

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

Controlled Substance and/or Alcohol Test Notification

You have been randomly selected for testing

City of Circleville

☐

DOT

☒

NON-DOT

Type of Test

☐

Alcohol

☒

Controlled Substance

Employee Douglas A. Davis

Testing Site: OhioHealth Berger
Occupational Health
1434 Circleville Plaza
Circleville, OH 43113
740-420-6133

Hours: **Monday-Friday 8:30 AM-3 PM**

49 CFR 382.113- Notification Requirements

Before performing an Alcohol or Controlled Substance test under this part, each employer shall notify a driver/employee that the alcohol and/or controlled substance test is required by this part.

Compliance is Mandatory

You are hereby notified that you must submit to the above listed test(s) in compliance with the Federal Regulations. Pursuant to those regulations, YOU MUST PROCEED DIRECTLY AND IMMEDIATELY to the testing location listed above.

SPECIAL INSTRUCTIONS TO DRIVER

Present this notice with your photo I.D. to clinic staff and please cooperate with clinic staff at all times.
Return a signed copy to HR via email or fax.

Declaration of Agreement

I understand as a condition of my employment, compliance with the above scheduled test(s) is required.

Expected Testing Date Tuesday 3/16/2021

Valerie Dilley

Digitally signed by Valerie Dilley
DN: cn=Valerie Dilley, o=City of Circleville, ou=HR Assistant,
email=valerie.dilley@ci.circleville.oh.us, c=US
Date: 2021.03.16 07:12:26 -04'00'

City HR Representative Signature

3/16/2021

Date/Time Notified

Employee Signature

Date/Time Notified

Supervisor (or designee) Signature

Date/Time employee left worksite

Valerie Dilley

From: Valerie Dilley
Sent: Tuesday, March 16, 2021 8:01 AM
To: Sgt. Doug Davis
Subject: Random Selection Notice - D. Davis - 3-16-2021
Attachments: 2021 1Q Random Notification D Davis.pdf

Sgt. Davis:

You have been randomly selected for controlled substance and/or breath alcohol testing today, Tuesday, March 16, 2021.

Instructions for reporting:

1. Print the attached document.
2. Sign the notification & record the time you were notified.
3. Take the document with you to the Circleville Occupational Health Center. The office hours are 8:30 AM to 3:00 PM.

Take a photo ID with you. You will be required to wear a mask upon entering.

The HR Department does not need the paperwork given to you after testing.

Please call me if you have any questions.

Thank you,

Valerie

Valerie Dilley
Human Resources Assistant
City of Circleville
104 E. Franklin Street
Circleville, OH 43113
740-477-8200 ext. 5055
740-477-5829 (FAX)
www.ci.circleville.oh.us

 Find us on Facebook!

CONFIDENTIALITY NOTICE: This message, including any attachments, is for the sole use of the intended recipient and may contain confidential or privileged information. Any unauthorized review, use, disclosure or distribution of such information is prohibited. If you have received this message in error, please contact the sender and delete all copies of the original message.

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City of Circleville ☐ DOT ☒ NON-DOT
Type of Test ☐ Alcohol ☒ Controlled Substance
Employee Douglas A. Davis

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Digitally signed by Valerie Dilley
DN: cn=Valerie Dilley, o=City of Circleville, ou=HR Assistant,
email=valerie.dilley@cityofcircleville.oh.us, c=US
Date: 2021.03.16 07:12:26 -0400

Employee Signature

Supervisor (or designee) Signature

3/16/2021

Date/Time Notified

3/16/21 0801

Date/Time Notified

3/16/21 0822

Date/Time employee left worksite

City of Circleville

Employee Job Description



Title:	Police Officer	Department:	Public Safety/Police
Status:	Full Time, Union, Classified	Supervisor:	Sergeant

Under the direct supervision of a Sergeant, a Police Officer patrols designated areas of the City protecting the lives, safety, property and peace of the citizens of Circleville by ensuring compliance with and enforcing all applicable laws and City Ordinances; answers calls when a crime is suspected or an emergency exists; takes such actions as are necessary to prevent crime, to apprehend a criminal, to maintain safety, to assist citizens in a wide range of emergency and non-emergency situations; monitors and controls traffic, enforces traffic laws and investigates traffic crashes; and performs other related duties, tasks, and assignments as required and directed by a Sergeant, the Chief of Police and/or Deputy Chief of Police. The duties and assignments of a Police Officer are quite varied in nature and occur in a variety of settings and places.

Job Objectives (Illustration of nature of work)

1. Patrols designated areas by vehicle, foot or bicycle.
2. Drives a police vehicle under a variety of conditions and circumstances such as weather, time of day, terrain and traffic conditions during regular patrol, emergency response and pursuits.
3. Reports unsafe conditions, such as obstructions in streets.
4. Directs and regulates traffic.
5. Issues citations for violations of traffic laws.
6. Investigates traffic crashes, determining conditions, causes and other pertinent facts regarding the crash.
7. Looks for and investigates conditions or situations which may indicate a crime is about to be, or has been, committed.
8. Conducts investigations of crimes, preserves crime scene, gathers and preserves evidence.
9. Makes arrests, sometimes requiring the use of physical effort.
10. Transports prisoners.
11. Books in and cares for prisoners while incarcerated.
12. Writes reports for input into police Department's records system. Fills out forms, prepares affidavits and statements, draws sketches and diagrams of accident and crime scenes.
13. Takes statements from witnesses and suspects.
14. Assists injured persons, notifies families of injury.
15. Checks doors and windows of homes and businesses for security.
16. Testifies in court.
17. Where juveniles are involved, interviews parents, appears in court, and works with school authorities.
18. May be designated as an Instructor/Training Officer, Field Training Officer, Firearms instructor or other similar duties as required.
19. May be designated as a plainclothes Investigator or other similar duties as required.
20. Acts as an "Officer-In-Charge" during the absence of a Sergeant, as designated by the Chief of Police and/or Deputy Chief of Police.
21. Performs duties of Communication Officer as required.
22. Performs public relation activities. Promotes good public relation.
23. Promotes good working relationships with external agencies.
24. Maintain personal and professional competence and awareness.
25. Appropriately uses Police department facilities and equipment.
26. Performs other related duties as assigned.

Essential Job Functions (Functions essential to attaining job objectives)

1. Regular and predictable job attendance.
2. Excellent eyesight.
3. Good hearing.
4. Ability to communicate well in English.
5. Ability to subordinate personal preference to lawful authority.
6. Ability to get along well with others.
7. Ability to drive an automobile with valid operator license and remain insurable under the City's auto insurance carrier.

City of Circleville

Employee Job Description



Title:	Police Officer	Department:	Public Safety/Police
Status:	Full Time, Union, Classified	Supervisor:	Sergeant

8. Ability to read reports, periodicals, and legal documents and laws in English well.
9. Good skills in basic mathematics.
10. Good grammatical skills in writing.
11. Ability to load, aim, fire, unload and clean handguns, shotguns and rifles.
12. Ability to operate traffic speed detections devices (ie: moving and stationary radar, laser devices, VASCAR, etc.).
13. Ability to operate typewriter or computer keyboard.
14. Ability to use fingerprinting lifting and rolling techniques.
15. Ability to overcome resistance and control arrestees.
16. Ability to work in sometimes noisy, close-quartered areas under great mental, physical, and emotional stress.
17. Ability to exercise judgment in the use of deadly force if appropriate.
18. Ability to sketch crime and accident scenes.
19. Ability to cast foot, shoe, tire, or tool marks.
20. Ability to use drug identification kits.
21. Ability to read a map and give directions.
22. Ability to obtain Basic Ohio Peace Officer Training certificate.
23. Ability to obtain ODI certificate to operate BAC Datamaster.
24. Ability to obtain State certification to operate LEADS terminal.

Job Standards (Minimum qualifications needed to perform essential job functions)

1. Visual acuity must be correctable to 20/20 and no more than 20/125 *binocular* uncorrected each eye. Vision must be free of color deficiencies that would preclude one from performing the essential job functions or would pose a direct threat to the health or safety of oneself or others.
2. Hearing correctable to normal range and adequate for use on standard telephone.
3. Capable of speaking to individuals or large groups of English-speaking persons and being understood.
4. Demonstrated ability to safely drive automobiles with automatic transmissions.
5. Ability to pass State-mandated standard firing requirements for handguns and long guns..
6. Ability to exercise sound reasoning and good judgment.
7. Capable of reading, understanding, and remembering information from printed or handwritten materials.
8. Capable of calculating (addition, subtraction, multiplication, division, percentages, fractions, and other algebraic formulae) numbers and properly count U.S. currency and change.
9. Capable of writing, spelling, printing, and typing English to high degree of grammatical correctness to convey the correct idea or intention to the reader.
10. Capable of typing on the typewriter and computer keyboard to adequately convey intended data or information to English-speaking persons.
11. Ability to demonstrate physical fitness. Mobility for climbing, running and lifting.
12. Capable of performing in a brutally graphic, morbid crime or accident scene.

Critical Skills/Expertise (Needed for this job specifically)

1. Understanding of Police Department Standard Operating Procedures. **
2. Considerable knowledge of applicable Federal, State, and Local Laws related to law enforcement. **
3. Considerable knowledge of law enforcement methods, principles, practices, and procedures. **
4. Considerable knowledge of safety practices and procedures. **
5. General knowledge of municipal government structure and process and the judicial system. **
6. Good interpersonal and human relations skills.
7. Good written and verbal communication skills.
8. Ability to understand and carry out detailed oral and written instructions.
9. Ability to recognize unusual or threatening conditions and take appropriate action.
10. Ability to interpret and apply principles, concepts, methods, laws, ordinances, and techniques to field conditions.
11. Ability to recognize, analyze, and define problems, establish facts, draw valid conclusions, and initiate appropriate corrective actions.

City of Circleville

Employee Job Description



Title:	Police Officer	Department:	Public Safety/Police
Status:	Full Time, Union, Classified	Supervisor:	Sergeant

12. Ability to organize and prioritize daily tasks and activities.
13. Ability to use proper research and investigative methods, techniques, and practices in gathering data.
14. Ability to gather, collate, and classify information and data regarding people, places, events, and activities.
15. Ability to prepare clear, concise, complete, and accurate reports, and complete and maintain accurate records.
16. Ability to copy records precisely without error and to maintain accurate records.
17. Certifiable in the use of firearms. **
18. Safe operation of automobiles.
19. Ability to work alone on most tasks.
20. Ability to cooperate with co-workers on group efforts.
21. Ability to establish and maintain good rapport with the public.
22. Ability to handle routine and sensitive inquiries from, and contact with, the public.
23. Ability to maintain confidentiality in the handling of sensitive events and issues.
24. Competence to be entrusted with highly sensitive and confidential information.
25. Ability to communicate with the public, peers, superiors, and other City Officials and employees in an effective, tactful, and courteous manner.
26. Ability to resolve complaints from angry citizens in an effective, tactful, and courteous manner.
27. Ability to establish and maintain effective working relationships with superiors and peers.
28. Ability to demonstrate physical strength and dexterity in the use of hands and feet as well as general physical fitness.

****May be developed or acquired after appointment.**

Non-Essential Functions (Marginal tasks performed by incumbents of this position)

1. Operate 35mm camera or video recorder.
2. Stand in and direct motor traffic.
3. Operate standard transmission automobile or small truck.
4. Lifting file cabinet drawers.
5. Lifting file report boxes.
6. Alphabetize and locate files in alphabetic order.
7. Operate BAC Datamaster.
8. Use vehicle-entry lockjock tool.
9. Answering incoming telephone calls and redirect appropriately.
10. Pickup or deliver packages, correspondences and supplies for the Police department.
11. Basic first aid and CPR skills.

Required Education/Experience & Other Requirements

1. Must be a United States citizen.
2. At least 21 years of age and not more than 35 years of age at the time of original appointment.
3. High School Diploma, G.E.D. (GED average 4.8), or equivalent certificate.
4. Background must be free of prior felony convictions and certain misdemeanor convictions as listed in the City of Circleville Background Removal Standards.
5. Possession of valid State of Ohio drivers' license and the ability to meet the City of Circleville's requirements for insurability.
6. Visual acuity must be correctable to 20/20 and no more than 20/125 binocular uncorrected each eye. Vision must be free of color deficiencies that would preclude one from performing the essential job functions or would pose a direct threat to the health or safety of oneself or others.
7. Must be physically capable of successfully performing the *Job Objectives and Essential Job Functions* of the Police Officer classification and be free of medical conditions that would preclude one from successfully performing said functions or would pose a direct threat to the health or safety of oneself or others.
8. Successful completion of all phases of the selection process prior to appointment. The selection process includes application phase, written examination, oral examination, record check, background investigation, physical fitness evaluation, polygraph or voice stress examination, psychological evaluation, structured panel interview, medical examinations and drug screening.

City of Circleville

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9. Successful completion of a State Certified Peace Officer basic training program prior to hire.
10. State certification to operate LEADS computer system. *(Not required prior to appointment)*
11. Must establish a primary place of residence within a 20-mile radius of the City of Circleville within 180 days after completion of probationary period and maintain such place of residence during employment with the City of Circleville.

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.

Employee Printed Name

Date

Employee Signature

Date

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. Incumbents will follow any other instructions, and perform any other related duties, as may be required by supervisors. 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 Public Safety
Division of Police

151 E. Franklin Street
Circleville, OH 43113

Donald R. McIlroy
Mayor

Tony Chamberlain
Director of Public Safety

G. Shawn Baer
Police Chief

Oath of Office

I, Douglas A. Davis, 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 Police Sergeant, as required and set forth by law, to the best of my ability, So Help Me God.

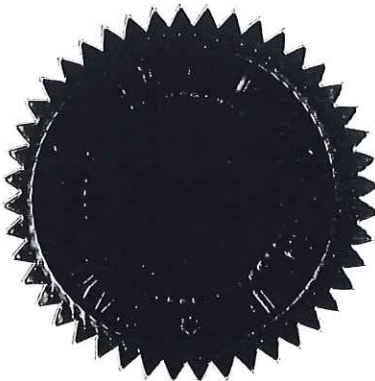
Douglas A. Davis

I hereby certify that on the 18th day of December 2019, I administered the Oath of Office to Douglas A. Davis, Police Sergeant, for the Circleville Police Department, Circleville, Ohio.

Tony Chamberlain, Director of Human Resources and Public Safety

Donald R. McIlroy, Mayor

G. Shawn Baer, Police Chief





PERSONNEL ACTION FORM (PAF)

Employee Name **Douglas A. Davis** Today's Date **12-17-2019** Effective Date **12-18-2019**

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

12-17-2019

Date Sent to Payroll

12-17-2019

PERSONAL INFORMATION CHANGE

- ☐ Address Change _____
County: _____ School District Number: _____
☐ Name Change: _____ Phone: _____
Date of HR Updates: _____ Medical _____ Dental _____ Vision _____ Life _____ Pension _____ Deferred Comp/Colonial
☐ Emergency Contact (Name and Number): _____

EMPLOYMENT STATUS/PAYROLL STATUS CHANGE (Attach supporting documentation)

EMPLOYMENT STATUS:

- ☐ New Hire Date: _____ Title: _____ Department: _____
Full Time - Hours per week _____ Part Time - Hours per week _____ ☐ Reserve/Volunteer
☐ Union ☐ Non-Union ☐ Appointed ☐ Classified ☐ Unclassified ☐ FLSA Exempt
☐ Re-Classification Date: _____ ☒ Promotion Date: **12-18-2019** ☐ Demotion Date: _____
Title: _____ Department: _____
☐ Resignation ☐ Retirement ☐ Termination Date: _____ Benefits End: _____

- PAYROLL STATUS:** ☐ Increase ☐ Decrease ☐ Other _____
Current \$ _____ ☐ Hourly ☐ Salary Change to: \$ **28.06** ☒ Hourly ☐ Salary

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:	

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Donald R. McIlroy
Mayor

Tony Chamberlain
Director of Human Resources and
Public Safety

December 17, 2019

Douglas A. Davis
c/o Circleville Police Department
151 E. Franklin Street
Circleville, OH 43113

Doug,

This letter will serve as notification that you are being promoted to the position of Police Sergeant effective Wednesday, December 18, 2019 at 0700 hours. Accordingly, your new rate of pay will be \$28.06 per hour and will increase to \$28.90 on January 1, 2020.

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

Sincerely,

Tony Chamberlain
Director of Human Resources and Public Safety

cc: Mayor
Police Chief
Auditor's Office - Payroll
Civil Service Commission
HR Personnel File

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
1 Your first name and middle initial <i>DOUGLAS A.</i>		Last name <i>DAVIS</i>		2 Your social security number <i>[REDACTED]</i>	
Home address (number and street or rural route) <i>[REDACTED]</i>		3 ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code <i>[REDACTED]</i>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ☐			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		0	
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶ <i>[Signature]</i>				Date ▶ <i>9/16/17</i>	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)		10 Employer identification number (EIN)

City of Circleville

Police Department

G. Shawn Baer
Chief of Police

151 East Franklin Street
Circleville, Ohio 43113

Robert W. Chapman Jr.
Deputy Chief of Police

Police Services (740) 477-8208 • Offices (740) 477-8221 • Fax (740) 474-8880

July 28, 2019

G. Shawn Baer
Chief of Police

Robert Chapman
Deputy Chief of Police

RE: Outstanding and Dedicated Job Performance

Chief,

On Friday, July 26, 2019 at about 0212 hrs. Officer Andrew Baitzel, Officer Caleb Martin responded to the area of 121 W. Ohio Street in the city following reports from Communications Officer Stephanie Kinser that she had received multiple 911 calls regarding multiple shots fired in the area in our 911 Center.

Officers arrived on scene and started gathering information regarding the incident and recovering some evidence of the shots fired. Detective Jon Farrelly and Detective Doug Davis were notified and responded to the scene as well.

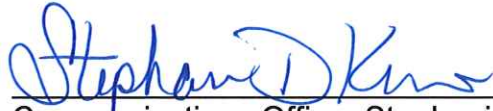
While we were conducting the investigation, it was discovered that Christopher Rogers was witnessed firing a handgun while running in the street. A short time later while witnesses were being interviewed Rogers barricaded himself inside his home.

When Detective Davis arrived on scene, he began conducting negotiations with Rogers using family members as a resource. Chillicothe Police Departments Special Weapons and Tactics team was notified to respond to the scene regarding a suspect barricade situation.

Through the use of outstanding communications with and by Communications Officer Stephanie Kinser, rounding up witnesses, identifying evidence, and maintaining security and safety of the scene by Officer Andrew Baitzel and Officer Caleb Martin, conducting investigation maintaining negotiations interviewing witnesses, and assisting with scene security by Detective Doug Davis, conducting investigation, interviewing witnesses, writing a search warrant and assisting with scene security by Detective Jon Farrelly, along with the arrival of Chillicothe Police S.W.A.T. it was a total team effort that ended a potentially life threatening situation when Rogers voluntarily surrendered.

For approximately four to five hours this was the focus in the City we had to call in any available units to assist with patrol coverage and Sergeant Matthew Hafey responded from home to assist with patrol.

It is my recommendation that all these folks be recognized for their dedication and efforts during this incident. I am thankful to serve with each of them, for their humble gratitude and professional dedication. I am thankful everyone returned to their loved ones unharmed.



Communications Officer Stephanie Kinser



Sergeant Phil Roar



Chief G.S. Baer



Deputy Chief Robert Chapman

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.

Complete below and attach a voided check (when possible) for each account.

Primary-Net Amount Only

Bank Name: _____

Checking/Savings Account Number: _____
(Please Circle One of the above choices and include Account number)

Routing Transit Number: _____

Second Account

Bank Name: _____

Checking/Savings Account Number: _____
(Please Circle One of the above choices and include Account number)

Routing Transit Number: _____

Amount: _____

482.10 per pay (currently \$424.32)

Third Account

Bank Name: _____

Checking/Savings Account Number: _____
(Please Circle One of the above choices and include Account number)

Routing Transit Number: _____

Amount: _____

DOUGLAS A. DAVIS
Printed Name

[Signature]
Signature

Date: *7/5/19*

Dodge - 290.42
Signature - 191.68
482.10
Doug Davis

PLEASE CANCEL MY CURRENT DIRECT DEPOSIT-Check _____

Bank Name: _____

Checking Account Number: _____

Signature: _____ Date: _____

[Signature]
7/5/19

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.

Complete below and attach a voided check (when possible) for each account.

Primary-Net Amount

Bank Name: _____

Checking/Savings Account Number: _____
(Please Circle One of the above choices and include Account number)

Routing Transit Number: _____

Second Account

Bank Name: _____

Checking/Savings Account Number: _____
(Please Circle One of the above choices and include Account number)

Routing Transit Number: _____

Amount: 481.58 per pay (currently \$424.32)

Third Account

Bank Name: _____

Checking/Savings Account Number: _____
(Please Circle One of the above choices and include Account number)

Routing Transit Number: _____

Amount: _____

DOUGLAS A. DAVIS
Printed Name

[Signature]
Signature

Date: 7/5/15

~~~~~  
**PLEASE CANCEL MY CURRENT DIRECT DEPOSIT-Choice \_\_\_\_\_**

Bank Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

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

Direct Deposit  
Eff. 4/2016

[Signature]



# MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



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

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

|                                                                                                |                              |                |                  |                           |
|------------------------------------------------------------------------------------------------|------------------------------|----------------|------------------|---------------------------|
| <b>OFFICER INFORMATION</b>                                                                     | 1. Name (Last)               | (First)        | (Middle)         | 2. Social Security Number |
|                                                                                                | Davis                        | Douglas        |                  |                           |
| 3. Alias (Last)                                                                                | (First)                      | (Middle)       |                  |                           |
| 4. Birth date (mm/dd/yyyy)                                                                     | 5. Email Address             |                |                  | 6. Phone Number           |
| 1-19-1980                                                                                      | ddavis@circlevillepolice.com |                |                  |                           |
| 7. Home Mailing Address (#/Street/PO Box)                                                      |                              | (City)         | (State)          | (Zip Code) (County Name)  |
|                                                                                                |                              |                |                  |                           |
| 8. Basic Training Academy<br>(Only complete if this is the officer's first appointment or OSP) |                              | (Academy Name) | (Academy Number) | (Dates of Training)       |
|                                                                                                |                              |                |                  |                           |

|                                              |                               |                         |            |               |
|----------------------------------------------|-------------------------------|-------------------------|------------|---------------|
| <b>AGENCY INFORMATION</b>                    | 9. Agency Name                |                         |            |               |
|                                              | Circleville Police Department |                         |            |               |
| 10. Agency Email Address                     |                               | 11. Agency Phone Number |            |               |
| cpd@circlevillepolice.com                    |                               | 740.477.8208            |            |               |
| 12. Agency Mailing Address (#/Street/PO Box) |                               | (City)                  | (Zip Code) | (County Name) |
| 151 E. Franklin Street                       |                               | Circleville             | 43113      | Pickaway      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |  |                          |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--------------------------|------------------------|
| <b>APPOINTMENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Complete Date, Status <u>and</u> ORC) |  | 13. New Appointment Date | 14. Status Change Date |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |  | / /                      | 12 / 29 / 2013         |
| 15. Select New Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |  |                          |                        |
| 16. Select New ORC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |  |                          |                        |
| <input checked="" type="checkbox"/> City Full-Time/Part-Time (737.02) <input type="checkbox"/> City Auxiliary/Reserve/Special (737.051) <input type="checkbox"/> City Chief (737.02)<br><input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16) <input type="checkbox"/> Village Auxiliary/Reserve (737.161) <input type="checkbox"/> Village Chief (737.15)<br><input type="checkbox"/> Township Police Officer (505.49) <input type="checkbox"/> Township Constable (509.01) <input type="checkbox"/> Other Chief - List ORC/Charter _____<br><input type="checkbox"/> Other - List ORC/Charter _____ <input type="checkbox"/> Deputy Sheriff (311.04) <input type="checkbox"/> Sheriff (311.01) |                                        |  |                          |                        |

|                                                                                                                                            |                                    |                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>ATTESTATION OF REPORTING AUTHORITY</b>                                                                                                  |                                    | I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. |  |
| 17. Signature of Reporting Authority                                                                                                       | 18. Name and Title                 | 19. Date                                                                                                                  |  |
|                                                                                                                                            | Harold W. Gray Jr. Chief of Police | 1 / 6 / 2014                                                                                                              |  |
| <b>NOTARY</b>                                                                                                                              |                                    |                                                                                                                           |  |
| Sworn to and subscribed before me this <u>6<sup>th</sup></u> day of <u>JANUARY</u> , 20 <u>14</u> in the county of <u>PICKAWAY</u> , Ohio. |                                    |                                                                                                                           |  |
|                                                                                                                                            |                                    | My commission expires <u>12/21/18</u>                                                                                     |  |
| Signature of Notary                                                                                                                        |                                    |                                                                                                                           |  |