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THE CIVIL SERVICE DEPARTMENT

CITY OF LIVONIA, MICHIGAN

An Equal Employment Opportunity Employer
M/F/H

Robert F. Biga
Human Resources Director

THE CITY OF LIVONIA IS SEEKING QUALIFIED APPLICANTS FOR EMPLOYMENT AND
ANNOUNCES AN OPEN-COMPETITIVE EXAMINATION FOR FULL-TIME REGULAR POSITIONS

POLICE OFFICER

PAY RANGE
\$45,094.40 to \$60,153.60

LAST DAY TO FILE APPLICATIONS: A pplication for this examination must be made at the EMPCO, INC. website **no later than 11:59 p.m., Friday, March 16, 2012**, in order to be accepted at www.empcoco.net/candidates-apps/entry-level/new-consortium.html The C ivil S ervice D epartment phon e number is 734-466-2530.

QUALIFICATIONS

By the closing date of the announcement, an applicant must:

1. Be a ci tizen of t he United States or resident alien with t he right to work i n t he United States.
2. Be at least 21 years of age.
3. Have been awarded an Associate Degree in Law Enforcement or Police Administration or a Bachelor Degree in any non-Criminal Justice discipline.
4. Possess normal hearing, normal color vision, and nor mal visual functions and acuity in accordance with the Civil Service Commission approved visual acuity standard as attached.
5. Be one of the following:
 - a. A Certified Michigan Police Officer; OR
 - b. Certifiable as a Police Officer in the State of Michigan, subject to verification or re-verification by a Michigan Commission on La w Enforcement Standards (MCOLES) approved training academy; OR
 - c. Be currently enrolled in an MCOLES approved training aca demy and ce rtifiable by date of hire.
6. Be f ree from any physical def ects, chronic diseases, organic diseases, or ganic or functional conditions, or mental and em otional instabilities which may tend to impair the efficient per formance o f dut ies or which m ight endang er t he l ives of ot hers or t he individual employee; and have received an MCOLES physical fitness certificate within twelve (12) months from the closing date of the announcement; and meet all other physical requirements as determined by t he Civil Service Commission and a ph ysician appointed by the City.
7. Possess and maintain a valid motor vehicle operator's or chauffeur's license and have an acceptable driving record.

NOTE: Candidates are required to submit original degrees/transcripts and MCOLES Certification at the time of interview.

DESCRIPTION OF WORK

An employee in this classification performs general law enforcement duties in the Police Division of the Department of Public Safety. This employee enforces traffic laws, issues tickets, appears in court, responds to vehicle accidents, apprehends persons who violate City ordinances or State statutes, responds to complaints from citizens, assists persons seeking aid, and performs related duties as assigned.

PARTS OF EXAMINATION AND WEIGHTS

Written Test – 50% Chief's Interview Panel – 50%*
Psychological Evaluation – Pass/Fail
Background Investigation – Pass/Fail

***NOTE:** A minimum of 30 candidates with the highest passing scores on the written test will be invited to continue to the interview portion of the examination process.

The results at each step in the application process will determine eligibility for continuation to subsequent steps. The process will include application review, written examination, oral board interview, personal history questionnaire, background investigation, and a psychological evaluation. Applicants must pass each part of the examination process in order to be placed on the eligibility list.

No tape recorders, calculators or other electronic devices are permitted during any part of this examination. Failure to comply will result in your immediate disqualification.

NOTE: At the time of appointment, applicants are required to pass a pre-employment medical examination including drug testing conducted by a physician authorized by the City of Livonia.

PURPOSE: The purpose of this examination is to establish an eligible list to fill current and future vacancies.

HOW TO APPLY: The City of Livonia is part of a hiring consortium of municipalities working with EMPCO, Inc. to find quality Law enforcement candidates. Official application for the position must be made at the EMPCO, Inc. website at www.empcoco.net/candidates-apps/entry-level/new-consortium.html Applicants are required to schedule and take the written test at an EMPCO, Inc. approved testing location within two weeks after the closing date of the announcement. **Failure to take the EMPCO, Inc. written test for Police Officer within two weeks after the application closing date will disqualify the candidate from further consideration.**

PROBATIONARY PERIOD: Appointees must satisfactorily complete a two-year probationary period before the appointment will be considered regular.

950 o.c.

EXAMINER: Derrick L. Washington, Personnel Analyst II
CLERICAL: Jan Patterson, Personnel Clerk

Announced: 02/16/12

City of Livonia
Civil Service Commission

Police Visual Acuity Standard

A City of Livonia Police Officer candidate's visual acuity must meet the following criteria. This standard applies to each eye (far and near-reduced Snellen equivalent).

1. Corrected vision must be 20/20 or better.
2. Candidates who have undergone one or more surgical procedures to improve visual acuity will be examined by a City of Livonia vision care specialist.
3. Color vision – (in darkened room) candidate must pass either of the 2 following vision tests. The use of refractive correction is permitted; however, the use of an x-chrom lens, or any other lens purported to enhance color perception, is prohibited.

(A) Pseudoisochromatic plates that have been approved by the commission.

B) The Farnsworth dichotomous d-15 panel test.

(i) The pseudoisochromatic plates shall be administered first, before the panel test. If an applicant passes the plates, no further color vision testing is required.

(ii) Peripheral vision in each eye of 90° vertically and 120° horizontally.

(iii) Normal binocular vision as determined by testing and passing a stereopsis test to 80 seconds of stereoacuity, or better. Failure on the stereopsis test requires further testing to determine that diplopia is not present.

CITY OF LIVONIA
Civil Service Department
VISUAL ACUITY STATEMENT

The examiner must reference the attached Visual Acuity Standard. This Visual Acuity Statement must be completed by a physician, optometrist or ophthalmologist when rendering a pass/fail score.

I. VISUAL ACUITY

I hereby certify that I have examined the eyes of the undersigned applicant,

_____, and the findings are as follows:

(Example: 20/100 Uncorrected, 20/20 Corrected)

	<u>UNCORRECTED</u>	<u>CORRECTED</u>	<u>METHOD OF CORRECTION</u> <u>(glasses, soft or hard lenses)</u>
O.D.	_____	_____	_____
O.S.	_____	_____	_____
O.U.	_____	_____	_____

II. OTHER VISION STANDARDS

- a) Color Vision Pass Fail
- b) Peripheral Vision Pass Fail
- c) Binocularity Pass Fail
- d) Stereopsis Pass Fail
- e) Pathology Pass Fail

III. CONTACT LENSES

Please complete this section if patient is a contact lens wearer.

I hereby certify that I have prescribed (check one): hard contact lenses to my patient,
soft

_____. He/She has been a successful contact lens wearer
(Patient's Name)

since _____.
(Date)

IV. SURGICALLY CORRECTED VISION

Please complete this section if patient has undergone one or more surgical procedures to improve visual acuity.

I hereby certify that my patient, _____ has undergone
(Patient's Name)

_____ to improve his/her visual acuity. This procedure was performed
(Surgical Procedure)

on _____, and I confirm it has been successful.
(Date)

APPLICANT'S SIGNATURE

DATE

VISION CARE SPECIALIST'S SIGNATURE

VISION CARE SPECIALIST'S NAME (Print or Type)

ADDRESS

TELEPHONE NUMBER

DATE

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE

ROBERT STEVENSON
CHIEF OF POLICE



JACK E. KIRKSEY
MAYOR

15050 FARMINGTON ROAD
LIVONIA, MICHIGAN 48154-5499
(734) 466-2470
FAX: (734) 427-8044

AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SEX	RACE	DATE OF BIRTH
PLACE OF BIRTH	COUNTY	CITY	STATE	COUNTRY	SOC. SEC. #

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the City of Livonia, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies including credit reports and/or ratings; public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Livonia Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for employment by the City of Livonia Police Department. I understand that all materials pertaining to this background investigation become the property of the City of Livonia, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this _____ day of _____ 20 _____

SIGNATURE

STREET ADDRESS

Notary: _____

CITY STATE ZIP

My commission expires _____ 20 _____