



LORAIN POLICE AUXILIARY APPLICATION FOR MEMBERSHIP

You must fill out this form completely

DATE OF APPLICATION: _____

PERSONAL:

NAME: _____ MALE FEMALE
(LAST) (FIRST) (MIDDLE)

EMAIL ADDRESS: _____

PHONE # _____ PAGER # _____ AGE: _____ DATE OF BIRTH: ____/____/____

CURRENT ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS: _____ ZIP CODE: _____

LIST PREVIOUS ADDRESSES IN LAST 10 YEARS: _____ CITY: _____
CITY: _____

OTHER PREVIOUS ADDRESSES AND CITIES: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ U.S. CITIZEN ? : _____

PLACE OF BIRTH: _____ YEARS IN LORAIN: _____ BLOOD TYPE: _____
(CITY AND STATE)

INDICATE CURRENT STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED.

WIFE'S MAIDEN NAME: _____

IF YOU HAVE ANY MEDICAL CONDITIONS, PLEASE NOTE: _____

MILITARY:

MILITARY ORGANIZATION: _____ GRADE / RANK AT TIME OF DISCHARGE: _____

TYPE OF DISCHARGE: HONORABLE: _____ DISHONORABLE: _____ MEDICAL: _____ OTHER: _____

LIST ANY COURT MARTIAL, DISCIPLINARY ACTIONS, ETC: _____

FIREARM EXPERIENCE: _____

CURRENT EMPLOYMENT:

FIRM'S NAME: _____ TYPE OF BUSINESS: _____

JOB TITLE: _____ NUMBER OF YEARS WITH FIRM: _____

PREVIOUS EMPLOYMENT (if less than three years in current job list below):

FIRM'S NAME: _____ TYPE OF BUSINESS: _____

JOB TITLE: _____ NUMBER OF YEARS WITH FIRM: _____

Reason for leaving: _____

EDUCATIONAL BACKGROUND:

ELEMENTARY SCHOOL: _____ HIGH SCHOOL: _____

INDICATE GRADE COMPLETED _____ DIPLOMA _____ YES _____ NO _____ G.E.D. (INDICATE ONE)

COLLEGE: _____ COURSE OF STUDY: _____

DEGREE ATTAINED: YES _____ NO _____ OTHER ORGANIZED COURSES OF STUDY: _____

INDICATE FOREIGN LANGUAGES YOU SPEAK, READ OR WRITE. INDICATE FLUENTLY, GOOD OR FAIR.

FAMILY:

LIST ALL IMMEDIATE RELATIVES: (FATHER, MOTHER, SISTERS, BROTHERS, and IN-LAWS.)

CHARACTER REFERENCES AND BACKGROUND: (NOT RELATIVES)

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

HAVE YOU EVER BEEN ARRESTED?: _____ CONVICTED?: _____

List all arrests and the circumstances in detail. Explain the results of the arrest, whether charges were dismissed or other. If convicted explain offenses and list where and date. If a convicted felon or charged and guilty of any violent charge (domestic violence, assault etc.) you are ineligible to be an Auxiliary Officer. Also state anything that may appear in a law enforcement records check. (use additional paper if needed).

Why are you applying for the auxiliary officer position? _____

PERMISSION FOR RECORDS AND BACKGROUND CHECK:

I _____ DO HEREBY AUTHORIZE THE LORAIN POLICE AUXILIARY AND THE LORAIN POLICE DEPARTMENT TO INQUIRE OF ANY AGENCY OR INDIVIDUAL FOR INFORMATION REGARDING ME IN ORDER TO DETERMINE MY SUITABILITY FOR THE POLICE AUXILIARY SERVICE. I FURTHER CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT SHOULD ANY OF THE ANSWERS I HAVE GIVEN ARE FALSE, I AM SUBJECT TO IMMEDIATE DISCHARGE FROM THE LORAIN POLICE AUXILIARY OR WILL BE SUBJECT TO HAVING MY APPLICATION REJECTED. I ALSO UNDERSTAND THAT SHOULD I BE ACCEPTED INTO THE AUXILIARY, I WILL PARTICIPATE AS REQUIRED BY THE RULES AND REGULATION. I FURTHER UNDERSTAND I WILL BE REQUIRED TO WORK A MINIMUM OF 144 NON-PAID HOURS PER YEAR, AT LEAST 8 HOURS PER MONTH AND MUST PAY THE FULL COST OF THE UNIFORM. ALL NEW MEMBERS SERVE A ONE-YEAR PROBATION PERIOD.

SIGNATURE: _____ DATE: _____

RECOMMENDED BY: _____ PHONE: _____ DATE: _____

(NOTE: THIS RECOMMENDATION SHOULD BE BY AN LORAIN AUXILIARY MEMBER, OR A LAW ENFORCEMENT OFFICER)

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FOR POLICE USE ONLY:
THESE CHECKS MUST BE PERFORMED AND VERIFIED BY AN LPD SUPERVISOR:

CRIMINAL CASE HISTORY (CCH) VERIFIED BY: _____ PASS _____ FAIL _____

DRIVERS LICENSE VERIFIED BY: _____ PASS _____ FAIL _____

L.P.D. LOCAL RECORDS VERIFIED BY: _____ PASS _____ FAIL _____

LPD SUPERVISOR SIGNATURE FOR ALL 3 CHECKS

COMMENTS:

RECORDS CHECK COMPLETED BY: _____ DATE: _____

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FOR AUXILIARY USE ONLY:

INTERVIEW DATE: _____

IF NOT ACCEPTED ON: _____ NOTIFIED BY: _____ REASON: _____

ACCEPTED AND HIRED ON: _____ NOTIFIED BY: _____

COPY OF LETTER TO APPOINT TO SAFETY/SERVICE DIRECTOR ON _____

BY: _____

RECEIVED COPY OF LETTER OF APPOINTMENT ON _____

DATA FORMS TO AUDITORS OFFICE ON: _____

BY: _____

(THIS SECTION TO BE COMPLETED BEFORE FILING) REV: 9-83/ 9-98/ 8-01/ 9-03 3-04 02-09



LORAIN POLICE DEPARTMENT

100 West Erie Avenue

Lorain, Ohio 44052-1646

RECORDS PH: (440) 204-2114 FAX: (440) 204-2541

www.lorainpolice.com

Michael Failing, Chief of Police

HONOR • RESPECT • PUBLIC SERVICE

Records Check Request

This is a search of the Lorain Police Department's records only.

FULL NAME (Last, First, Middle) _____

PREVIOUS NAME _____

DATE OF BIRTH _____

CURRENT ADDRESS _____

NAME OF PERSON REQUESTING CHECK (OPTIONAL) _____

Police Department Use Only

<p><i>Police Department Use Only</i></p> <p>SEARCHED _____ INDEXED _____</p> <p>SERIALIZED _____ FILED _____</p> <p>APR 11 2005</p> <p>LORAIN, OHIO</p> <p>CLERK _____</p>
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