



PERSONNEL ACTION FORM (PAF)

Employee Name Steven Wilkinson Today's Date 3-15-2024 Effective Date 3-15-2024

PERSONNEL ACTIONS (Mark all boxes that apply)

- ☐ New Hire & Benefit Selection ☐ Address, Name or Phone Change ☐ Other
☐ Re-Classification, Promotion or Demotion ☒ Resignation, Retirement or Termination

HR USE ONLY

Date Received in HR
3-15-2024

Date Sent to Payroll
3-15-2024

PERSONAL INFORMATION CHANGE

- ☐ Address Change _____
County: _____ School District Number: _____
☐ Name Change: _____ Phone: _____
Date of HR Updates: _____ Medical _____ Dental _____ Vision _____ Life _____ Pension _____ Deferred Comp/Colonial
☐ Drivers License Number: _____ ☐ Employee Number _____ ☐ Added to Right Stuff

EMPLOYMENT STATUS/PAYROLL STATUS CHANGE (Attach supporting documentation)

EMPLOYMENT STATUS:

- ☐ New Hire Date: _____ Title: _____ Department: _____
☐ Full Time ☐ Part Time ☐ Reserve/Volunteer ☐ Elected
☐ Union ☐ Non-Union ☐ Appointed ☐ Classified ☐ Unclassified ☐ FLSA Exempt
☐ Re-Classification Date: _____ ☐ Promotion Date: _____ ☐ Demotion Date: _____
Title: _____ Department: _____
☐ Resignation ☐ Retirement ☒ Termination Date: 3-15-2024 Benefits End: NA

PAYROLL STATUS: ☐ Increase ☐ Decrease ☐ Other _____
Current \$ _____ ☐ Hourly ☐ Bi-Weekly Change to: \$ _____ ☐ Hourly ☐ Bi-Weekly

Supervisor Signature/Date: _____ Director Signature/Date: _____
(If documentation is not attached)

BENEFIT SELECTION UPON HIRE

IRS rules dictate that employees enrolled in medical, dental and vision cannot enroll, cancel or change enrollment options during the plan year except during an open enrollment, or in the event of a "change in status"/life event. It is the employee's responsibility to notify the HR Department of the life event within 31 days of the life event. Employees are encouraged to provide notification prior to 30 thirty days.

MEDICAL	DENTAL	VISION	LIFE	Deferred Comp	Documents to Attach for Payroll
☐ Single	☐ Single	☐ Single	☐ Term (Pd. By City)	☐ Selected \$ _____/pay ☐ Declined	☐ W2 & W4
☐ Double	☐ Double	☐ Double	☐ Beneficiary Selected		☐ Retirement & SS Form
☐ Family	☐ Family	☐ Family	☐ Voluntary Coverage		☐ Direct Deposit
☐ Waived	☐ Waived	☐ Waived	☐ Colonial Coverage		☐ Union Deduction
Effective Date	Effective Date	Effective Date	Effective Date	Employee's Email Address:	

SCANNED



Office of the Mayor

Michelle L. Blanton

104 E. Franklin Street, Circleville, OH 43113

Phone: 740-477-8200 Fax: 740-477-8247

www.circlevilleoh.gov

March 15, 2024

Steve Wilkinson

Mr. Wilkinson,

The position of Director of Public Safety serves at the pleasure of the Mayor; therefore, effective immediately, your employment with the City of Circleville is terminated.

All city-owned property shall be returned to the HR Director prior to leaving the building.

Signed:

A handwritten signature in cursive script, reading "Michelle L. Blanton".

Michelle L. Blanton

Mayor

City of Circleville



Property Checklist

(Return to HR within 3 days of the employee's last working day)

Employee's Name	Last Day of Employment	Today's Date
Steven Wilkinson	3-15-2024	3-15-2024

☐ Voluntary Resignation

☐ Retirement

☒ Termination

Supervisor and Department Head, please answer the following questions.

1. The following items are to be surrendered to the City upon resignation, retirement or termination:

- ☒ Building/Office/Gym keys ☐ City ID/Timekeeping Card ☐ Communications Equipment (Not issued)
☒ Uniforms/clothing (Reserve) ☐ Vehicle keys ☐ Computer equipment (Not issued)
☐ Other _____

2. Employees receiving training, tuition reimbursement, or payment for job-related licensing who voluntarily or involuntarily separate from City employment, other than retirement, shall refund all or part of the cost based on the following scale below. **Is the employee responsible for repayment of training, tuition or licensing fee paid by the City?** (Attach additional sheets if needed)

- ☒ No
☐ Yes Names Training/Tuition/Licensing _____
Dates _____ Amounts City Paid _____
Amount of repayment due from Employee _____

Employees who leave City service:		
0 - 1 years after completing course	Refund due to the City:	100% of total tuition reimbursement
1 - 2 years after completing course	Refund due to the City:	75% of total tuition reimbursement
2 - 3 years after completing course	Refund due to the City:	50% of total tuition reimbursement
Fire Department Employees who leave City service:		
0 - 2 years after completing course	Refund due to the City:	100% of total tuition reimbursement
2 - 4 years after completing course	Refund due to the City:	75% of total tuition reimbursement

3. Does the employee's job performance, attendance, safety record and evaluations demonstrate eligibility for re-hire?

☐ Yes

☐ No

TBD by Mayor

4. I hereby attest and affirm with my signature below that the information on this form is true and accurate.

Supervisor's Signature

Department Head's Signature

Date

Date

3-15-2024

Valerie Dilley

From: Chief Shawn Baer <sbaer@circlevillepolice.com>
Sent: Friday, March 8, 2024 8:37 AM
To: Michelle Blanton; Valerie Dilley
Subject: Wilkinson Resignation
Attachments: SKM_C45824030808590.pdf

Importance: High

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Acting Safety Director Blanton and HR Director Dilley,

Steve Wilkinson has resigned effective today, attached.

OPOTA rules for police license status are strict in resignations of peace officers while under investigation. We have already been in contact with OPOTA prior to today and have their involvement investigating Mr. Wilkinsons complaint on Chief McCoy. The three investigations involving Mr. Wilkinson, one as the complainant and two with him as the person being investigated will continue despite his resignation. I am optimistic he will cooperate as they must be completed regardless of his involvement. Two of the investigations involve the assistance of state agencies who are assisting us.

Respectfully,

Chief G. Shawn Baer

Circleville Police Department
Chief of Police
151 E. Franklin St
Circleville, Ohio 43113
740-477-1420 Office

March 8, 2024

Chief Baer,

Thank you for the opportunity to continue my public service with the Circleville Police Department as a Reserve Police Officer. I am resigning as a Reserve Police Officer for the City of Circleville effective at 8:00 am on March 8, 2024.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'A. Wilkinson', with a long horizontal line extending to the right.

Steven A. Wilkinson



PERSONNEL ACTION FORM (PAF)

Employee Name Steven Wilkinson Today's Date 3-15-2024 Effective Date 3-8-2024

PERSONNEL ACTIONS (Mark all boxes that apply)

- ☐ New Hire & Benefit Selection ☐ Address, Name or Phone Change ☐ Other
☐ Re-Classification, Promotion or Demotion ☒ Resignation, Retirement or Termination

HR USE ONLY

Date Received in HR

3-12-2024

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3-15-2024

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EMPLOYMENT STATUS/PAYROLL STATUS CHANGE (Attach supporting documentation)

EMPLOYMENT STATUS:

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☐ Re-Classification Date: _____ ☐ Promotion Date: _____ ☐ Demotion Date: _____
Title: _____ Department: _____
☐ Resignation ☐ Retirement ☐ Termination Date: _____ Benefits End: _____
PAYROLL STATUS: ☐ Increase ☐ Decrease ☒ Other Annual salary \$69,000

Current \$ 69,000 ☐ Hourly ☐ Bi-Weekly Change to: \$ _____ ☐ Hourly ☐ Bi-Weekly

Supervisor Signature/Date: _____ Director Signature/Date: _____
(If documentation is not attached)

BENEFIT SELECTION UPON HIRE

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☐ Single	☐ Single	☐ Single	☐ Term (Pd. By City)	☐ Selected \$ _____/pay ☐ Declined	☐ W2 & W4
☐ Double	☐ Double	☐ Double	☐ Beneficiary Selected		☐ Retirement & SS Form
☐ Family	☐ Family	☐ Family	☐ Voluntary Coverage		☐ Direct Deposit
☐ Waived	☐ Waived	☐ Waived	☐ Colonial Coverage		☐ Union Deduction
Effective Date	Effective Date	Effective Date	Effective Date	Employee's Email Address:	

SCANNED

City of Circleville – New Employee Checklist



STEVEN A. WILSON
Employee Name

3/8/2024
Date of Hire

SAFETY DIRECTOR
Title

PUBLIC SAFETY
Department

Return your completed
new hire packet to
Human Resources by

TO BE COMPLETED BY HUMAN RESOURCES

Provided To Employee	Received From Employee	Document
		New Employee Checklist
	✓	Appointment Letter Wage Level _____ SF Oath of Office Date/Time: _____
		Lateral Transfer Request Form Level _____ Vacation Accrual _____
		Employee Step-Level Increase Worksheet Completed _____
	✓	Employee Data Form
	✓	Emergency Contact Form Date sent to CPD Communications: _____
	✓	Retirement Membership <u>OPERS</u> OP&F (send SF400 or FF certificate with medical information)
	✓	Social Security Statement
	✓	W-4
	✓	W-2
	✓	I-9 with 2 forms of ID
	✓	New Hire Reporting <u>3/15/24</u> Date Filed: _____
	✓	Direct Deposit Form (Mandatory)
		Insurance Rates
	✓	Medical Enrollment Date Submitted: _____ Effective Date: _____ Coverage Selected: <u>NA</u>
	✓	Dental Enrollment Date Submitted: _____ Effective Date: _____ Coverage Selected: <u>NA</u>
	✓	Vision Enrollment Date Submitted: _____ Effective Date: _____ Coverage Selected: <u>NA</u>
	✓	Life Insurance Enrollment Date Submitted: _____ Effective Date: _____ Coverage Selected: <u>NA</u>
	<u>NA</u>	FLSA Exemption (if applicable)
	<u>NA</u>	Union Deduction Authorization NUEO OPBA IAFF
	✓	Credit Card Use Authorization
	✓	Ohio Auditor of State Fraud Reporting Acknowledgement
	✓	Job Description
	✓	Unlawful Discrimination and Sexual Harassment Policy Acknowledgement
	✓	Ethics and Ethical Conduct Acknowledgement
	<u>Declined</u>	Deferred Compensation Enrollment
	✓	Training and Tuition Repayment Agreement
		Email Employee Handbook – Date emailed: _____
	✓	Employee Handbook Acknowledgement Form
		Add to Random Selection List - Completed: _____
		Create LITMOS Account - Completed: _____
		Add to BMV Record Check List - Completed: _____
		POLICE OFFICERS – SF400 – Date Emailed to Attorney General: <u>NA</u>
		Email Address/Add to Group Email
		New Employee Alert with photo - Sent: _____ Posted on Facebook: _____
		PAF Completed and Sent to Auditor's Office - Date: <u>3-15-2024</u>

* Note:
Employed
3/8/24 to 3/15/24



March 12, 2024

Office of the Mayor

Michelle L. Blanton

104 E. Franklin Street, Circleville, Ohio 43113

Phone: 740-477-8200 Fax: 740-477-8247

www.circlevilleoh.gov

Steve Wilkinson

RECEIVED

MAR 14 2024

Mr. Wilkinson,

This letter will serve as notification that you are being appointed to the position of full-time Director of Public Safety for the City of Circleville. This position serves at the pleasure of the Mayor with the Mayor being the appointing authority for this position as well as the immediate supervisor.

The City of Circleville Compensation Plan allows me to make an exception in pay grade for an employee who possesses outstanding experience; therefore, your annual salary will be \$69,000. Salary employees are also afforded a reduced insurance premium effective August 1, 2021. Most conditions of employment are set forth in the Compensation Plan and some benefits mirror the terms and conditions of the Non-Uniformed Employee's Organization agreement.

Congratulations! We look forward to your continued success with the City of Circleville.

Sincerely,

A handwritten signature in cursive script, reading "Michelle L. Blanton".

Michelle L. Blanton

Mayor

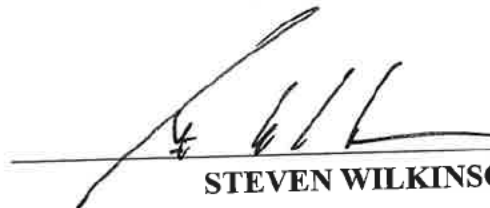
RECEIVED

MAR 13 2024

OATH OF OFFICE

I, **STEVEN WILKINSON**, do solemnly swear that I will support the Constitution of the United States of America, the Constitution of the State of Ohio, and the Ordinances of the City of Circleville. That I will faithfully, honestly and impartially perform my duties as the Director of Public Safety for the City of Circleville as required and set forth by law, to the best of my ability.

So Help me God.



STEVEN WILKINSON

I hereby certify that on the 8th day of March, 2024, I Administered the Oath of Office to

STEVEN WILKINSON

Director of Public Safety, City of Circleville



MICHELLE L. BLANTON, MAYOR
CITY OF CIRCLEVILLE, OHIO



RECEIVED

MAR 13 2024

CERTIFICATE

I, MICHELLE L. BLANTON, Mayor of the City of Circleville, do hereby certify that on the 8th day of March, 2024, there appeared before me **STEVEN WILKINSON**, and took the following oath of office administered by me for the PUBLIC SAFETY DIRECTOR for the City of Circleville as appointed on March 8th 2024.

I, **STEVEN WILKINSON**, do solemnly swear that I will support the Constitution of the United States of America, the Constitution of the State of Ohio, and the Ordinances of the City of Circleville. That I will faithfully, honestly and impartially perform my duties as the Director of Public Safety for the City of Circleville as required and set forth by law, to the best of my ability. So Help me God.

Certified by me this 8th day of March, 2024.



MICHELLE L. BLANTON, MAYOR
CITY OF CIRCLEVILLE

City of Circleville – Employee Data Form



Name (full legal name): STEVEN ANTHONY WILKINSON Date of Birth: 05/11/1969 Date of Hire: 3/8/2024

Address (city, state, county & zip): [REDACTED]

Home Phone (include area code): [REDACTED] Cell Phone (include area code): [REDACTED]

Social Security Number: [REDACTED] Email Address: [REDACTED]

Are you an OPERS retiree? NO If yes, please indicate your date of retirement: _____

Name of school district you live in: [REDACTED] Are you subject to municipal tax outside of the Circleville city limits? NO

Name of Dependent Children	Date of Birth

Do you wish medical insurance? (full time employees only) If so, please circle coverage type. Single Double Family

Do you wish dental insurance? (full time employees only) If so, please circle coverage type. Single Double Family

Do you wish vision insurance? (full time employees only) If so, please circle coverage type. Single Double Family

Note: Full time employees are eligible for benefits 30 days from the date of hire.

Are you allergic to any medication? If so, list: NO

Do you have any known medical conditions? (asthma, diabetes, etc.) NO

Are you legally married? YES Spouse Name and Day phone: [REDACTED]

Drivers' license number: [REDACTED] State issued: OH Do you have a CDL? NO

EMERGENCY CONTACTS

Who should be notified in case of an emergency? (other than your spouse)

Name: [REDACTED] Relationship: WIFE Phone: [REDACTED]
Name: _____ Relationship: _____ Phone: _____

This section is completed by HR

Job Title: _____ Level: _____ Union: _____ Non-Union: _____

Civil Service Status: _____ Classified _____ Unclassified _____ FLSA Exempt: _____ Yes _____ No

Hire Date: _____ Rate of Pay: _____ Email Address: _____

City of Circleville

Emergency Contact Information

Please complete the following information to the best of your knowledge. Return to HR.

PERSONAL INFORMATION

Name (full legal name) STEVEN ANTHONY WILKINSON
Address (with City, State and Zip) [REDACTED]
Telephone (area code) [REDACTED] Cell (area code) [REDACTED] Date of Birth: 05/11/1968
Department and Title PUBLIC SAFETY - SAFETY DIRECTOR

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 [REDACTED]
Home Address [REDACTED]
Day Phone [REDACTED] Cell Phone [REDACTED]
Day Address [REDACTED]

Emergency Contact #2 [REDACTED]
Home Address [REDACTED]
Day Phone [REDACTED] Cell Phone [REDACTED]
Day Address [REDACTED]

MEDICAL INFORMATION (voluntary)

List any medication you are allergic to N/A
Do you have any known medical conditions? (asthma, diabetes, etc.) N/A

This form will be shared with the Circleville Police Department Communications Center to be used in the event of a work-related emergency. You may update this information at any time by contacting Human Resources.



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



Personal History Record/Elected Official Membership

INSTRUCTIONS

1. As a public employee you are required to complete this Form and return it to your employer within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in blue or black ink.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions. Completion of this form indicates the elected official's irrevocable membership election.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 3 - EMPLOYEE CERTIFICATION. DO NOT print or type.
5. The employer is required to complete SECTION 4 - EMPLOYER CERTIFICATION.
6. The employer is required to return the **completed** form to OPERS no later than 30 days from when the public employee commenced employment.

Section 1 - Personal Information

Social Security Number

First Name

MI Last Name

Suffix

STEVEN

AWELKANSON

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date Of Birth

Month Day Year

05 11 1968

Gender

Male

Female

Prefer Not To Say

☒

☐

☐

Work Phone Number

Home Phone Number

Cell Phone Number

E-mail Address

Section 2 - Other Retirement System Information

Are you currently receiving a disability benefit or an age and service retirement from any of the following retirement systems? *If applicable, please check all that apply.*

Ohio Police and Fire Pension Fund (OP&F)

Receiving a Disability Benefit

1

~~Receiving a Retirement Benefit~~

☒

State Highway Patrol Retirement System (HPRS)

1

☐

Cincinnati Retirement System (CRS)

9

☐

Section 3 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Additionally, if an elected official, my signature below indicates that I am applying for membership in OPERS for my elective service pursuant to Section 145.20 of the Ohio Revised Code. The signature date indicates the date application is made for membership.

Employee Signature

Employee Signature (Do not print or type)

Month Day Year
05 11 1968

Section 4 - Employer Certification

Employer Code

--	--	--	--

-

--	--

Employer Name

[illegible]

Salary Begin Date

Month	Day	Year

Is this an elected position? Yes ☐ No ☐

Job Position Title

Job Position Title	

Is this a full-time law enforcement position? Yes ☐ No ☐

If employed in a firefighting position, is firefighter training required? Yes ☐ No ☐

I certify that if the compensation paid to this individual is earnable salary, that OPERS retirement contributions are deducted with the above employer on the salary begin date indicated above, or beginning the month that contains the signature date on this form for elected officials, and the statements set forth are true and accurate as disclosed by this employer's records.

Signature of Certifying Officer (If Certifying Officer is the new member, form should be signed by both the Certifying Officer and a council member or trustee.)

Print Certifying Officer's Name

[illegible]

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**Employee Name STEVEN A. WILKINSON Employee ID# _____

Employer Name _____ Employer ID# _____

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. 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 _____

Date 3/12/2024

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. Paper copies can be requested by email at 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.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024**Step 1:****Enter
Personal
Information**

(a) First name and middle initial

STEVEN A

Last name

WELIKENSON

(b) Social security number

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

(c) ☒ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:**Claim
Dependent
and Other
Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ 0

Multiply the number of other dependents by \$500 \$ 0

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$ 0

**Step 4
(optional):****Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$ 0

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$ 0

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$ 0

Step 5:**Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

03/12/2024

**Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) — Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) — Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

• \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately	}	
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2 \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here

Ohio

Department of
Taxation

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name

STEVEN A. WILKINSON

Social Security number

Home address and ZIP code

Public school district of residence

School district no.

(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed

1

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed)

1

3. Exemptions for dependents

0

4. Add the exemptions that you have claimed above and enter total

2

5. Additional withholding per pay period under agreement with employer

\$ 0

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature

[Signature]

Date

03/12/2021



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) WILKINSON		First Name (Given Name) STEVEN		Middle Initial (if any) A	Other Last Names Used (if any)	
Address (Street Number and Name) [REDACTED]			Apt. Number (if any)	City or Town [REDACTED]	State OH	ZIP Code [REDACTED]
Date of Birth (mm/dd/yyyy) 05/11/1968	U.S. Social Security Number [REDACTED]		Employee's Email Address [REDACTED]		Employee's Telephone Number [REDACTED]	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
			☒ 1. A citizen of the United States			
			☐ 2. A noncitizen national of the United States (See Instructions.)			
			☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)			
			☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
			If you check Item Number 4., enter one of these:			
			USCIS A-Number		OR	Form I-94 Admission Number
					OR	Foreign Passport Number and Country of Issuance
Signature of Employee [Signature]					Today's Date (mm/dd/yyyy) 05/11/2024	
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the <u>Preparer and/or Translator Certification</u> on Page 3.						

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	☐ Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative				Signature of Employer or Authorized Representative	
Employer's Business or Organization Name				Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
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*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
---	---	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Ohio USA **DRIVER LICENSE** NOT FOR FEDERAL ID

Miss D. Wilkin, Governor
Charles L. Homan, Registrar

AGE [REDACTED] SEX [REDACTED] CLASS D EXPIRATION DATE 05-11-2024 SEX M DOB 05-11-1996

WILKINSON

SEX M DOB 05-11-1996 EXPIRATION DATE 10-27-2020

UNITED STATES

05-11-1996

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves
and our Posterity, do ordain and establish
this Constitution for the United States of America.*

3



Type / Type / Tipo	Case / Caso / Caso	Passport No. / No. do Passaporte

P USA

Surname / Name / Apellidos

WILKINSON

Given Names / Prenom(s) / Nom(s)

STEVEN ANTHONY

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

11 May 1968

Place of birth / Lieu de naissance / Lugar de nacimiento

Sex / Sexe / Sexo

OHIO, U.S.A.

M

Date of issue (Date de délivrance / Fecha de expedición)

Authority / Autorité / Autoridad

23 Aug 2021

United States

Date of expiration/ Date d'expiration / Fecha de caducidad

United States
Department of State

22 Aug 2031

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

USA

[illegible]

Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired, rehired, or returning to work employees to the state of Ohio within 20 days of the contract, hire, or rehire date. Information about new hire reporting and online reporting is available on our website: www.oh-newhire.com

Fax: (614) 221-7088 or toll-free fax (888) 872-1611

The following will serve as an example:

A

B

C

1

2

3

		31-6400222			
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							CITY OF CIRCLEVILLE									
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[illegible]

			CIRCLEVILLE			
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OH

43113

		740-477-2551 ext. 5055		
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[illegible][illegible]

0	4
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[illegible]

☒ A

[illegible][illegible]

04

0	3	0	8	2	4
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0	5	1	1	6	8
---	---	---	---	---	---

Yes ☐ No ☒

--	--	--	--	--	--

		months
--	--	--------

Ohio Department of Job and Services

City of Circleville

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize, **CITY OF CIRCLEVILLE**, to initiate credit entries to my account(s) indicated below for recurring payroll transactions. I understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account. This authority is to remain in full force and effect until written notification from me of its termination in such time in such manner as to allow my employer reasonable time to act on it. Please note you may receive a phone call from the Auditor's Office for verbal verification.

Complete below and attach a voided check or Bank specific letter for each account.

Primary-Net Amount Only

Bank Name: _____

Checking Savings Account Number _____

(Please Circle One of the above choices and provide account number)

Routing Transit Number _____

Amount _____

STEVEN D. WILKINSON
Printed Name

[Signature]
Signature

Date: _____

PLEASE CANCEL MY CURRENT DIRECT DEPOSIT-Choice _____

Bank Name: _____

Checking Account Number: _____

Signature: _____ Date: _____

B. Family Information**List All Enrolling/Changing/Cancelling (Attach sheet if necessary)**

Check appropriate box	Last Name	First Name	MI	Sex	Relationship**	Birthdate	Full Time Student***	Physician* (First and Last Name) Physician's ID Number
☐ Enroll				M	Spouse			
☐ Cancel				F				
☐ Change								
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____								Primary Care Dentist Number*
☐ Enroll				M	Dependent		☐ Yes	
☐ Cancel				F			☐ No	
☐ Change								
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____								Primary Care Dentist Number*
☐ Enroll				M	Dependent		☐ Yes	
☐ Cancel				F			☐ No	
☐ Change								
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____								Primary Care Dentist Number*
☐ Enroll				M	Dependent		☐ Yes	
☐ Cancel				F			☐ No	
☐ Change								
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____								Primary Care Dentist Number*
☐ Enroll				M	Dependent		☐ Yes	
☐ Cancel				F			☐ No	
☐ Change								
Race – Check all that apply (Optional)**** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other–Please specify _____								Primary Care Dentist Number*

* IMPORTANT: Please see employer representative as some plans require a Primary Physician (Primary Care) and/or a Primary Care Dentist (PCD) selection.

** For some cases, such as Qualified Medical Child Support, additional documentation may be required. Please see employer representative for more information.

*** Please see employer representative for student status qualifications.

**** Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination.

C. Product Selection**Please check all that apply. Benefit offerings are dependent upon employer selection.**

Person	Medical	Dental	Vision	Life/Amount	Sup Life	Sup AD&D	STD	LTD	Dual Option Plan Selected
Employee	☒	☒	☒	☐ \$ _____	☐	☐	☐	☐	
Spouse	☐	☐	☐	☐					
Dependents	☐	☐	☐	☐					
Salary _____ Required only if Life Plan based on salary									
Life Insurance Beneficiary's Full Name and Address									Relationship

D. Other Medical Coverage Information This section must be completed. (Attach sheet if necessary.)

On the day this coverage begins, will you, your spouse or any of your dependents be covered under any other medical health plan or policy, including another UnitedHealthcare plan or Medicare? ☐ YES (continue completing this section) ☒ NO (skip the rest of this section)

Name of other carrier _____

Other Group Medical Coverage Information (only list those covered by other plan)	Type (B/S/F)*	Effective Date	End Date	Name and date of birth of policyholder for other coverage
Spouse Name:				
Dependent Name:				
Dependent Name:				
Dependent Name:				

*B. Enter 'B' when this dependent is covered under both you and your spouse's insurance plan (married)

S. Enter 'S' if you are the parent awarded custody of this dependent and no other individual is required to pay for this dependent's medical expenses.

F. Enter 'F' if this dependent is covered by another individual (not a member of your household) required to pay for this dependent's medical expenses.

Medicare – Employee Information: If enrolled in Medicare, please attach a copy of your Medicare ID card.

☐ Enrolled in Part A: Effective Date _____ ☐ Ineligible for Part A* ☐ Not Enrolled in Part A (chose not to enroll)

☐ Enrolled in Part B: Effective Date _____ ☐ Ineligible for Part B* ☐ Not Enrolled in Part B (chose not to enroll)

☐ Enrolled in Part D: Effective Date _____ ☐ Ineligible for Part D* ☐ Not Enrolled in Part D (chose not to enroll)

Reason for Medicare eligibility: ☐ Over 65 ☐ Kidney Disease ☐ Disabled ☐ Disabled but actively at work

Medicare – Spouse/Dependent Name: _____

☐ Enrolled in Part A: Effective Date _____ ☐ Ineligible for Part A* ☐ Not Enrolled in Part A (chose not to enroll)

☐ Enrolled in Part B: Effective Date _____ ☐ Ineligible for Part B* ☐ Not Enrolled in Part B (chose not to enroll)

☐ Enrolled in Part D: Effective Date _____ ☐ Ineligible for Part D* ☐ Not Enrolled in Part D (chose not to enroll)

Reason for Medicare eligibility: ☐ Over 65 ☐ Kidney Disease ☐ Disabled ☐ Disabled but actively at work

*Only check "Ineligible" if you have received documentation from your Social Security benefits that indicate that you are not eligible for Medicare.

E. Waiver of Coverage

I decline coverage for:

- ☐ Myself
☐ Spouse
☐ Dependent Children
☐ Myself and all dependents

Declining coverage due to existence of other coverage:

- ☐ Spouse's Employer's Plan ☐ Individual Plan
☐ Covered by Medicare ☐ Medicaid
☐ COBRA from Prior Employer ☐ VA Eligibility
☐ Tri-Care
☐ I (we) have no other coverage at this time
☐ Other _____

I understand that by waiving coverage at this time, I will not be allowed to participate unless I experience a life change event, at the next open enrollment period or as a late enrollee, if applicable. I acknowledge that I have received the "Important Information" statement which is included with this form.

Employee Initials Date

F. Signature

I confirm that the information I have provided on this form is complete and accurate.

I understand that the health benefit plan that I have selected provides reimbursement for certain medical costs, which are more fully described in the current Certificate of Coverage. I understand there may be instances where treatment decisions made by my physician or me or medical expenses which I have incurred may not be covered by my health benefit plan.

I understand that information collected in connection with administration of the benefit plan may be used to bring to my attention health products or services that might be valuable to me and otherwise as permitted by law. I understand that you may combine that information with other information so that it is no longer individually identifiable and use it for commercial and other purposes.

I acknowledge that I have received the "Important Information" statement which is included on the back of this form.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date _____ Employee Signature for all applying and waiving _____ Spouse Signature (if applying for coverage) _____

Primary Language Spoken ☒ English ☐ Spanish ☐ Other _____

IMPORTANT INFORMATION

In order to make choices about your health care coverage and treatment, we believe that it is important for you to understand how your plan operates and how it may affect you. In an ever-changing environment, the information can never be complete and we urge you to contact us if, after enrollment, your Certificate of Coverage or other materials do not answer your questions. Further information is available at www.myuhc.com or at the toll-free Customer Care number located on the back of your identification card or on other plan materials.

1. We do not provide health care services or make treatment decisions. We help finance and/or administer the health benefit plan in which you are enrolled. That means:
 - We make decisions about whether the health benefit plan you chose will reimburse you for care that you may receive.
 - We do not decide what care you need or will receive. You and your provider make those decisions.
2. We may enter into arrangements where another entity carries out some of our duties, but those entities must operate consistently with our commitment to your plan.
3. We may use individually identifiable information about you to identify for you (and you alone) procedures, products, and services that you may find valuable.
4. We contract with networks of physicians and other providers. Our credentialing process confirms public information about the providers' licenses and other credentials, but does not assure the quality of the services provided.
5. Physicians and other providers in our networks are independent contractors and are not our employees or agents. We do not control nor do we have a right to control your provider's treatment or plan.
6. We may enter into agreements with your physician or other provider to share in the cost savings that our approach may generate. We encourage providers in our network to disclose the nature of those arrangements with you. If they do not, we encourage you to talk to your provider about these arrangements.
7. We encourage physicians and other providers to talk with you about care you or your provider think might be valuable.
8. We will use individually identifiable information about you as permitted by law, including in our operations and in our research. We will use anonymous data for commercial purposes including research.

Statement of affirmation and authorization to obtain and disclose information in connection with eligibility for coverage.

I (we) request the indicated group coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings.

I (we) authorize all providers of health services or supplies and any of their representatives to give the following to the HMO/insurance company(ies): any available information about the health history, condition, or treatment of any persons named in this request. I (we) authorize the HMO/insurance company(ies) to use this information to determine eligibility for health coverage and eligibility for benefits under an existing policy.

I (we) also authorize the HMO/insurance company(ies) to give this information to its (their) representatives or to any other organization for the reason notified above. I (we) agree that this authorization is valid for 30 months from the date below. I (we) know that I (we) have the right to ask for and to receive a copy of this authorization.

I understand that the Certificate of Coverage and other documents, notices, and communications regarding my health benefit plan may be transmitted electronically.

I (we) have not given the agent or any other persons any health information not included on the Request for Coverage. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this Request for Coverage and any attachments.



Eligibility Enrollment/Update

Check: ☐ Indiana ☐ Michigan ☐ North Carolina ☒ Ohio

Client Name: City of Circleville

Client#/Subclient#

Subscriber Information (please complete for all enrollments/updates:) Example: ABCDEF123456

Subscriber Name (Last) WELKINSON (First) STEVEN (M.I.) A Sex ☒ Male ☐ Female Status* ☒ Active ☐ Retiree ☐ COBRA Surviving

Birth Date

05 11

1968

Coverage Effective Date

Hire Date

03 08 2024

Street Address

Check here if this
is a new address

Email

City

State

OH

ZIP Code

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information):

Type of Update: ☒ New Enrollment ☐ Reinstatement ☐ Change/Correction to Information ☐ Termination of Benefits ☐ Waive Benefits
Group Transfer From: Client/Subclient# To: Client/Subclient# Rate Code Change* From: To: Effective Date of Change Change is for: Subscriber Dependent

Enrollment/Corrections to Information (please fill in for spouse/dependents for first-time enrollment or corrections):

SPOUSE Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female
Social Security Number Birth Date Status* ☐ Legal ☐ Surviving

DEPENDENT #1 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female
Social Security Number Birth Date Status* ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #2 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female
Social Security Number Birth Date Status* ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #3 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female
Social Security Number Birth Date Status* ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #4 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female
Social Security Number Birth Date Status* ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

*See reverse side for instructions and explanation of codes.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

1

Subscriber's Signature

Date

03/12/2024

Benefits overview

Exam/lens/frame frequency (months)	12/12/12
Contacts (instead of glasses) frequency (months)	12
In-network coverage	
Exam copay	\$10
Materials copay	\$25
Frames allowance	\$130
Elective contact lenses allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit evaluation copay	Up to \$60



Out-of-network allowances

Exam	Up to \$45
Single vision lenses	Up to \$30
Bifocal lenses	Up to \$50
Trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Lenticular lenses	Up to \$100
Frames	Up to \$70
Elective contact lenses	Up to \$105
Necessary contact lenses	Up to \$210

Lens enhancements (member cost)²

Anti-glaring coating	\$41 single/\$41 multifocal
Impact-resistant lenses (adult)	\$31 single/\$35 multifocal (covered for children)
Progressive lenses	Standard progressive lenses are covered
Light-reactive lenses	\$75 single/\$75 multifocal
Scratch-resistant coating	\$17 single/\$17 multifocal

Additional savings³

Frames discount over allowance	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage	Glass or plastic single vision, lined bifocal, lined trifocal or lenticular lenses are covered in full. ⁵ Retinal screening for members with diabetes, \$0 copay.
VSP Diabetic EyeCare Plus Program SM	Additional exams and services for members with diabetic eye disease, glaucoma or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP network doctor for details. \$20 copay per exam.
Low vision	Pre-approved low-vision supplemental testing covered every two years. 75% coverage for approved low-vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic [*]	Go to eyeconic.com [*] for an easy-to-use, convenient online eyewear option.
TruHearing [*]	Save up to 60% on hearing aids and batteries. Visit truhearing.com/vsp or call 877-396-7194 for more information. ⁴

1. Coverage is provided for the most medically necessary eyewear. The design, quantity, and frequency of eyewear are determined by the VSP network provider. 2. Coverage is provided for the most medically necessary eyewear. The design, quantity, and frequency of eyewear are determined by the VSP network provider. 3. Savings are available on frames, lenses, and contact lenses. Savings are not available on contact lenses. 4. Savings are available on hearing aids and batteries. Savings are not available on contact lenses. 5. Coverage is provided for the most medically necessary eyewear. The design, quantity, and frequency of eyewear are determined by the VSP network provider.

VSP is a registered trademark of Delta Dental. VSP is a registered trademark of Vision Service Plan. VSP is a registered trademark of Vision Service Plan. VSP is a registered trademark of Vision Service Plan. VSP is a registered trademark of Vision Service Plan.

Delta Dental plans are sold only in conjunction with Delta Dental plans.

Eligibility Enrollment/Update

NO FORM IS REQUIRED IF WAIVING BENEFIT:

Check: ☐ Indiana ☐ Michigan ☒ Ohio

Client Name: _____

Vision Client#/Subclient#: 1166-0004**Plan Enrollment/Update Information** (Please indicate type of update and fill in appropriate information):Type of Update: ☒ New Enrollment ☐ Termination of Benefits ☐ Change/Correction to Information ☐ Reinstatement

Client/Subclient Transfer

From: Client#/Subclient# _____

To: Client#/Subclient# _____

Coverage Effective Date: _____

(<##/##/####>)

Change is for:

☐ Subscriber☐ Spouse☐ Dependent**Subscriber Information** (Please fill in for first-time enrollments, changes or corrections):

Subscriber Name (Last)

(First)

(M.I.)

Sex:

☒ Male☐ Female

Status*:

☐ Active☐ COBRA☐ Retiree☐ Surviving☐ Special Health Care Needs☒ Vision☐ Check here if this is a new address

City

State

Zip Code

Spouse/Dependent Information (Please fill in for first-time enrollments, changes or corrections):

SPOUSE Name (Last)

(First)

(M.I.)

Sex:

☐ Male☐ Female

Social Security Number

Birth Date

Status*:

☒ Vision☐ Legal☐ Surviving☐ Special Health Care Needs

DEPENDENT #1 Name (Last)

(First)

(M.I.)

Sex:

☐ Male☐ Female

Social Security Number

Birth Date

Status*:

☒ Vision☐ IRS Dep.☐ Surviving☐ Disabled☐ Sponsored☐ Special Health Care Needs

DEPENDENT #2 Name (Last)

(First)

(M.I.)

Sex:

☐ Male☐ Female

Social Security Number

Birth Date

Status*:

☒ Vision☐ IRS Dep.☐ Surviving☐ Disabled☐ Sponsored☐ Special Health Care Needs

DEPENDENT #3 Name (Last)

(First)

(M.I.)

Sex:

☐ Male☐ Female

Social Security Number

Birth Date

Status*:

☒ Vision☐ IRS Dep.☐ Surviving☐ Disabled☐ Sponsored☐ Special Health Care Needs

DEPENDENT #4 Name (Last)

(First)

(M.I.)

Sex:

☐ Male☐ Female

Social Security Number

Birth Date

Status*:

☒ Vision☐ IRS Dep.☐ Surviving☐ Disabled☐ Sponsored☐ Special Health Care Needs

*See reverse side for Instructions.

[NOTE: Vision is only available if the group contract includes it]

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I authorize payroll deduction from my earnings for any contribution I am required to make.

Subscriber's Signature: _____

Date: 03/12/2024

GROUP BENEFITS FROM THE HARTFORD

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
One Hartford Plaza, Hartford, CT 06155
(A stock insurance company)



ENROLLMENT FORM				
EMPLOYER INFORMATION	EMPLOYER'S FULL LEGAL NAME CITY OF CIRCLEVILLE		GROUP POLICY# GL874594	
ENROLLMENT INFORMATION	Please check one of the following:		EFFECTIVE DATE:	
	☐ INITIAL ENROLLMENT		EFFECTIVE DATE:	
	☐ CHANGE TO EXISTING ENROLLMENT		EFFECTIVE DATE:	
EMPLOYEE INFORMATION	EMPLOYEE NAME STEVEN A. WILKINSON		DATE OF BIRTH 05/11/1968	DATE OF HIRE 3/8/2024
	ADDRESS [REDACTED]		CITY [REDACTED]	STATE OH
	SPECIALTY/OCCUPATION SALES/DIRECTOR		EARNINGS (AS DEFINED BY THE POLICY) \$ 69,001	# HOURS WORKED PER WEEK 40
	GENDER ☒ M ☐ F		LOCATION ALBANY, OHIO	
	SPOUSE'S NAME [REDACTED]		GENDER ☒ M ☐ F	DATE OF BIRTH 5/5/67
DEPENDENT INFORMATION	CHILD'S NAME [REDACTED]		GENDER ☐ M ☐ F	DATE OF BIRTH
	CHILD'S NAME [REDACTED]		GENDER ☐ M ☐ F	DATE OF BIRTH
	CHILD'S NAME [REDACTED]		GENDER ☐ M ☐ F	DATE OF BIRTH
	CHILD'S NAME [REDACTED]		GENDER ☐ M ☐ F	DATE OF BIRTH
APPLICABLE BENEFIT ELECTIONS	Please make your benefit elections by checking the appropriate box. Contact your employer for plan details.			
	SHORT TERM DISABILITY		☐ YES ☐ NO	COST:
	For DISABILITY FLEX SM choose:	WEEKLY BENEFIT CHOICE \$	BENEFIT DURATION	BENEFIT COMMENCEMENT PERIOD
	LONG TERM DISABILITY		☐ YES ☐ NO	COST:
	CRITICAL ILLNESS		☐ EMPLOYEE \$ ☐ EMPLOYEE AND CHILD(REN) \$ ☐ NO	
	TOBACCO USER ☐ YES ☐ NO		☐ EMPLOYEE AND SPOUSE \$ ☐ EMPLOYEE AND FAMILY \$	COST:
	BASIC LIFE AND AD&D*			
	EMPLOYEE		☐ YES \$ ☐ NO	COST:
	SPOUSE		☐ YES \$ ☐ NO	COST:
	CHILD		☐ YES \$ ☐ NO	COST:
	*If applicable, the accidental death benefit (AD&D) will equal the face amount of the life insurance elected.			
	SUPPLEMENTAL LIFE AND AD&D*			
	EMPLOYEE		☐ YES \$ ☐ NO	COST:
	SPOUSE		☐ YES \$ ☐ NO	COST:
	CHILD		☐ YES \$ ☐ NO	COST:
*If applicable, the accidental death benefit (AD&D) will equal the face amount of the life insurance elected.				
SUPPLEMENTAL AD&D				
EMPLOYEE		☐ YES \$ ☐ NO	COST:	
SPOUSE		☐ YES \$ ☐ NO	COST:	
CHILD		☐ YES \$ ☐ NO	COST:	

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

Form PA-9604

Prepare today.

Help protect tomorrow.™

APPLICABLE BENEFIT ELECTIONS CONTINUED	ACCIDENT	☐ EMPLOYEE	☐ EMPLOYEE AND SPOUSE	☐ NO
	PLAN OPTION:	☐ EMPLOYEE AND CHILD(REN)	☐ EMPLOYEE AND FAMILY	COST:
BENEFICIARY INFORMATION	You must select your beneficiary – the person (or more than one person) or legal entity (or more than one entity) who receives a benefit payment if you die while covered by the plans. Please make sure that you also name a contingent beneficiary – who would receive your benefit if your primary beneficiary dies first. Please make sure your beneficiary designation is clear so that there will be no question as to your meaning. If you name more than one primary or contingent beneficiary, show the percentage of your benefit to be paid to each beneficiary. Please provide all of the information requested below. If your beneficiary is not related either by blood or by marriage, insert the words, "Not Related" as their stated relationship. If you need assistance, contact your benefits administrator or your own legal advisor. This beneficiary designation will be for ALL group life or accidental death insurance coverage issued by The Hartford for you. A primary beneficiary is the beneficiary or beneficiaries that you name to receive the benefits if they are living at the time of your death. The primary beneficiaries are the first in line to receive death benefits. Contingent beneficiaries, or secondary beneficiaries, are those named to receive the insurance proceeds if no primary beneficiary is alive at the time you die.			
	PRIMARY BENEFICIARY			
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP
	ADDRESS			PERCENTAGE
	PHONE NUMBER			
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP
	ADDRESS			PERCENTAGE
	PHONE NUMBER			
	CONTINGENT BENEFICIARY			
	NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP
	ADDRESS			PERCENTAGE
	PHONE NUMBER			
	The beneficiary for insurance on the lives of your dependents will automatically be you, if surviving. Otherwise, the beneficiary will be subject to policy provisions. A beneficiary for employee life or accidental death insurance may be changed upon written request. Consent For Community Property States Only: If you live in a community property state – Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin – you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: Spousal consent does not apply to ERISA plans. Certain tribal jurisdictions may also require spousal consent. Please see your Benefits Administrator for details. This will represent that, as spouse of the employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of group life or accidental death insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.			
	SIGNATURE OF EMPLOYEE'S SPOUSE			DATE

CONFIRMATION	I acknowledge that I have been given the opportunity to enroll in the insurance coverage offered by my employer. I understand and agree that if I decline coverage now, but later decide to enroll, I may be required to provide evidence of insurability that is satisfactory to The Hartford and be approved for such coverage before it becomes effective. I understand my request for coverage may be denied by The Hartford. I understand and agree that insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to my employer can fully describe the provisions, terms, conditions, limitations and exclusions of my insurance coverage. In the event of any difference between the enrollment form and the insurance policy, I agree to be bound by the insurance policy. If I have life insurance coverage with The Hartford, I understand and agree that my life insurance benefit(s) reduce at a specified age(s) stated in the policy. If I have disability income coverage with The Hartford, I understand and agree that the maximum duration of benefits payable will be limited to a specified period which may start at a specified age and that a claim for benefits may not be approved for a pre-existing condition. If I have critical illness insurance coverage with The Hartford, I understand and agree that my critical illness insurance benefit is terminated at a specified age stated in the policy and that a claim for benefits may not be approved for a pre-existing condition. I authorize payroll deductions from my wages to cover my cost of coverage when applicable. I understand that no insurance will be valid or in force if I am not eligible in accordance with the terms of the group policy as issued to my employer. I acknowledge and agree that if group participation requirements are required by The Hartford or by law and are not met, the policy will not be implemented and the coverage I have elected will not be in force. Fraud Notice(s) For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. For Residents of Louisiana and Maryland: Any person who knowingly (knowingly or willfully in Maryland) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (knowingly or willfully in Maryland) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. For Residents of New York (Not applicable to Life Insurance): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. For Residents of Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
SIGNED 	DATE 03/14/2024

City of Circleville – Credit Card Authorization



Employee Name: STEVEN A. WILKINSON Department: PUBLIC SAFETY

I understand that improper use of a city credit card may result in disciplinary action, as outlined in the employee handbook, as well as personal liability for any improper purchases. As a cardholder, I agree to comply with the terms and conditions of this agreement, including the City's Credit Card Policy.

I acknowledge receipt of the agreement and policy and confirm that I have read and understand the terms and conditions. I understand that by using a City credit card, I will be making financial commitments on behalf of the City of Circleville and that the City will be liable for all charges made on this card. .

I will strive to obtain the best value for the City when purchasing merchandise and/or services with this card.

As a holder of a City credit card, I agree to accept the responsibility and accountability for the protection and proper use of the card, as enumerated above. I will return the card to the department head, upon request, during the period of my employment. I further agree to return the card upon termination of employment. I understand that a City credit card is not to be used for personal purchases. If the card is used for personal purchases or for purchases for any other entity, the City will be entitled to reimbursement from me of such purchase(s). The City shall be entitled to pursue legal action, if required, to recover the cost of such purchase(s).

Employee Signature: [Signature]

Date: 03/12/2024

City of Circleville – Ohio Auditor of State Fraud Hotline Acknowledgment



The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by an official or office. The 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, 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

Special Investigations Unit

88 East Broad Street

PO Box 1140

Columbus OH 43215

Web: www.ohioauditor.gov

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 the City of Circleville, Ohio 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, STEVEN A. WELKENSEN, have read the information provide 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.

STEVEN A. WELKENSEN
Printed Name

SAFETY DIRECTOR
Title

Public Safety
Department

[Signature]
Signature

03/12/2024
Date

City of Circleville

Employee Job Description



Title:	Director of Public Safety	Department:	Public Safety
Status:	Full-Time, Unclassified, Appointed	Supervisor:	Mayor

Under the direct supervision of the Mayor, the Director of Public Safety is responsible for overseeing the Police Department, Fire and Emergency Medical Services Department. (ORC 737.02) This is a full-time position appointed by the Mayor and requires an extremely high level of confidentiality with the ability to assist the Police Chief and Fire Chief in their management of the departments.

ESSENTIAL JOB RESPONSIBILITIES

1. Reviews status of expenditures as related to appropriations available and approves purchases, requisitions and vouchers for each division.
2. Works closely with departments in the development of standard operating guidelines and procedures.
3. Presents ordinances and resolutions relating to the needs of the department to City Council for approval and attends evening council and committee meetings as needed and/or requested.
4. Reviews and recommends changes in organizational structure.
5. Along with the Service Director and Chief of Police, reviews and grants handicap parking requests.
6. Responsible for the approval of all new street signage and markings.
7. Administers the International Property Maintenance Code and directs code enforcement including building safety and enforcement as established in the ORC.
8. Assists with Zoning code enforcement, live animal complaints, junk vehicle and motor vehicle complaints (on the street or private property) and works closely with the Law Director and Service Department regarding penalties.
9. Assists with union negotiations with OPBA and IAFF.
10. Participates in panel interviews of prospective candidates for vacant positions within departments.
11. Assists the HR Director as needed and/or requested during the Safety Forces pre-employment process.
12. Meets regularly with and supervises the Police and Fire Chiefs and Safety Forces Administrative Assistant.
13. Approves training requests for each division.
14. Requests and follows thru on vehicle bids, equipment/cruiser and gas bids and purchases.
15. Acts in official capacity at disciplinary hearings for members of public safety department.
16. In conjunction with Chief of Police and Service Director, studies traffic patterns and requests and/or suggests installation and/or removal of signs, or lights.
17. Approves applications for noise variances, parade permits and soliciting.
18. Authorizes overtime and approves vacation schedules for Chiefs and the Safety Forces Administrative Assistant.
19. Recommends annual operating budget for department to the Mayor and City Council as well as capital improvement budget.
20. Knowledge of City Ordinances, State Laws and government rules and regulations affecting operation of departments.
21. Attends conferences/meetings with other government and law officials, community leaders and the public to identify, promote and advance public safety initiatives, activities and practices.
22. Ability to maintain confidentiality and be entrusted with sensitive material.
23. Regular and predictable attendance.

EDUCATION and EXPERIENCE

1. A Bachelor's Degree in related field or combination of education and experience in municipal public works and public safety in an administrative capacity is preferred.
2. Must demonstrate some skill in personnel supervision, management, fiscal control, planning and development, public relations and marketing.
3. Must have a general working knowledge of office equipment.

City of Circleville

Employee Job Description



Title: Director of Public Safety
Status: Full-Time, Unclassified, Appointed

Department:
Supervisor:

Public Safety
Mayor

COMMUNICATION SKILLS/CORE REQUIREMENTS

1. Ability to follow and enforce policies and procedures established by the City of Circleville.
2. Must be approachable and have the ability to build rapport well.
3. Shall maintain an extremely high level of confidentiality and not engage in loose talk.
4. Ability to deal with ambiguity and to relate well to all kinds of people inside and outside the organization.
5. Ability to marshal limited resources (people, funding, material, support) to get things done;
6. Ability to orchestrate multiple activities at once to accomplish a goal.
7. Uses resources effectively and efficiently.
8. Arranges information and files in a useful manner as well as ability to accurately interpret comprehensive and technical reports.
9. Ability to communicate verbally and in writing with administration, employees, the general public and legal representatives.
10. Effective supervision of others.
11. Ability to prepare and successfully write clear and concise reports.
12. Ability to identify potential issues and be cognizant of environment and perform work in a safe manner.

MATHEMATICAL ABILITY

1. Basic addition, subtraction, multiplication, division and percentages are used regularly.

LICENSES/CERTIFICATIONS

1. Possession of valid State of Ohio drivers' license and the ability to meet the City of Circleville's requirements for insurability.

PHYSICAL DEMANDS

1. Ability to stand and walk frequently; sit for extended periods of time; use hands, vision and hearing continuously and occasionally push, pull, reach, bend and or stoop.
2. May lift packages up to 25 pounds.
3. Position involves regular PC monitor/keyboard use and frequent telephone and person-to-person interaction as well as the ability to work in adverse weather conditions.

WORK ENVIRONMENT

Office environment in proximity to the use of firearms.

The above job description is a representation of the major duties and responsibilities of this position. I have read and understand the expectations of this position and addressed my concerns and/or questions with the HR Department.

STEVEN A. WELKENSEN
Employee Printed Name

A handwritten signature in dark ink, appearing to read "A. H. L.", is written over a horizontal line.
Employee Signature

03/12/2024
Date

03/12/2024
Date

City of Circleville

Employee Job Description



Title:	Director of Public Safety	Department:	Public Safety
Status:	Full-Time, Unclassified, Appointed	Supervisor:	Mayor

Supervisor Signature

Date

Department Head Signature

Date

The summary is not intended to be an exhaustive list of all responsibilities, skills, efforts and working conditions associated with the position. It is, instead, a summary of the elements of the position that were observed of for which an incumbent indicated are necessary to perform the position. Possible consideration for reasonable accommodations would occur where applicable within the Americans with Disabilities Act.

This job description shall not be considered an employment contract with an employee.

City of Circleville



Department of Human Resources
City Administration Building
104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829

Michelle L. Blanton
Mayor

Valerie Dilley
Director

City Policy Review and Acknowledgement

Handbook Section 2.2 Unlawful Discrimination and Harassment

EMPLOYEE ACKNOWLEDGEMENT		
Unlawful Discrimination and Harassment		
I acknowledge that I have received a copy of this policy and understand that I should consult with my supervisor or Human Resources if I have questions. I understand and agree that I will comply with this policy. I understand that failure to comply with the policy could result in disciplinary action up to and including termination of employment.		
Employee (Print)	Employee Signature	Date
STEVEN A. WELKENSAN	<i>[Signature]</i>	03/12/2024
SUPERVISOR ACKNOWLEDGEMENT		
I acknowledge that I have reviewed this policy with the above employee and answered any questions from the employee.		
Supervisor (Print)	Supervisor Signature	Date

RETURN THIS PAGE TO HUMAN RESOURCES BY MARCH 20, 2024

City of Circleville elected officials who are required to file a financial disclosure statement must file a complete and accurate statement with the Ethics Commission by April 15 of each year. An elected official filling a position after February 15 must file a statement within ninety days of appointment or employment.

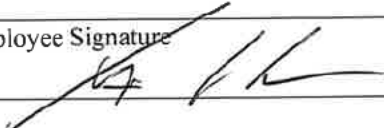
Penalties

Failure of any City of Circleville elected official to abide by this Ethics policy, or to comply with the Ethics Law and related statutes, will result in discipline, which may include dismissal, as well as any potential civil or criminal sanctions under the law.

Ethics Education and Assistance

Providing ethics education and information is an inherent part of good ethics governance. The Ethics Commission is available to provide educational seminars and informational materials. The Commission can be reached at 614.466.7090.

The Ethics Commission is available to provide advice and assistance regarding the application of the Ethics Law and related statutes. The Commission's web site address is: www.ethics.ohio.gov.

EMPLOYEE ACKNOWLEDGEMENT – Ethics and Ethical Conduct		
I acknowledge that I have received a copy of this policy and understand that I should consult with Human Resources if I have questions. I understand and agree that I will comply with this policy.		
Employee (Print)	Employee Signature	Date
STEVEN A. WEILANDSON		03/12/2024

City of Circleville



Department of Human Resources

City Administration Building
104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829

Training, Tuition or Licensing Fee Repayment Agreement (upon hire)

In accordance with your collective bargaining agreement and/or the City of Circleville Employee Handbook, employees receiving training, tuition reimbursement, or payment for job-related licensing who voluntarily or involuntarily separate from City employment, other than retirement, shall refund all or part of the cost based on the following scale:

Employees who leave City service:		
0 - 1 years after completing course	Refund due to the City:	100% of total reimbursement
1 - 2 years after completing course	Refund due to the City:	75% of total reimbursement
2 - 3 years after completing course	Refund due to the City:	50% of total reimbursement
Fire Department Employees who leave City service:		
0 - 2 years after completing course	Refund due to the City:	100% of total reimbursement
2 - 4 years after completing course	Refund due to the City:	75% of total reimbursement
4 - 5 years after completing course	Refund due to the City:	50% of total reimbursement

Upon resignation or termination, the employee's supervisor and department head shall affirm and attest to the employee's responsibility for repayment.

Repayment Agreement

I agree to repay the City of Circleville for training and/or tuition assistance in the event I leave my position with the City based on the scale listed above. I agree the City may withhold any necessary reimbursement from my final termination pay. In the event my final termination pay is insufficient to reimburse the City, I agree to make repayment in one lump sum by certified check or money order within 30 days of my termination date.

STEVEN A. WELVERSON
Employee Printed Name

[Signature]
Employee Signature

03/12/2024
Date

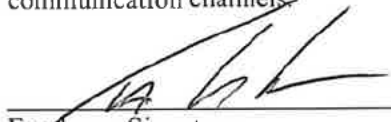
City of Circleville

Employee Handbook

Section 7.1

Employee Handbook Acknowledgement

This form is to acknowledge that I have received a copy of the Employee Handbook and/or have access to a copy outlining the responsibilities of an employee and the responsibilities of the City of Circleville. I have read and understand the information contained in this handbook. If I have any questions, I should contact the Human Resources office. I understand that the employee handbook is not an employment contract but does provide the City of Circleville's employment policies and procedures by which I am governed. I agree to comply with the guidelines of the City of Circleville. This handbook is subject to change without notice. It is understood that changes in procedure will supersede or eliminate those found in this book and I will be notified of such changes through normal communication channels.


Employee Signature

03/14/2021
Date

STEVEN A. WEIKENSON
Employee Printed Name

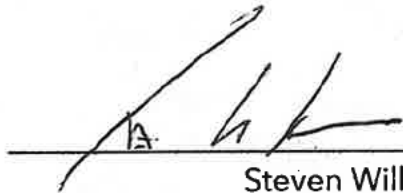
City of Circleville

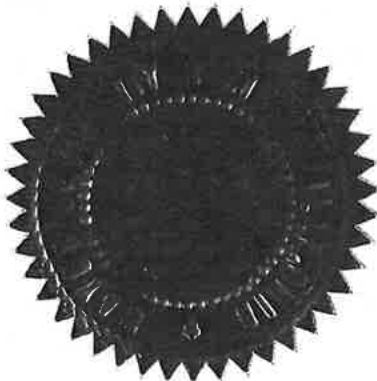


Department of Public Safety Division of Police

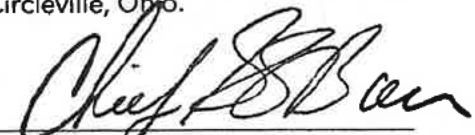
Oath of Office

I, Steven Wilkinson, do solemnly swear, that I will support the Constitution of the United States of America, the Constitution of Ohio, and the Ordinances of the City of Circleville, that I will faithfully, honestly, and impartially perform my duties as a **Reserve Police Officer**, as required and set forth by law, to the best of my ability, So Help Me God.


Steven Wilkinson



I hereby certify that on the 4th day of October 2023, I administered the Oath of Office to Steven Wilkinson, Reserve Police Officer for the Circleville Police Department, Circleville, Ohio.


G. Shawn Baer, Chief of Police


Doug DeBord, Director of Public Safety



NOTICE OF PEACE OFFICER APPOINTMENT

Check Box if: ☐ Correction to Record

☐ Name Change

☐ OSHP Trooper to Peace Officer
(OSHP certificate must be attached)

- Within ten days of the appointment or status change, or promotion to Chief, submit one copy of this form either by email SF400@OhioAGO.gov, fax, or mail.
- Type or print legibly and complete all blanks. Officer and Agency email addresses need to be entered to receive training determinations.
***NOTE:** The officer's email address will be used for all OPOTC correspondence, including advanced training course registration.
- Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
- Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status, or is promoted to Chief.
- Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION		1. Name (Last) Wilkinson	(First) Steven	(Middle) Anthony	2. Social Security Number (last 5 only) [REDACTED]
3. Previous Name(s) or Alias (Last)		(First)	(Middle)		
4. Birth date (mm/dd/yyyy) 05/11/1968	5. Officer's Individual Email Address* [REDACTED]			6. Phone Number [REDACTED]	
7. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) [REDACTED]	(State) OH	(Zip Code) [REDACTED]	(County Name) [REDACTED]
8. Basic Training Academy (Only complete if this is the officer's first appointment or OSP)		(Academy Name) [REDACTED]	(Academy Number) [REDACTED]	(Dates of Training) [REDACTED]	

AGENCY INFORMATION		9. Agency Name Circleville Police Department	
10. Reporting Authority's Email Address vdilley@circlevilleoh.gov		11. Agency Phone Number 740-474-8888	
12. Agency Mailing Address (#/Street/PO Box) 151 E. Franklin Street		(City) Circleville	(Zip Code) 43113 (County Name) Pickaway

APPOINTMENT INFORMATION (Complete Date, Status and ORC)		13. New Appointment Date 10 / 04 / 2023	14. Status Change Date / /
15. Select New Status ☐ Full-Time ☐ Part-Time ☒ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal For the purpose of this form, full-time means those in active pay status (including those on vacation, sick, bereavement, personal or administrative leave; on compensatory time or holidays) receiving compensation and benefits for 40 hours in a work week or 80 hours in a 14-day period.			
16. Select New ORC			
☐ City Full-Time/Part-Time (737.02)	☒ City Auxiliary/Reserve/Special (737.051)	☐ City Chief (737.02)	
☐ Village Full-Time/Part-Time/Special (737.16)	☐ Village Auxiliary/Reserve (737.161)	☐ Village Chief (737.15)	
☐ Township Police Officer (505.49)	☐ Township Constable (509.01)	☐ Other Chief - List ORC/Charter	
☐ Other - List ORC/Charter	☐ Deputy Sheriff (311.04)	☐ Sheriff (311.01)	

ATTESTATION OF REPORTING AUTHORITY		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority [Signature]	18. Printed Name and Title G. Shawn Baer, Chief of Police	19. Date 10 / 4 / 2023	
20. Signature of Witness [Signature]	21. Printed Name (First, Middle, Last) Valerie Dilley	22. Date 10 / 14 / 2023	

Officer Name (Last)

(First)

(Middle)

SSN (last 5 only)

Wilkinson

Steven

Anthony

23. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Signature of Appointing Authority

Douglas A. DeBord

Name of Appointing Authority (Typed or Printed Legibly)

Director of Public Safety

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):

City of Columbus Police Department

25. From(mm/dd/yyyy):

07 / 19 / 1992

To(mm/dd/yyyy):

06 / 15 / 2022

26. Appointment Status (Check Appropriate Box)

☒ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

27. Appointed By (Agency Name and County):

28. From(mm/dd/yyyy):

To(mm/dd/yyyy):

29. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

30. Appointed By (Agency Name and County):

31. From(mm/dd/yyyy):

To(mm/dd/yyyy):

32. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

33. Appointed By (Agency Name and County):

34. From(mm/dd/yyyy):

To(mm/dd/yyyy):

35. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

36. Appointed By (Agency Name and County):

37. From(mm/dd/yyyy):

To(mm/dd/yyyy):

38. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

39. Appointed By (Agency Name and County):

40. From(mm/dd/yyyy):

To(mm/dd/yyyy):

41. Appointment Status (Check Appropriate Box)

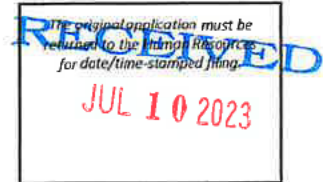
☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

City of Circleville Application for Employment



Department of Human Resources

104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829



Applications are only accepted when a position is available. Unsolicited applications will be returned to the applicant.

DATE OF APPLICATION: 7/03/2023

Full Legal Name Steven Anthony Wilkinson

Street Address [REDACTED]

Home Telephone Number [REDACTED]

Have you applied with the City previously? no

POSITION: Reserve Police Officer

Email Address [REDACTED]
(Please print clearly. This is used for notification purposes)

City, State, Zip [REDACTED]

Preferred Contact Number [REDACTED]

If yes, list the position/date [REDACTED]

Section I. Education

Institution	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School	Columbus East High School	4	General Education	Graduate
College/Business/ Trade School	Columbus State Community College and Franklin University	4	Criminal Justice	Need 6 credits

Section II. Certifications/Professional Licenses Held

Certification or License Name	Number	Expiration Date
See Resume		

Driver's License Number [REDACTED] State Issued Oh Expiration Date 05/11/2022 Restrictions N/A

Do you hold a valid CDL? No Endorsements MC

Section III. Military Service

Applicants participating in a civil service examination receive military service credit when a copy of the DD214 stating honorable discharge is attached prior to the examination.

Are you a veteran? yes Dates of service: 01/20/1986 to 01/20/1992 Rank Upon Honorable Discharge Sergeant

Technical Specialization Military Police Officer

Section IV. Skills and Qualifications

Other qualifications, special skills, abilities or honors that should be considered: Retired Columbus Police Lieutenant 30 years experience

List any supervisory skills you possess: Supervised Patrol Officers, Mounted Officers, Bike Officers, Aviation Officers, Gang Detectives, Tactical Officers, Task Force Officers and Narcotics Officers. 23 years of

SUPERVISORY EXPERIENCE

City of Circleville Application for Employment



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Section V. Previous Work Experience

List most recent employment first and include summer or temporary jobs. Be sure all your experience and employment related to this job are listed. No more than 10 years history is recommended. Do not substitute a resume for this section but you may attach a resume to this application.

1. Is your present employer aware of your interest in employment with the City of Circleville? ☐ Yes ☒ No
2. If yes, may we contact your present employer? ☐ Yes ☒ No

Present Employer Retired Address _____

Phone # _____ Dates of Employment - From: _____ To: _____

Position Title _____ Starting Salary _____ End Salary _____

Position Duties _____ Reason for Leaving _____

City of Columbus Department of Public Safety Division of Police Address 120 Marconi Blvd Columbus, Oh 43215

Phone # 614-645-4580 Dates of Employment - From: July 19, 1992 To: June 15, 2022

Position Title Police Lieutenant Starting Salary _____ End Salary 145,000

Position Duties Police Supervision Reason for Leaving Retirement

Employer _____ Address _____

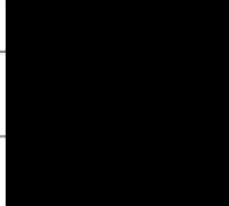
Phone # _____ Dates of Employment - From: _____ To: _____

Position Title _____ Starting Salary _____ End Salary _____

Position Duties _____ Reason for Leaving _____

Section VI. References

List three references who have known you for at least five years, do not include relatives or former supervisors.

	Address (Include City/State/Zip) _____	
	Address (Include City/State/Zip) _____	
	Address (Include City/State/Zip) _____ Telephone _____	
Name _____		

City of Circleville Application for Employment



Department of Human Resources

104 E. Franklin Street
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Fax: 740-477-5829

Section VII. Certification, Understanding, Acknowledgement, Release and Consent

I certify that all of the information furnished in this employment application is true and complete to the best of my knowledge. I understand that the City of Circleville may conduct an extensive background investigation of, including but not limited to, driving records, criminal records, alcohol and drug use, financial responsibility records, voice stress analysis, psychological exam, and physical exam. I realize that any misrepresentation or false information in this application may lead to withdrawal of any employment offer or termination after employment.

Acknowledgement and Release

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Circleville with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, true detection examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Circleville, are a prerequisite to my employment with the City of Circleville.

In addition, I hereby understand that the City of Circleville cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed and considered by the City of Circleville I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Circleville and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom.

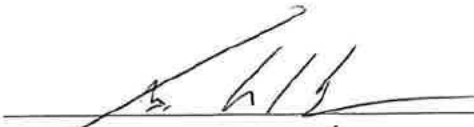
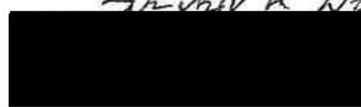
Pre-Employment Drug Testing Consent

I understand that, as a candidate for employment with the City of Circleville, I must, in order to be appointed to a position with the City of Circleville, voluntarily consent to, and pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the City of Circleville to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Circleville and its representative. I further release the City of Circleville, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Applicant/Employee

Full Legal Name of Applicant (printed)

Social Security Number


KEVIN A. HENDERSON
 Date 7/10/2025

City of Circleville Application for Employment



Department of Human Resources

104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829

Section VIII. EEO Information (Completion of this section is voluntary)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, national origin, marital status, veteran status or disability.

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping, please answer the following questions as they apply.

Full Legal Name Steven Anthony Wilkinson

Position of Interest Reserve Police Officer

Sex:



Male



Female

Date of Birth (MM/DD/YEAR) 05/11/1968

Source from which you were referred (website, newspaper, agency, friend, etc.) Current Reserve Officer Ansley Wilkinson

Race/Ethnic Group



White: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.



Black: Persons having origins in any of the black racial groups of Africa.



Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American origins or other Spanish culture or origin, regardless of race.



American Indian or Alaskan Native: Persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.



Asian/Pacific Islanders: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.

Veteran and Disability Status



Vietnam-Era Veteran: Any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at 181 consecutive days.



Disabled Veteran: Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.



Disabled: Any individual with a physical or mental impairment which substantially limits one or more of the major life activities of the individual.

Steven A. Wilkinson
Email: [REDACTED]
Mobile: [REDACTED]

Leadership Summary

Proven professional leadership based upon the principles of discipline, integrity, and character with over 34 years of experience of leading police officers and soldiers. Committed to achieving results and communicating effectively to the chain of command and direct reports. Leadership with a vision to create and improve the working environment. Dedicated to leading others with the guiding principles and mission statement of the directing agency. Training is paramount to the success of any organization.

Professional Experience

Columbus Police Department July 19, 1992-June 15, 2022. Retired in good standing.

Police Lieutenant-2021-2022

Wellness Bureau. Responsible for developing programs to assist with the mental health and growth of police officers. Developed a Military Support Group to assist police officers and their families during times of deployment. Collaborated with the City of Columbus Employee Assistance Program to support mindfulness and wellness training for police officers.

Police Lieutenant-2018-2021

Criminal Intelligence/Gang Unit-2018-2021 Supervised 6 sergeants and 42 officers responsible for Criminal Street Gang Activity, Outlaw Motorcycle Gangs, and illegal Narcotic distribution to include the Mexican Cartel. Worked with the Pharmaceutical Unit for illegal prescriptions. Supervised the ATF Task Force within the City of Columbus. Responsible for over \$30,000.00 in monthly buy and informant expenses. Received and maintained a Secret Clearance with the Department of Homeland Security. Worked closely with the Southern Ohio Fugitive Apprehension Strike Team to provide information and assistance in several high-profile cases. Received training in identifying terrorist activity and bomb making procedures. Reviewed and made recommendations on criminal investigations and tactical situations. Developed Incident Action Plans for major events. Incident Command Training, familiar with the National Incident Command System

Advanced Training Lieutenant-2013-2018

Responsible for In-service Training for 1900 sworn law enforcement officers and 250 civilian employees. OPOTA certified instructor and possess an OPOTA School Commander License. Have trained over 4,500 police officers, Ohio National Guard Soldiers and Airmen around Ohio. Supervised the Defensive Tactics Unit and Firearms Qualification Unit. Developed a sergeant mentoring program and three-week sergeant development course. Developed and reviewed curriculums for Executive Leadership Training, having logged over 1000 hours of classroom instruction. Assisted in developing the Regional Training Center in Columbus, Ohio. Member of Oral Board Hiring Committee, responsible for reviewing and

Steven A. Wilkinson

Email: [REDACTED]

interviewing potential police officers. Subject matter expert in Civil Disorder Training, developing the OPOTA training manual. Committee member for a National group of the 25 largest police departments in the United States to determine tactics and equipment for Civil Disorders.

Assisted in training over 300 new police recruits with the OPOTA curriculum to include physical fitness training and defensive tactics.

Developed and instructed numerous courses for specific Columbus Police training, to include pursuits and wellness programs.

Patrol Lieutenant-2010-2013

Responsible for Third Watch Patrol Operations within the City of Columbus. Span of control equaled 12-15 Patrol Sergeants and 45-75 Police Officers. Well versed in administrative investigations of police conduct, use of force and vehicular pursuits.

Police Sergeant

Police Sergeant-1999-2010-Responsible for precinct level operations, supervising 12-20 officers. President of the Columbus Police Honor Guard for 11 years.

Mounted Unit Sergeant for over 5 years, working and training closely with Deputies from the Buckeye State Sheriffs Association. Maintained yearly budgets for barn operations and care of the animals.

Developed the State of Ohio's Riot Control Manual and began training bike officers for crowd control.

Police Officer

Police Officer-1992-1999-Daily patrol operations to include walking and bike assignments. Active Field Training Officer, training 10 probationary police officers.

1997-1999-Covert Detective responsible for street level narcotics, vice, and liquor operations.

Corrections Officer-1990-1992 Ohio Department of Rehabilitation and Corrections

Military Service

United States Army/Ohio Army National Guard-1986-1992-Military Police Officer. Honorable Discharge at the rank of Sergeant. Platoon Training Coordinator.

Education

Columbus State Community College and Franklin University Criminal Justice Programs. 100 hours of professional development and leadership training through continuing education courses.

Steven A. Wilkinson

Email:

Professional References





Department of Human Resources

City Administration Building
104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829
www.circleville.oh.us

PRE-EMPLOYMENT PERSONAL HISTORY QUESTIONNAIRE

You are encouraged to **thoroughly** review the City of Circleville Background Standards (provided with this document and located on the employment application) and answer all questions in a **TRUTHFUL** manner, even though some answers may be embarrassing. Full disclosure is extremely important during the pre-employment process and failure to provide all relevant information to questions asked may be in violation of the Background Standards and cause for removal from the process.

Your Printed Name: Steven A Wilkinson

Signature: 

Date Completed: 7/01/2023

Position Applied for: Reserve Police Officer

As an applicant for employment with a public safety agency for the City of Circleville, you are required to complete this questionnaire. All information contained herein is subject to verification via source information and Polygraph or Voice Stress Examination.

Each question must be answered. There can be no blanks. If a question does not apply to your particular circumstance, insert "DNA" in the space provided. When answering questions that require dates, insert the full date(s). You must provide the complete address information when requested.

NOTE

Candidates for positions with the City of Circleville are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provided penalties for making a false statement of a material fact or for practicing any fraud or deception in obtaining or attempting to obtain employment. Such penalties include disqualification from employment consideration, discharge after appointment and/or prosecution under ORC Section 2921.13

PERSONAL INFORMATION

The information you provide in this Questionnaire will be used in the course of your background investigation and polygraph examination. Document the following **completely** and accurately.

Name: Wilkinson Steven Anthony
Last First Middle

Email Address: [REDACTED]

Date of Birth: 05/11/1968 Age: 55 SSN: [REDACTED]

Driver's License Number: [REDACTED] Type: OL State: OH Expiration: 05/11/2024

Other than a maiden name, have you ever used another name: No Yes

Other names known by: _____

Present Address: (Street, City, State, Zip) [REDACTED]

Present Phone Number: [REDACTED]

With whom do you live: Kerry Wilkinson Relationship: Wife

Previous Residences (list all residents since your 18th birthday including military addresses:

[REDACTED] _____

Present Occupation: Retired Columbus Police Lieutenant Business Address: 120 Marconi Blvd, Columbus Oh 43215 Phone Number: 614-645-4580

Immediate Supervisor: _____

Date of Hire: 7/19/1992-6/15/2022

FAMILY INFORMATION

Document the following. Include complete address: Street, City, State, Zip Code and telephone numbers. Leave blank if these questions do not apply to you.

If you are married:

City, State Marriage Performed: Valley City Ohio Date Performed: 8/10/1991

Name of Present Spouse (include Maiden Name) [REDACTED] Date of Birth: 05/05/1967

Spouse's Occupation: Retired

If your marriage(s) ended in divorce or annulment, list prior marriage(s):

City, State Marriage(s) Performed: _____ Date(s) Performed: _____

Court(s) issuing Divorce or Annulment _____ Date(s) Finalized _____

Name of Former Spouse (include Maiden Name): _____ Date of Birth: _____ Occupation: _____

Document the name and relationship of your dependents in the following order: Spouse, Children, Step-Children or Foster Children

Name	Address	Date of Birth	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Document the name, address and telephone number of your Father and Mother (include Stepfather and Stepmother). If deceased, indicate so.

Name	Address	Phone Number	Relationship
<u>[REDACTED]</u>	Deceased		Biological Father
	unknown	unknown	Biological Mother
	unkniown	unknown	Step Father
_____	_____	_____	_____

REFERENCES

Document the names of five (5) persons who have known you for at least five (5) years; do not include family members. List COMPLETE address: street, city, state, zip code and telephone number.

Name	Address	Phone Number	Association
	Retired Police Lieutenant		Work associate
	Retired Police Commander		Work associate
	Active Police Commander		Former Supervisor
	Active Deputy Chief		Former Supervisor
	Retired Police Sergeant		Work Associate

EMPLOYMENT HISTORY

Begin with your most recent job and list your complete employment history in chronological order. Include in sequence, periods of unemployment and military service, if any. If documenting unemployment, indicate "unemployed" under "employer" and lists dates in space provided.

Is your present employer aware of your candidacy for a position with the City of Circleville? Retired May we contact? _____
Employer City of Columbus, Department of Public Safety, Address 120 Marconi Blvd Columbus, Oh 43215
Phone # 614-645-4580 Dates of Employment - From: 7/19/1992 To: 6/15/2022
Position Title Police Lieutenant Starting Salary _____ End Salary 145,000
Position Duties Supervise Police Personell Reason for Leaving Service Retirement

Employer ODRC Address Pickaway Correctional Institute
Phone # _____ Dates of Employment - From: 1990 To: 1992
Position Title Corrections Officer Starting Salary _____ End Salary _____
Position Duties Supervise inmates Reason for Leaving Career with Columbus Police Department

Employer United Sates Army, Ohio Army National Guard Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title Sergeant-Military Police Starting Salary _____ End Salary _____
Position Duties Enforce the UCMJ Reason for Leaving Contract expired

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Employer _____ Address _____
Phone # _____ Dates of Employment - From: _____ To: _____
Position Title _____ Starting Salary _____ End Salary _____
Position Duties _____ Reason for Leaving _____

Do you have the legal right to work in the United States? ☒ Yes ☒ No

Have you ever used a Social Security Number (SSN) other than your own? ☐ Yes ☒ No

Have you ever been employed under someone else's Social Security Number? ☐ Yes ☒ No

Have you ever been employed outside the United States? ☐ Yes ☒ No

Many employees have taken something from an employer that they did really not have permission to take. This includes the actual taking, illegally giving away merchandise to friends, relatives or co-workers, borrowing without permission and failing to return **merchandise, company property or equipment**. Please estimate the total dollar value of all such merchandise, company property or equipment you may have taken, if any, and write that amount here: \$zero.

Many people who have held jobs in which they handled money or had expense accounts have probably taken some cash without the permission of their employer. This includes the direct taking of cash, borrowing and not returning money or padding expense accounts. Please estimate the total amount of **cash** you may have taken from all employers and write that amount here: \$zero.

Occasionally peer groups will force an employee to help another employee take things from an employer. Please estimate **the total dollar amount of cash and merchandise** you may have received from such acts and write that amount here: \$zero.

Will any prior employer tell your background investigator you have stolen cash, merchandise or company property? no

If yes, which employer(s): _____

Answer all of the following questions by writing "Yes" or "No". If the answer is "Yes", please provide an full, detailed explanation in the space provided. Use the clarification sheet if needed.

Have you ever been accused of on-the-job misconduct? If yes, please explain:
No

Have you ever been fired from a job? If yes, please explain:
No

Have you ever left a job to avoid being fired? If yes, please explain:
No

Within the past year, have you called in sick when in fact you were not sick? If yes, please explain:
No

Other than for **medical reasons**, have you been absent from work more than 3 times in the past year? If yes, please explain:
No

Other than for **medical reasons**, have you ever been disciplined for violation of any employer's attendance policy? If yes, please explain:
No

Will any employer or supervisor say you have lied to get out of trouble? If yes, please explain:
No

Will any of your references tell us you frequently lied to get out of trouble? If yes, please explain:
No

Will any prior employer give you a poor recommendation? If yes, please explain:
No

Will any previous employer not hire you back? If so, which employer?
No

EDUCATIONAL BACKGROUND

Do you have a GED?
Highschool Diploma-6 credits short of a degree in Criminal Justice from Franklin University

Have you graduated from any high school with a high school diploma? If yes, please provide the name, address, city, state and county of the school below.

Columbus East High School 1550 East Broad Street Columbus Oh 43205

Have you ever been expelled from any high school, community college, college or university for violation of the law or school rules? If yes, please explain:

No

CRIMINAL HISTORY

Most people have committed "crimes" at some time in their life. Such behavior must be judged within the total circumstances that they occurred. It is important that you answer all of the following questions truthfully. You will be given the opportunity to explain any answer you may feel is a problem.

Have you committed any of the following incidents by yourself or with another? If yes, please explain in detail and indicate your age at the time of the incident.

Arson (Burning the property of another for money, sexual gratification, spite or malice)

No

Assaulted the person of another with any weapon or physical object

No

Turned in a false fire alarm.

No

Vandalism (destroying the property of another)

No

Watched others undress or commit physical sex acts without their knowledge or consent.

No

Other illegal activity, criminal or traffic. (Provide details and you age at the time of the incident)

No

Since your 18th birthday, have you been arrested for any of the prior incidents questions answered above?

No

Since your 18th birthday, has a warrant been issued for your arrest?

No

Are there any warrants out for your arrest at the present time?

No

Since your 18th birthday, have you been named a suspect in any police report?

No

Since your 18th birthday, have you pled guilty to, been convicted of or pled "No Contest" to any felony crime?

No

Have you ever been convicted, fined or has an expungement or case sealed for any criminal offense? If yes, please provide the charge, year and court.

No

Have you ever engaged in sexual harassment, or adjudicated, civilly or administratively as a harasser?

No

Have you been involved in anything that may embarrass you or the City of Circleville in the future? If yes, please explain.

No

MILITARY HISTORY

Are you required to register for the draft (Selective Service)?

Registered in 1985

If yes, are you now registered for the draft?

Other than for medical reasons, have you ever applied for military service and had your application rejected?

No

Have you ever served in any branch of the armed forces or national guard in either active or reserve status? If yes, please complete the information below.

Branch:	From:	To:	ID #:
United States Army-Ohio Army National Guard	1986	1992	
What was the highest rank you attained?	Rank:	E/O:	
Sergeant	E-5	Enlisted	

Were you ever reduced in rate / rank? If yes, please explain:

No

Were you ever AWOL or did you miss a movement? If yes, please explain:

No

Have you been the subject of any non-judicial disciplinary actions? If yes, please explain: No			
Have you been the subject of any court marital? If yes, please explain: No			
What was your rate / rank upon discharge? Sergeant		Rank: E-5	E/O: Enlisted
Branch: US Army Ohio National Guard	From: 1986	To: 1992	ID#:
Have you ever served in any other branch(s) of the armed forces or national guard in either active or reserve status? If yes, list below.			
Branch:	From:	To:	ID#:
Branch:	From:	To:	ID#:
Branch:	From:	To:	ID#:

PUBLIC SAFETY HISTORY

Have you ever completed any training academy or academies? If yes, state if it was Fire, EMS, or Police under "Academy".					
Academy: Columbus Police Academy	From: July 1992	To: January 1993	Location: 1000 N Hague Ave Columbus, O		
Academy:	From:	To:	Location:		
Academy:	From:	To:	Location:		
Have you ever been terminated, resigned from or failed to complete any academy? If yes, state if it was Fire, EMS, or Police under "Academy".					
Academy:	From:	To:	Location:		
Academy:	From:	To:	Location:		
Academy:	From:	To:	Location:		

Have you ever been employed as a police officer, EMT or fire fighter in Ohio, any other state or territory of the United States by an agency of the federal government. (You may attach a sheet of paper listing additional employment if needed) If yes, please complete:				YES ☒	NO ☐
Department:	From:	To:	Full Time, Part Time or Vol.		
Columbus Police De	July 19, 1992	June 15, 2022 Service Retirement	Full Time		
Department:	From:	To:	Full Time, Part Time or Vol.		
Department:	From:	To:	Full Time, Part Time or Vol.		
Has your employment or appointment as a police officer, fire fighter or EMT ever been terminated by an agency or have you been asked to resign in lieu of termination? If yes, please complete:				YES ☐	NO ☒
Department:	From:	To:	Reason:		
Department:	From:	To:	Reason:		
Department:	From:	To:	Reason:		
Other than for medical or psychological reasons, have you ever been rejected for employment by any public safety agency?				YES ☐	NO ☐
Department:	Date:	Reason:			
Department:	Date:	Reason:			
Department:	Date:	Reason:			

Other Public Safety Applications

Have you ever applied for other city, county, state or federal public safety positions, including police or fire?

☐ Yes ☒ No If yes, list every agency to which you have applied. Be sure to list the agency's telephone number. List a contact person, if known. All agencies must be listed regardless of the outcome or current status of the application. Check all boxes that apply for each agency. Start with the most recent.

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
☐ Submitted application only	☐ Failed written, oral or physical agility	
☐ Testing in process	☐ Background investigation in process	
☐ Failed polygraph	☐ Failed psychological exam	
☐ Failed background investigation	☐ Hired	
☐ Completed background investigation, not hired	☐ Took polygraph	
☐ Disqualified – state reason:		
☐ Other:		

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
☐ Submitted application only	☐ Failed written, oral or physical agility	
☐ Testing in process	☐ Background investigation in process	
☐ Failed polygraph	☐ Failed psychological exam	
☐ Failed background investigation	☐ Hired	
☐ Completed background investigation, not hired	☐ Took polygraph	
☐ Disqualified – state reason:		
☐ Other:		

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
Check all that apply		
☐ Submitted application only	☐ Failed written, oral or physical agility	
☐ Testing in process	☐ Background investigation in process	
☐ Failed polygraph	☐ Failed psychological exam	
☐ Failed background investigation	☐ Hired	
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☐ Disqualified – state reason:		
☐ Other:		

Name of Agency	Phone	Date Applied
Position Applied For	Contact Person's Name	
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☐ Failed background investigation	☐ Hired	
☐ Completed background investigation, not hired	☐ Took polygraph	
☐ Disqualified – state reason:		
☐ Other:		

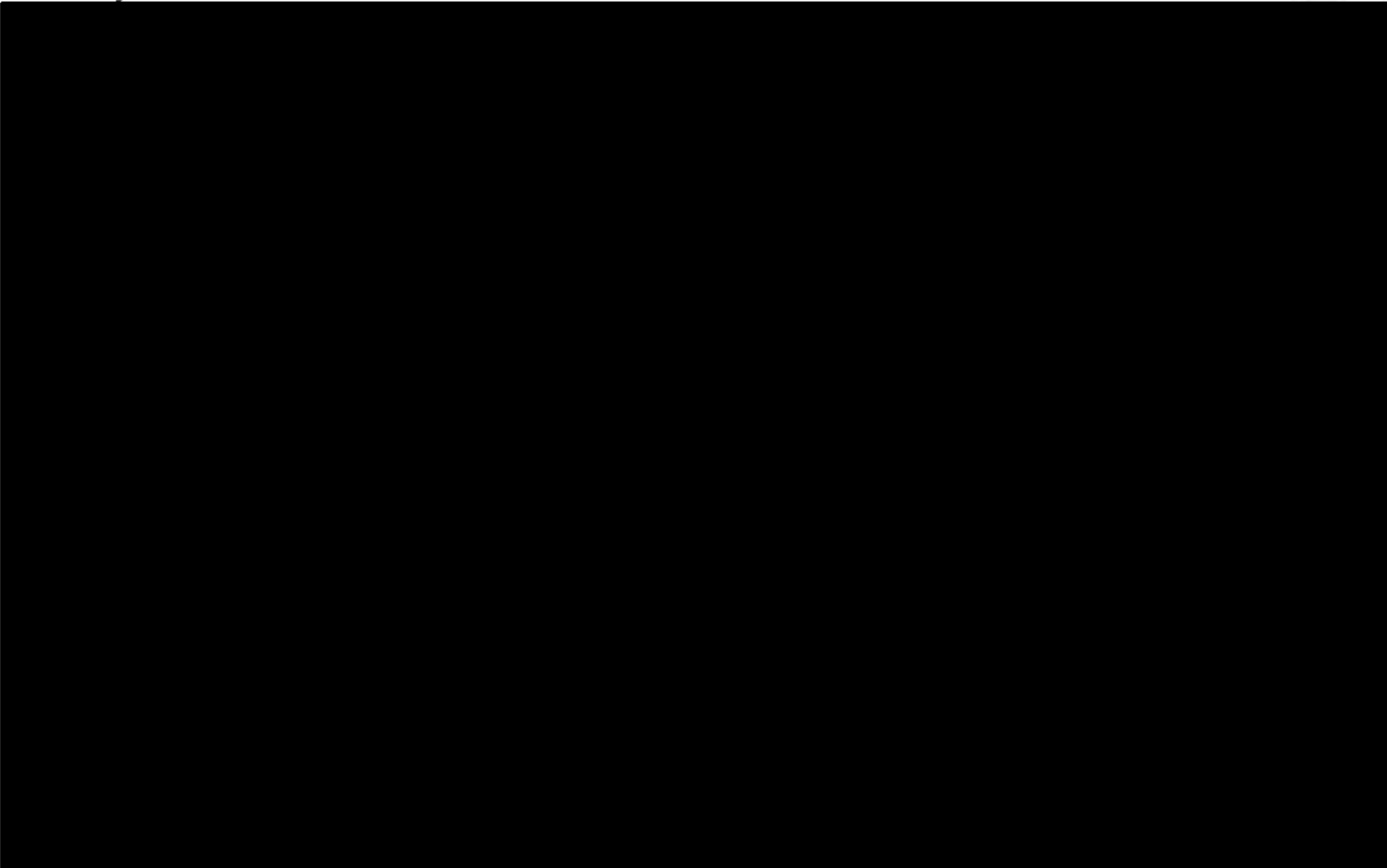
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Position Applied For	Contact Person's Name	
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☐ Failed polygraph	☐ Failed psychological exam	
☐ Failed background investigation	☐ Hired	
☐ Completed background investigation, not hired	☐ Took polygraph	
☐ Disqualified – state reason:		
☐ Other:		

TRAINING: Document training or education courses applicable to the position applied for.

Specialized Training/Education	Institution	Date
OPOTA Certified Instructor	CPD	2014-current
OPOTA School Commander	CPD	2014-Current
30 years of police training-Records provided upon request		

SUBSTANCE EXPERIMENTATION HISTORY

Many people have experimented with marijuana and/or controlled substances in their early life. Such experimentation is generally not a problem. However, any use or experimentation with marijuana and/or controlled substances within the past 5 years must be fully disclosed. Note: Experimentation includes the ingestion into your body in any manner, including taste, swallowing, inhaling or injecting. Indicate the month and year within the past 5 years that you have experimented with or used any of the following.



YES NO

Within the last 3 years, have you experimented with or used any illegal drugs or controlled substances not mentioned above? If yes, please explain:	☐	☒
Have you ever cultivated or manufactured any illegal hard drug or controlled substance?	☐	☒
Have you ever sold, traded or transported for sale any illegal hard drug or controlled substance?	☐	☒
During your background investigation is anyone likely to report that you have ever been involved in the following?		
	YES	NO
The cultivation of Marijuana for any purpose? If yes, whom?	☐	☒
The manufacture of illegal hard drugs? If yes, whom?	☐	☒
The sale of marijuana or illegal hard drugs? If yes, whom?	☐	☒
The transportation of marijuana or illegal hard drugs? If yes, whom?	☐	☒
Have you missed work because of drugs (illegal or prescription) or alcohol?	☐	☒
Do you have friends that use illegal drugs?	☐	☒
Have you ever used any prescription drug, which was not prescribed for you? If yes, what drugs?	☐	☒
Have you been stopped (not arrested) by a police officer, either as a pedestrian or the driver of a vehicle, when the officer felt you were under the influence of alcohol, prescription drugs or a controlled substance?	☐	☒
Have you ever been adjudged by any court to be in danger or being addicted to dangerous drugs?	☐	☒
How many times in your life have you used illegal drugs? <u>Once</u> Which drugs? (list below) Marijuana May 1985		

Domestic Conduct History

	YES	NO
During your background investigation, is anyone likely to report that you have been involved in family fights?	☐	☒
Have the police ever been called to your home to settle a domestic problem between you and any member of your family? If yes, please explain when and what agency responded.	☐	☒
Have you ever caused physical injury to a spouse, ex-spouse, significant other, live-in relative or any family member?	☐	☒
Have you ever caused physical injury to a child family member, which required medical attention for the child?	☐	☒
Have you ever caused physical injury to an adult family member, which required medical attention for the adult?	☐	☒
Has any court ever issued a restraining order against you for any reason?	☐	☒
Are you now required to make child support payment?	☐	☒
If "yes" to the above question and you are required to make child support payments, are you current on those payments?	☐	☐

FINANCIAL HISTORY

	YES	NO
Have you ever been more than thirty (30) days late in making a mortgage payment? If yes, please explain:	☐	☒
Have you ever been more than thirty (30) days late in making any installment payment? If yes, please explain:	☐	☒
Have you ever been more than thirty (30) days late in making any income tax payment? If yes, please explain:	☐	☒
Have you ever had debt(s) turned over to a collection agency? If yes, please explain:	☐	☒
Have you filed for protection under the bankruptcy laws: If yes, please explain:	☐	☒
Have you ever had your wages attached by a judgment? If yes, please explain:	☐	☒

	YES	NO
Have you ever had anything purchased on credit repossessed? If yes, please explain:	☐	☒
Have you ever failed to make child support payments on time (if applicable)? If yes, please explain:	☐	☒
Have you ever failed to make alimony payments on time? If yes, please explain:	☐	☒
Have you ever used another person's social security number to pay a debt? If yes, please explain:	☐	☒
Have you ever lied to a credit agency for the purpose of obtaining credit? If yes, please explain:	☐	☒
Have you ever failed to return a credit card after it was recalled? If yes, please explain:	☐	☒
Have anyone ever sued you in small claims court? If yes, please explain:	☐	☒
Are there any judgments against you? If yes, please explain:	☐	☒
During your background investigation, is anyone likely to report you have financial problems? If so, who?	☐	☒
During your background investigation, will any credit reporting agency report you have poor credit? If so, who?	☐	☒

LICENSING HISTORY

	YES	NO
Other than a driver's license , have you ever held or been issued any license or licenses from the Federal Government, State Agency or any political subdivision thereof? If yes, please explain:	☐	☒
Other than a driver's license , has any license issued to you, including those mentioned above, ever been suspended or revoked for any reason(s)? If so, please explain.	☐	☒

DRIVING HISTORY

	YES	NO
Do you have a current driver's license?	☒	☐
Have you ever been issued a driver's license for any state or county other than your present drivers license? If yes, please provide the state, license number and expiration date if known:	☐	☒

	YES	NO
Have you ever failed to carry automobile insurance as required by state law or had your insurance cancelled for reasons other than failure to pay the premium? If yes, please explain:	☐	☒
Have you ever had your automobile placed with an assigned risk insurer? If yes, please explain:	☐	☒
Have you ever been taken into custody or arrested after being stopped by a police officer while you were operating a motor vehicle? If yes, please explain:	☐	☒
Have you ever had your driver's license suspended? If yes, please explain:	☐	☒
Have you ever had your driver's license revoked? If yes, please explain:	☐	☒
Have you ever driven a motor vehicle while under the influence of controlled substances or illegal hard drugs? If yes, please explain:	☐	☒
Have you ever had your vehicle removed by a tow truck from the scene of a vehicle collision? If yes, please explain:	☐	☐
Have you ever been the driver of a vehicle that caused personal injury to another person? If yes, please explain:	☐	☒
Have you ever been the passenger of a vehicle that caused personal injury to another person? If yes, please explain:	☐	☒
Will any of your references tell us you have driven a motor vehicle while under the influence of marijuana or any illegal hard drugs? If yes, which reference?	☐	☒
Have you had any traffic citations for moving violations within the past three years? If yes, please explain:	☐	☒

	YES	NO
As of today, are there any traffic warrants out for your arrest? If yes, please explain:	☐	☒
Will any law enforcement agency report you have been involved in a motor vehicle collision or received a traffic citation, which you have disclosed above: If yes, please explain:	☐	☒

GROUP AFFILIATION HISTORY

	YES	NO
Have you ever belonged to any group or gang, which engages in unlawful activity? If yes, please explain:	☐	☒
Have you ever belonged to a street gang or taken part in any street activities? If yes, please explain:	☐	☒
Do you have any gang related tattoos on your body? If yes, please explain:	☐	☒
Do you now or have you ever belonged to, worked with or for any group which advocates acts of violence against any persons because of their race, color religious creed, sex, age, national origin, physical handicap or sexual preference? If yes, please explain:	☐	☒
Do you know or have you ever belonged to, worked with or for any group, which advocates the violent overthrow of the United States Government, any state government or political subdivision thereof? If yes, please explain:	☐	☒
During the course of your background investigation, will anybody say you belong or have belonged to any such group(s)? If yes, please explain:	☐	☒
During your background investigation, is anyone likely to report you have prejudices, which might affect either your on-the-job conduct or your off-the job conduct? If yes, please explain:	☐	☒
During your background investigation, is anyone likely to report you have carried a concealed weapon without a permit? If yes, please explain:	☐	☒
During your background investigation, is anyone likely to report you are unfit to the position for which you are applying? If yes, please explain:	☐	☒

PERSONAL AREAS OF CONCERN

	YES	NO
Is there anything in your background that you have not been asked in this questionnaire that might adversely affect your application for employment? If yes, please explain:	☐	☒
Is there anything in your background that you have not been asked in this questionnaire that you would like to discuss with the polygraph examiner? If yes, please explain:	☐	☒

ANY DELIBERATE INACCURACIES OR INCOMPLETE STATEMENTS ON THIS QUESTIONNAIRE MAY BAR YOU FROM EMPLOYMENT.

City of Circleville



Department of Human Resources

City Administration Building
104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829
www.circleville.oh.us

Candidate Checklist for Pre-Employment Background Submission

The information listed below shall be submitted to the City of Circleville in order to continue the pre-employment process. Failure to submit the required information by the deadline provided by your background investigator will result in recommendation for removal from the hiring process.



Employment Application



Personal History Questionnaire



Professional Certification (Police Officer, Fire Fighter, EMT, Paramedic)



Military DD214



Non-Applicable

City of Circleville



Department of Human Resources

City Administration Building
104 E. Franklin Street
Circleville, OH 43113
740-474-9601
Fax: 740-477-5829
www.circleville.oh.us

Consent for Release of Information

I Steven A. Welton residing at [REDACTED]
(Print Full Name)

attest that I have completely and truthfully answered all the questions in this questionnaire to the best of my knowledge. I understand that any false answers or statements made by me may be cause for disqualification from the hiring process. I further understand that any falsehood on my part demonstrated in this questionnaire may subject me to prosecution under Ohio Revised Code Section 2921.13.

I hereby give my permission for authorized representatives of the City of Circleville to conduct an investigation of my background, including education, employment, credit history, military record, medical record, and any other factors which such representatives may deem proper and necessary subjects of investigation in order to properly assess my character, reputation and personal history in connection with my candidacy for employment with the City of Circleville.

I give my permission for any person, business, institution contacted in the course of this investigation to release any and all information properly requested and copies of the same if requested. I hereby release such person, business or institution for all liability for providing correct information.

[Signature]
Candidate's Full Name

[REDACTED]
Candidate's SSN

7/10/2023
Date

May 11, 1968
Candidate's DOB

[Signature]
Witness



DAVE YOST
OHIO ATTORNEY GENERAL



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

NOTICE OF PEACE OFFICER SEPARATION FROM SERVICE

Complete all blanks. Type or print legibly. Enter N/A if not applicable.
Please email (SF400@ohioattorneygeneral.gov), fax, or mail this document within ten days of the separation.

OFFICER INFORMATION	1. Name (Last) Wilkinson	(First) Steven	(Middle)	2. Social Security Number [REDACTED]
	3. Previous Name(s) or Alias (Last) (First)		(Middle)	
	4. Birth date (mm/dd/yyyy) 05/11/1968		5. Officer's Personal Email Address [REDACTED]	
6. Home Mailing Address (#/Street/PO Box) [REDACTED]		(City) [REDACTED]	(State) OH	(Zip Code) (County Name) [REDACTED]

AGENCY INFORMATION	7. Agency Name Circleville Police Department			
	8. Law Enforcement Agency Administrator's Email Address vdilley@circlevilleoh.gov		9. Agency Phone Number 740-474-8888	
	10. Agency Mailing Address (#/Street/PO Box) 151 E. Franklin Street		(City) Circleville	(State) (Zip Code) (County Name) OH 43113 Pickaway

SEPARATION INFORMATION	11. Appointment Date (mm/dd/yyyy) 10/4/2023	12. Separation Date (mm/dd/yyyy) 03/08/2024												
	13. Reason for Separation (check appropriate box)													
<table border="0"><tr><td>☐ Resignation – In Good Standing (No Pending Discipline)</td><td>☐ Retirement – Disability Retirement</td></tr><tr><td>☐ Resignation – Resignation in lieu of Termination</td><td>☐ Retirement – Retirement in lieu of Termination</td></tr><tr><td>☐ Resignation – Other (Mandatory Explanation required)</td><td>☐ Retirement – Under Criminal Investigation</td></tr><tr><td>☒ Resignation – Under Investigation</td><td>☐ Retirement – Service Retirement in Good Standing</td></tr><tr><td>☐ Separation from service or termination for any other reason (please explain below)</td><td>☐ Death</td></tr><tr><td>☐ Misdemeanor guilty plea with a surrender certificate (please explain below)</td><td>☐ Felony Conviction (please explain below)</td></tr></table>			☐ Resignation – In Good Standing (No Pending Discipline)	☐ Retirement – Disability Retirement	☐ Resignation – Resignation in lieu of Termination	☐ Retirement – Retirement in lieu of Termination	☐ Resignation – Other (Mandatory Explanation required)	☐ Retirement – Under Criminal Investigation	☒ Resignation – Under Investigation	☐ Retirement – Service Retirement in Good Standing	☐ Separation from service or termination for any other reason (please explain below)	☐ Death	☐ Misdemeanor guilty plea with a surrender certificate (please explain below)	☐ Felony Conviction (please explain below)
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☐ Misdemeanor guilty plea with a surrender certificate (please explain below)	☐ Felony Conviction (please explain below)													
Explanation, if applicable: <u>Before his resignation, Mr. Wilkinson was the subject of three internal investigations, one of which pertained to dishonest statements made during a separate inquiry conducted by the Human Resources department. These investigations are ongoing at present.</u>														

ATTESTATION OF LAW ENFORCEMENT AGENCY ADMINISTRATOR		
I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
14. Signature of Law Enforcement Agency Administrator 	15. Name and Title Douglas A. Davis, Acting Chief of Police	16. Date 3/13/2024