigned, do hereby authorize the Veterans Administration, U.S. Navy, Army, Airforce, Marine Corps, Coast Guard, Merchant Marine, National Guard, Active Army Reserves, Naval Reserves, Air Force Reserves, Marine Reserves, Coast Guard Reserves, Educational Institutions, Medical Doctors, Insurance Companies, State and Federal Tax Bureaus, and Credit Bureaus to furnish the Sheriff's of Hamilton County, Ohio, with any and all available information regarding me in order that he may determine my suitability for police work. Further, I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Sheriff's Office in conjunction with the selection process for the position of Special Deputy.

I, the undersigned, authorize the release of any records/information necessary to support/refute any item in this application whether the release of such information is public, private or of a confidential nature.

Additionally, I the undersigned, authorize the Sheriff of Hamilton County, Ohio or his designee to make inquiry of my present and past employers regarding my employment dates, quality of work, dependability, whether I appeared for work, and eligibility for re-hire. Further, I, the undersigned, acknowledge the Hamilton County Sheriff's Office will be contacting references I have provided on this questionnaire, as well as the schools/post educational services I have provided.

**EXCEPTIONS:** *(Make note if you do not wish your present employer contacted, and why.)*

I, the undersigned, agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Full Name \_\_\_\_\_  
(Print)

Full Name \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed)

**Failure to have this form subscribed and duly sworn will result in the automatic rejection of the application.**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

Signature of Notary or Sheriff's Peace Officer \_\_\_\_\_

Official Title \_\_\_\_\_

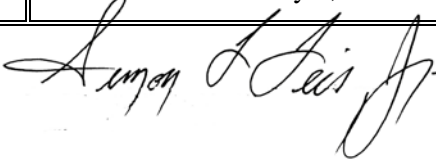
*(Official Seal of Notary)*

This form may be subscribed and sworn (at no cost) at the Sheriff's Patrol, 11021 Hamilton Avenue, Cincinnati, Ohio 45231



# Hamilton County SHERIFF'S OFFICE

## GENERAL ORDER

<b>NUMBER:</b> 310		
<b>SUBJECT:</b> WEIGHT STANDARDS PROGRAM	<b>PAGES:</b> 9	
<b>REVISIONS:</b> This re-issue of General Order 310 contains all <u>related</u> revisions effective since original issue date of 01/01/88 of this General Order.		
<b>DISTRIBUTION:</b> All Sheriff's Personnel	<b>ISSUE DATE: January 1, 1988</b> Revised: February 7, 2007	<b>EFFECTIVE DATE:</b> February 7, 2007
<b>ISSUED BY:</b>  SIMON L. LEIS, JR., Sheriff		

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310.00	POLICY AND OBJECTIVE
310.01	APPLICABILITY
310.02	ADOPTED WEIGHT STANDARDS
310.03	COMPLIANCE STANDARDS AND PROCEDURES
310.04	ADMINISTRATIVE ACTIONS
310.05	PROGRAM IMPLEMENTATION

### PURPOSE

To provide procedures and guidelines for administering the Hamilton County Sheriff's Office's "Weight Standards Program".

310.00 POLICY AND PROCEDURE

It is the policy and objective of the Hamilton County Sheriff's Office, through administration of an established Weight Standards Program, to encourage all personnel to achieve compliance for reasons of individual sense of personal well-being. The policy further requires compliance with Weight Standards Program by those personnel whose responsibilities and performance requirements necessitate a physical well-being, a need to reflect a uniformity of appearance and a personal presence which will instill public confidence and respect, and an ability to provide the community with efficient and effective service.

310.01 APPLICABILITY

- .1 This Weight Standards Program will apply to those employees in the following classifications:
  - .A Patrol and Corrections Division personnel wearing the standard Deputy Sheriff's Uniform, including cadets, and their supervisors.
  - .B Criminal Investigation Section personnel with law enforcement responsibilities.
  - .C Court Services Division personnel with law enforcement responsibilities.
  - .D All individuals, including special deputies whose assigned duties involving the wearing of the standard Deputy Sheriff's uniform, and non-uniformed personnel with law enforcement responsibilities, assigned to duty within: the Organized Crime Division; the Regional Electronics Computer Intelligence Unit; Internal Affairs; and any other current or future established work unit or assignment (either temporary or permanent) having law enforcement responsibilities or requiring its' personnel to have peace officer status.
- .2 Sheriff's Office personnel in classifications not included within section 310.01.1 are strongly encouraged to comply for the benefit of their personal well-being and health, as well as assisting the agency to achieve the objectives of the program throughout the agency. Such voluntary compliance is not subject to compliance standards and administrative actions within this General Order.

ADOPTED WEIGHT STANDARDS

- .1 The adopted Weight Standards will provide for:
  - .A a minimum acceptable weight;
  - .B a maximum acceptable weight;
  - .C both in proportion to height; and
  - .D variances and/or exceptions.
- .2 Variances and Exceptions
  - .A Body Mass
    - (1) Employees who exceed the adopted Weight Standards may request a validated body fat analysis testing procedure in accordance with these adopted standards.
    - (2) An employee who does not exceed the maximum allowable percentage of body fat for his/her age group shall be considered to have met the standard.
    - (3) Method of body fat analysis testing shall be at the discretion and direction of the Sheriff's Office and may include, but is not limited to immersion or underwater testing; Further, an employee may obtain a second body fat analysis by an independent testing source. However, such secondary analysis must be approved by the Sheriff and paid for by the employee. The lower body fat score will be utilized for determining whether discipline will be issued.
  - .B Age

An age variance within a height-weight category of the adopted chart is granted to employees, who have reached their fortieth (40<sup>th</sup>) birthday, of up to one-half of one percent from maximum acceptable weight for each year over forty (40), provided:

    - (1) weight disproportion does not interfere with efficient performance of regularly assigned duties; and
    - (2) physical appearance does not create an unfavorable image for the Sheriff's Office.

.C Pregnancy

Adopted Weight Standards will be suspended during an individual's term of pregnancy and for a period of three (3) months after delivery.

- .3 The adopted "Height-Weight Chart" and "Maximum Allowable Body Fat Table" to be utilized in effecting this policy and program, is provided as Appendix "A" to this General Order.

310.03

COMPLIANCE STANDARDS AND PROCEDURES

- .1 Covered employees are required at all times to maintain a weight level between the minimum and maximum established weight levels, according to height and variances and this shall be deemed compliance. This acceptable level of weight shall be required to have been achieved at time of employment for covered new personnel hired, and at the initial annual screening and weigh-in for all other covered employees. Each covered employee shall be required, at minimum, to be checked for weight at annual intervals following the employee's first department screening and weight check.
- .A A supervisor may direct a covered employee to be weighed by a Training/Fitness Officer, or to submit to a body fat analysis test, at any time that the employee is believed to be non-compliant and where the employee is not already under weight monitoring as stated below.
- .2 A covered employee failing to meet an acceptable weight and/or body fat level at any annual or supervisor ordered weight check, and who is not already under weight monitoring, will be issued a verbal warning. Further, the employee shall be referred to a Training/Fitness Officer for weight monitoring, as provided below, until an allowable weight and/or body fat composition is obtained for the employee's height/weight.
- .A The employee shall be required to have their weight checked every thirty (30) days following the initial determination (reference date) of failure to meet an acceptable weight level. Failure of the employee to meet full compliance with the weight standards and/or body fat, during the employee's first ninety (90) day weigh-in will trigger the following:
- .1 The employee shall be restricted from promotional opportunity, special and permanent post assignments, and

off duty employment, including scheduling of details, which shall continue in effect until in full compliance.

- .2 The Training/Fitness Officer shall advise the Division Commander and Outside/Off Duty Employment Coordinator.
  - .3 Employee may be required to have his/her weight checked at thirty (30) day intervals until the employee reaches an acceptable weight level, although discipline will incur in ninety (90) day increments as set forth in 310.04.
- .3 Failure to meet the weight standards after a ninety (90) day/ quarterly weight check *or* failure to demonstrate “progress”, is considered “lack of progress”, and the employee shall receive the appropriate administrative action as set forth in Section 310.04.
- .A “Progress” is defined as a loss or gain, depending on the circumstances, of at least two (2) pounds per month over the preceding three (3) month period and subject to paragraph C below.
  - .B “Lack of Progress” is defined as a failure to lose or gain, depending on the circumstances, at least two (2) pounds per month from the employee’s “reference date”, or last quarterly weigh-in, whichever was most recent, until an allowable weight and/or body fat composition is reached by the employee, subject to paragraph C below.
  - .C If an overweight, non-compliant employee gains weight or increases in body fat at any quarterly weight monitoring check, that employee shall receive the appropriate administrative action at that time. To be considered making “progress” as defined in paragraph A above, the employee must lose the weight gained since the last quarterly weight check or reference date, whichever is most recent, plus the required 2 pounds per month for 3 months. Failure to lose the combined amounts of weight at the employee’s next required quarterly weight check shall subject the employee to the appropriate administrative action. Further, the same standard shall apply for those employees non-compliant due to not gaining enough weight to meet the applicable weight standard.
  - .D “Reference Date” is defined as the original date where the employee was found to be in violation of the Hamilton County Sheriff’s Office Weight Standards. The original date may be established by the initial screening, a subsequent annual screening

session or a supervisory ordered weight check. After reaching and maintaining compliance for twenty-four (24) months a new reference date would be generated if non-compliance re-occurred for the employee.

- .4 A missed weight check appointment that is the fault of the employee, will result in the appropriate disciplinary action against the affected employee. If necessary, due to duty obligations, a weight check appointment may be rescheduled with the permission of the employee's immediate supervisor and advance notice being given to a Training/Fitness Officer. A missed, postponed or rescheduled weight check appointment does not change the reference date or dates of any future required weight checks.
- .5 A waiver or exemption from meeting the compliance standards of this order can only be authorized by the Sheriff of Hamilton County, Ohio or his Chief Deputy and upon sufficient medical data. Such waiver for exemption shall be for a period not to exceed one (1) year increments.

310.04

ADMINISTRATIVE ACTIONS FOR SHERIFF'S OFFICE EMPLOYEES

- .1 Administrative Action after initial ninety (90) day determination of failure to meet weight standards and/or failure to make progress, shall consist of a Level 1 Warning by the individual's supervisor and a recommendation that the employee seek the assistance of a competent medical professional regarding participation in a weight reduction program.
- .2 Administrative Action after one-hundred eighty (180) days for failure to meet weight standards and/or failure to make progress, shall consist of the following: Level 2 Warning for non-union employees and employees in the Correction's Supervisor bargaining unit. A second Level 1 Warning for those in the Correction's Officers, Enforcement Officer's and Enforcement Supervisor's bargaining unit.
- .3 Administrative Action after two-hundred seventy (270) days for failure to meet weight standards and/or failure to make progress, shall consist of the following: Level 3 Warning for non-union employees and employees in the Correction's Supervisor bargaining unit. Level 2 Warning for those in the Correction's Officers, Enforcement Officer's and Enforcement Supervisor's bargaining unit.
- .4 Administrative Action after three-hundred sixty (360) days for failure to meet weight standards and/or failure to make progress, shall consist of the following: Level 4 Warning for non-union employees and employees in the Correction's Supervisor bargaining unit. Level 3 or Level 4 Warning for those in the Correction's Officers, Enforcement Officer's and

Enforcement Supervisor's bargaining unit. However, any suspension issued at this level shall not exceed ninety (90) days.

- .5 Administrative Action after four-hundred fifty (450) days for failure to meet weight standards and/or failure to make progress, the employee may be terminated . The Sheriff shall have an option to implement further disciplinary actions as are available in the Fifth Administrative Action, based upon mitigating factors that may be present in each individual case.
- .6 If an employee receives an administrative action for non-compliance with the weight standards and subsequently achieves compliance for less than twenty-four (24) months, he/she will be subject to the next appropriate level of administrative action as if the period of interim compliance had not occurred.

### 301.05 ADMINISTRATIVE ACTIONS FOR SPECIAL DEPUTIES

- .1 Administrative action after initial ninety (90) day determination of failure to meet weight standards shall consist of suspension from working details, including scheduling of details.
- .2 Administrative action after one-hundred eighty (180) days for failure to meet weight standards, the Special Deputy may be terminated from Special's program. If a Special Deputy achieves compliance prior to the six month period (180 days) then the Special Deputy will be reinstated to work details. However, the Special Deputy must maintain compliance for twenty-four months otherwise he/she is subject to his details being removed immediately and the unused portion of his/her six months to reach compliance. (E.g. If the Special Deputy achieved compliance within three months from his original reference date but only maintained such compliance for eight months then he/she will have three months remaining to reach compliance. Once this Special Deputy maintains compliance for twenty-four months he/she will obtain a new reference date and six months to reach compliance.)

### 301.06 PROGRAM IMPLEMENTATION

This policy and program was originally implemented, effective January 1, 1988, for implementation by Training/Fitness Officers of applicable divisions, and continues in application with the clarification modifications included within the programs re-issuance as General Order 310 on March 29, 1991, and those revisions up through and included within the current re-issuance.

**MALE**

<b>HEIGHT</b>	<b>MINIMUM ACCEPTABLE WEIGHT</b>	<b>AVERAGE WEIGHT</b>	<b>MAXIMUM ACCEPTABLE WEIGHT</b>
5 FEET / 0 INCHES	113	131	155
1	116	134	159
2	118	137	163
3	122	141	166
4	125	145	171
5	129	149	175
6	133	153	180
7	136	157	186
8	140	161	189
9	143	165	194
10	148	170	200
11	152	174	204
6 FEET / 0 IN	156	179	219
1	160	183	223
2	164	188	229
3	169	193	235
4	174	199	242
5	179	204	248
6	184	210	255
7	189	215	261
8	194	221	267
9	199	226	273
10	204	232	279
11	209	238	285
7 FEET / 0 IN	214	243	291

**FEMALE**

<b>HEIGHT</b>	<b>MINIMUM ACCEPTABLE WEIGHT</b>	<b>AVERAGE WEIGHT</b>	<b>MAXIMUM ACCEPTABLE WEIGHT</b>
4 FEET / 8 INCHES	95	111	137
9	97	113	140
10	99	115	142
11	100	117	144
5 FEET / 0 INCHES	103	120	148
1	106	123	152
2	108	125	155
3	111	129	159
4	114	132	162
5	117	135	166
6	120	139	171
7	123	142	174
8	130	146	179
9	130	150	184
10	134	154	189
11	138	158	195
6 FEET / 0 INCHES	143	164	201
1	147	168	207
2	151	172	213
3	155	176	219
4	159	180	225
5	164	184	231
6	168	188	237
7	171	191	243
8	175	195	249

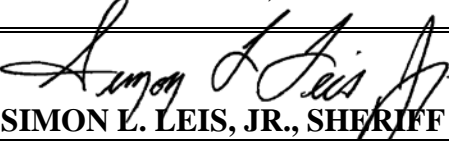
**MAXIMUM ALLOWABLE BODY FAT TABLE**

<b>Age Group</b>	<b>18-27</b>	<b>28-39</b>	<b>40 + Older</b>
<b>Male (% body fat)</b>	<b>22%</b>	<b>24%</b>	<b>26%</b>
<b>Female (% body fat)</b>	<b>30%</b>	<b>32%</b>	<b>34%</b>



# Hamilton County SHERIFF'S OFFICE

## GENERAL ORDER

		<b>NUMBER</b> 311
<b>SUBJECT:</b> Physical Fitness And Performance Program (22.3.3)		<b>PAGES</b> 8
<b>REVISIONS:</b> This re-issue of General Order 302 contains all related revisions effective since original issue date of 01/01/88 of this General Order.		
<b>DISTRIBUTION:</b> All Sheriff's Personnel	<b>ISSUE DATE:</b> October 12, 2004	<b>EFFECTIVE DATE:</b> October 12, 2004
<b>ISSUED BY:</b>  SIMON L. LEIS, JR., SHERIFF		

### INDEX

311.00	POLICY AND OBJECTIVES
311.01	APPLICABILITY
311.02	PROGRAM PROCEDURES
311.03	COMPLIANCE STANDARDS AND ADMINISTRATIVE ACTIONS
311.04	ADOPTED FITNESS AGILITY COURSE
311.05	ADOPTED FITNESS AEROBIC COURSE
311.06	IMPLEMENTATION

APPENDIX "A" – Agility Course  
APPENDIX "B" – HCSO Fitness Aerobic Course

### PURPOSE

To provide procedures for administering the Hamilton County Sheriff's Officer "Physical Fitness and Performance Program".

<b>DATE:</b> 10/12/04	<b>SUBJECT:</b> <i>Physical Fitness and Performance Program</i>	<b>NUMBER:</b> 311	<b>PAGE:</b> 28
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**311.00      POLICY AND OBJECTIVE**

It is the policy of the Hamilton County Sheriff’s Office, through utilization of a Physical Fitness and Performance Program, to provide a method of measure to maintain the abilities of designated classifications of employees to perform physically demanding activities as required in the performance of their duties. The policy is to encourage the degree of fitness and agility that promotes good physical and mental health and minimizes injuries and illness. The policy further encourages all employees to maintain good physical and mental health for both their personal well-being, and Sheriff’s Office benefit.

**311.01      APPLICABILITY**

- .1      This Physical Fitness and Performance Program will apply to employees in the following classifications:
  - .A      Uniformed Patrol and Correction Division personnel and their Supervisors.
  - .B      Criminal Investigation Section personnel with law enforcement responsibilities.
  - .C      Court Service Division personnel with law enforcement responsibilities.
  - .D      All personnel assigned duties involving the wearing of the standard Deputy Sheriff’s uniform, AND non-uniformed personnel with law enforcement responsibilities, assigned to duty within: the Organized Crime Division; the Regional Electronics Computer Intelligence Unit; and any other current or future established work unit or assignment (either temporary or permanent) having law enforcement responsibilities or requiring it’s personnel to have peace officer status.
- .2      Sheriff’s Office personnel in classifications, not included within Section 311.01, are encouraged to participate within a wellness program of their choice, or other physical fitness activities suited to the individual’s needs, that promote cardiovascular fitness. Physical fitness activities may include use of Sheriff’s provided fitness equipment and facilities under guidance of designated Sheriff’s Office Training Officers.

<b>DATE:</b> 10/12/04	<b>SUBJECT:</b> <i>Physical Fitness and Performance Program</i>	<b>NUMBER:</b> 311	<b>PAGE:</b> 29
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**311.02      PROGRAM PROCEDURES**

- .1 Commencing June, 1988, and each year thereafter, all employees affected by this order shall be required to participate in a fitness performance test. The fitness performance test will include a fitness agility course and a fitness aerobic course. The purpose of the fitness performance test is to assess the employee's physical fitness in meeting the job requirements.
- .2 Each affected employee, prior to his/her annual required fitness performance test, will accurately complete a medical screening questionnaire. It is the responsibility of the employee to supply accurate information. The questionnaire is designed to determine the risk factor of an employee before participation in the fitness performance test. The risk factors will be classified as low risk or high risk.
- .3 Employees with a high risk factor will be required to submit a Form SL-8/80 signed by a physician authorizing them to participate in the fitness performance testing. It is the responsibility of the employee to provide his/her physician with all data pertaining to the fitness performance testing. This data may be obtained from their Divisional Training Officers.
- .4 Employees with a low risk will be required to participate in the fitness performance testing scheduled by the Training Officer.
- .5 Training Officers shall counsel employees having a high or low risk factor as to how such risk factors may be reduced or improved.
- .6 Employees whose risk factor is reduced through a physician's examination and cannot document a medical reason for non-participation, will be required to then take the fitness performance test as scheduled by the Training Officer.
- .7 Employees who continue to have a high risk factor, which prohibits their being permitted to participate in the fitness performance test, or whose physician will not authorize their participation, will be subject to the compliance standards of this order until the risk factor is reduced and the fitness performance testing is successfully completed.
- .8 A missed appointment to participate in the fitness performance testing that is the fault of the employee will result in the appropriate disciplinary action against the affected employee. If necessary, due to duty obligations, a fitness performance test appointment may be rescheduled with the permission of the employee's immediate supervisor and advance

<b>DATE:</b> 10/12/04	<b>SUBJECT:</b> <i>Physical Fitness and Performance Program</i>	<b>NUMBER:</b> 311	<b>PAGE:</b> 30
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notice being given to the Training Officer. A missed, postponed or rescheduled fitness performance testing appointment does not change the reference date or dates of any future required fitness performance test scheduling.

**311.03      COMPLIANCE STANDARDS AND ADMINISTRATIVE ACTIONS**

- .1 Employees who have failed to pass other portions of the fitness performance test as required by this order shall re-take that portion of the fitness performance test in ninety (90)-day intervals until successful completion, subject to Administrative Action as follows:
  - .A Unsuccessful completion after ninety (90) days, the employee shall receive a Level 1 Warning. Further, during the period of non-compliance, the employee shall be restricted from promotional opportunities, special assignments, and off-duty employment, pending successful completion of the fitness performance test.
  - .B Unsuccessful completion after one-hundred eighty (180) days, the employee shall receive the following: Level 2 Warning for non-union employees and employees in the Correction’s Supervisor bargaining unit. A second Level 1 Warning for the employees in the Correction’s Officers, Enforcement Officer’s and Enforcement Supervisor’s bargaining unit.
  - .C Unsuccessful completion after two-hundred seventy (270) days, the employee shall receive the following: Level 3 Warning for non-union employees and employees in the Correction’s Supervisor bargaining unit. Level 2 Warning for the employees in the Correction’s Officers, Enforcement Officer’s and Enforcement Supervisor’s bargaining unit.
  - .D Unsuccessful completion after three-hundred sixty (360) days, may result in the following: Level 4 Warning for non-union employees and employees in the Correction’s Supervisor bargaining unit. Level 3 or Level 4 Warning for the employees in the Correction’s Officers, Enforcement Officer’s and Enforcement Supervisor’s bargaining unit. However, any suspension issued at this level shall not exceed ninety (90) days.
  - .E Unsuccessful completion after four-hundred fifty (450) days, the employee may be terminated for failure to comply with this order. Sheriff shall have option to implement further disciplinary actions

<b>DATE:</b> 10/12/04	<b>SUBJECT:</b> <i>Physical Fitness and Performance Program</i>	<b>NUMBER:</b> 311	<b>PAGE:</b> 31
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as are available in the Fifth Administrative Action, based on mitigating factors which may be present in each individual case.

**311.04      ADOPTED FITNESS AGILITY COURSE**

- .1      The adopted fitness agility course utilized within the Physical Fitness and Performance Program shall be as described within Appendix “A” of this General Order.
- .2      The base time established for the agility course shall be as stated within Appendix “A”. There shall be an age variance as to the Base established time required for completion of the fitness/agility course, which is:
  - .A      Employees age 40 to 49 years, add 15 seconds.
  - .B      Employees Age 50 to 59 years, add 30 seconds.
  - .C      Employees age 60 and over, add 45 seconds.

**311.05      ADOPTED FITNESS AEROBIC COURSES**

- .1      The adopted fitness aerobic courses utilized within the Physical Fitness and Performance Program shall be as described in Appendix “B” of this General Order.
- .2      The acceptable base time established for the aerobic courses shall be stated in Appendix “B”. The acceptable base time may include variances for gender and age.

**311.06      IMPLEMENTATION**

This basic policy and program was originally implemented effective January 1, 1988, for implementation by Training Officer of applicable divisions, and shall continue in application with clarifications and modifications included within the program’s re-issuance as General Order #311 – as issued on 3/29/91, and as included within this current re-issue, and through any subsequent and future modifications made effective by Special Orders or future re-issue of General Order #311.

## **FITNESS AEROBIC COURSE**

.1 The fitness aerobic course shall be either a 1.5 miles in distance run over a measured course or track **OR** a 3 mile in distance walk over a measured course or track.

The individual shall have a choice of either course; however, no combination of the two courses may be permitted.

2 The acceptable base time for completing the 1.5 mile or 3 mile aerobic course has been established from a published chart as developed by Dr. Kenneth H. Cooper, M.D., Director of the Aerobic Center in Dallas, Texas, resulting from the testing of thousands of people from the general population. This chart takes into consideration both sex and age groups.

.3 The base time adopted as acceptable (passing) in satisfying the Hamilton County Sheriff's Office 1.5 mile or 3 mile aerobic course is at the "FAIR" Fitness Category level on the following chart, although it is hoped that the actual individual employee times recorded will be less, showing that their fitness condition is superior to the Sheriff's Office acceptable minimum established base time.

(See Following Page For Charts)

1.5 MILE RUN

AGE (YEARS)

Fitness Category		13-19	20-29	30-39	40-49	50-59	60 +
I. Very Poor	(men)	>15:31*	>16:01	>16:31	>17:31	>19:01	>20:01
	(women)	>18:31	>19:01	>19:31	>20:01	>20:31	>21:01
II. Poor	(men)	12:11-15:30	14:01-16:00	14:44-16:30	15:36-17:30	17:01-19:00	19:01-20:00
	(women)	16:55-18:30	18:31-19:00	19:01-19:30	19:31-20:00	20:01-20:30	21:00-21:31
III. Fair	(men)	10:49-12:10	12:01-14:00	12:31-14:45	13:01-15:35	14:31-17:00	16:16-19:00
	(women)	14:31-16:54	15:55-18:30	16:31-19:00	17:31-19:30	19:01-20:00	19:31-20:30
IV. Good	(men)	09:41-10:48	10:46-12:00	11:01-12:30	11:31-13:00	12:31-14:30	14:00-16:15
	(women)	12:30-14:30	13:31-15:54	14:31-16:30	15:56-17:30	16:31-19:00	17:31-19:30
V. Excellent	(men)	08:37-09:40	09:45-10:45	10:00-11:00	10:30-11:30	11:00-12:30	11:15-13:59
	(women)	11:50-12:29	12:30-13:30	13:00-14:30	13:45-15:55	14:30-16:30	16:30-17:30
VI. Superior	(men)	<8:37	<9:45	<10:00	<10:30	<11:00	<11:15
	(women)	<11:50	<12:30	<13:00	<13:45	<14:30	<16:30

\*\* < Means “less than “ >Means “more than”

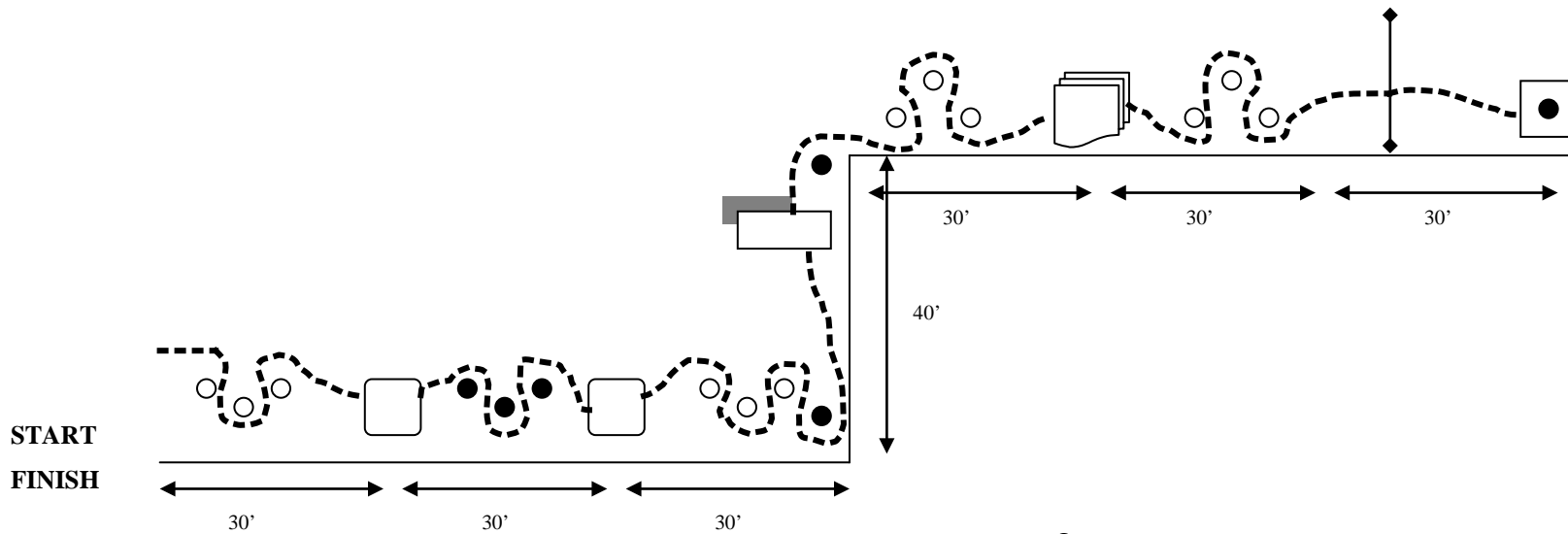
3 MILE WALK

AGE (YEARS)

Fitness Category		13-19	20-29	30-39	40-49	50-59	60 +
I. Very Poor	(men)	>45:00*	>46:00	>49:00	>52:00	>55:00	>60:00
	(women)	>47:00	>48:00	>51:00	>54:00	>57:00	>63:00
II. Poor	(men)	41:01-45:00	42:01-46:00	44:31-49:00	47:01-52:00	51:01-55:00	54:01-60:00
	(women)	43:01-47:00	44:01-48:00	46:31-51:00	49:01-54:00	52:01-57:00	57:01-63:00
III. Fair	(men)	37:31-41:00	38:31-42:00	40:01-44:30	42:01-47:00	45:01-50:00	48:01-54:00
	(women)	39:31-43:00	40:31-44:00	42:01-46:30	44:01-49:00	47:01-52:00	51:01-57:00
IV. Good	(men)	33:00-37:30	34:00-38:30	35:00-40:00	36:30-42:00	39:00-45:00	41:00-48:00
	(women)	35:00-39:30	36:00-40:30	37:30-42:00	39:00-44:00	42:00-47:00	45:00-51:00
V. Excellent	(men)	<33:00	<34:00	<35:00	<36:30	<39:00	<41:00
	(women)	<35:00	<36:00	<37:30	<39:00	<42:00	<45:00

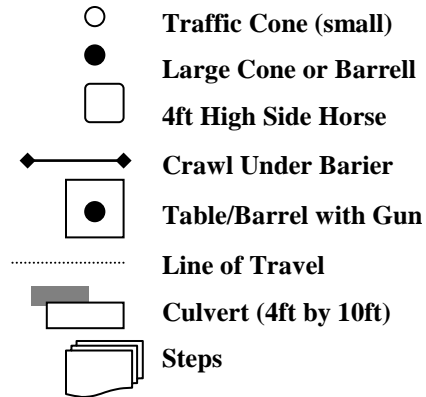
\*\* < Means “less than “ >Means “more than”

**Hamilton County Sheriff's Office**  
**Agility Course**



**BASE TIME FOR COMPLETION OF COURSE – 1min. 45 sec.**

- A. Employees 40-49 years of age – Add 15 seconds
- B. Employees 50-59 years of age – Add 30 seconds
- C. Employees 60 and over – Add 45 Seconds



Adopted January 1, 1988