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**APPLICATION FOR THE POSITION OF AUXILIARY POLICE OFFICER
CITY OF LAKEWOOD**

(PLEASE PRINT)

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

I hereby affirm that all of the information in this application is true to the best of my knowledge. I understand that any willful falsification of this application will be cause for immediate disqualification. I also understand that each applicant's fingerprints may be used to check for any criminal history.

Signature: _____

Date: _____

(Revised 01/16/2014)

PERSONAL INFORMATION

DATE OF BIRTH: _____
MONTH DAY YEAR

SOCIAL SECURITY NUMBER: _____

HEIGHT: _____ feet _____ inches WEIGHT _____ pounds

Do you have any tattoos? _____ If YES, describe below:

Are you married? _____ If YES, complete below:

Spouse name: _____
First Middle Last

Do you have any children? _____ If YES, how many? _____

Do you go by any other name or alias? _____ if YES, list below:

List all prior addresses for the last five years:

PLACE OF EMPLOYMENT:

Company Name _____

Address _____

City, State, Zip _____

Phone Number _____ Immediate Supervisor _____

Length of Employment _____ Job Title _____

Work Days/Hours _____

Where did you attend high school? _____

Did you receive a diploma/graduate? _____ If NO, do you have a GED? _____

Do you have a valid Ohio driver's license? _____ Date issued _____

Driver's license number _____

Have you ever obtained a driver's license under a different name? _____

If YES, give name and reason:

Have you received a traffic citation in the last 5 years? _____

If YES,	Date of citation	Charge
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Were you ever involved in a motor vehicle crash (as the driver) which resulted in property damage, personal injury or death of a person? If YES, explain in detail below:

Do you currently own an automobile(s)? _____ If YES, list below:

Make Unit 1) _____ Unit 2) _____ Unit 3) _____

Year 1) _____ 2) _____ 3) _____

License plate number 1) _____ 2) _____ 3) _____

Do you have insurance on the above auto(s)? _____

Have you ever been arrested for a felony or misdemeanor? _____ If YES, explain below:

Do you drink alcohol? _____ If YES, how often? _____

In the past year, how many times have you been drunk? _____

Have you ever consumed alcohol at work? _____ If YES, please explain below:

Do you currently use illegal or "street" drugs? _____ If YES, please explain below:

At the request of Lakewood Police Department, would you submit to a urine test? _____

Do you like to gamble? _____ If YES, how often do you gamble? _____

Give two character references

Name	Address	Phone	Occupation
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Should you be accepted as a member of the Lakewood Auxiliary Police Department, would you be willing to work assigned details such as concerts, special city events and other city functions that our organization is requested to work? _____

Are you able to commit to a minimum of 120 hours of volunteer time per year? _____

Have you ever applied for membership for this or any other auxiliary police unit? _____

If YES, when and where?

Are you certified to carry a weapon? _____ If YES, give details below:

Have you served in the armed forces? _____ If YES, which branch? _____

Discharge date _____ Type of discharge _____

Rank at discharge _____

What do you expect to gain by being an auxiliary police officer?

What will the City of Lakewood gain from having you as a member of the Lakewood Auxiliary Police ?