



# LORAIN POLICE AUXILIARY APPLICATION FOR MEMBERSHIP

You must fill out this form completely

DATE OF APPLICATION: \_\_\_\_\_

**PERSONAL:**

NAME: \_\_\_\_\_ MALE  FEMALE   
(LAST) (FIRST) (MIDDLE)

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 be 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)

=====

**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: \_\_\_\_\_

=====

**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