

ELYRIA POLICE DEPARTMENT
AUXILIARY OFFICER APPLICATION

You may attach your resume and any additional information you think relevant to our consideration.

			DATE:	
PERSONAL INFORMATION				
FULL NAME:		BIRTHDATE:		AGE:
ADDRESS:		CITY:	STATE:	ZIP:
SOCIAL SECURITY #:		DRIVER'S LICENSE #:		LICENSE STATE:
PHONE:		E-MAIL:		
MINIMUM REQUIREMENTS				
1. Do you have a valid driver's license?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Are you a United States Citizen?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. Are you 19 years of age or older?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Do you possess a high school diploma or GED?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>BACKGROUND CONSIDERATIONS: As part of the application process all applicants will undergo a background investigation prior to selection. The following occurrences in the applicant's background <u>MAY</u> result in rejection of the application. This list is not considered final as there are numerous activities in an applicant's history that may make them unfit for employment with the department.</p> <ul style="list-style-type: none"> • Past felony conduct • A history of non-compliance to law. • Illegal use of drugs or conviction for drug-related violations. • Excessive use of alcohol. • Anti-social behavior. • Poor work habits. • Poor driving record. (<i>Numerous crashes or citations</i>) • Numerous debts which are not regularly being paid or recent history of debt not being paid. • Poor moral character, emotional instability, inadequate or lack of effective communication skills, poor decision making skills. 				
<input type="checkbox"/> I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that false statements or omissions on this application are grounds for immediate disqualification or dismissal upon discovery thereof.				
APPLICANT SIGNATURE: <i>(Type name and check box above if submitted electronically)</i>			DATE:	

Applications may be submitted by e-mail, regular mail, or in person. E-mail applications to varga@cityofelyria.org