

Auxiliary Police Officer (sworn) Candidate Questionnaire
Complete all questions, print the form. Sign and date. Mail the completed form to:

Onondaga County Auxiliary Police Services
 Department of Emergency Management
 421 Montgomery Street, sub-level
 Syracuse, NY 13202

NAME _____ Date of Birth _____
 First Middle Last

Permanent Address _____
 Street Address (ONLY) City/Town/Village County State Zip

Contact Telephone Numbers _____
 Primary Residential Employment Cell Phone Pager/Other Social Security Number

Emergency Contact _____
 First Middle Last Relationship Telephone Number

Have you been known by any other name? No Yes

_____ First Middle Last

Education and Training

Institution	Diploma/Degree	Year Completed	Skills Acquired or Field of Study
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Public Safety (law enforcement, fire, EMS, Emergency Management, security) training or specialized skills related to public safety. (Attach certificates, if desired.)

Employment History *

Employer Name /City/ST Telephone Number Position Supervisor Name & Title

Start Date _____ Duties _____ Reason for Leaving _____
 End Date _____

Employer Name /City/ST Telephone Number Position Supervisor Name & Title

Start Date _____ Duties _____ Reason for Leaving _____
 End Date _____

Employer Name /City/ST Telephone Number Position Supervisor Name & Title

Start Date _____ Duties _____ Reason for Leaving _____
 End Date _____

* Additional information can be added in the space provided on the last page.

Position Duties and Expectations

Tasks associated with the Auxiliary Police Officer position may include physical exertion. Please review the list below and complete as requested. Explain all limitations/restrictions.

	No Limitations	Some Limitations	Explain
Standing for 3-6 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Walking a perimeter greater than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chasing a perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Using arms/shoulders to direct traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Standing in hot weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Motor Vehicle Information*

Current Valid License Yes No State Class Expiration Restrictions

Own a vehicle Yes No Year Make Model VIN/Plate #

Additional vehicle(s) Yes No Year Make Model VIN/Plate #

Traffic Violations*

Date & description of most recent moving vehicle violation

Date & circumstances of most recent traffic accident . This can include driver, pedestrian, passenger, bicycle. Include disposition of any tickets issued or charges levied against you.

References

Please provide four (4) references who are NOT relatives, yet have known you for a minimum of three years and can attest to your candidacy as an Auxiliary Police Officer.

Name	Occupation	Phone Number	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prior Addresses*

Please list all former residences for a the last ten (10) years.

Start Date <input type="text"/>	Address <input type="text"/>	Start Date <input type="text"/>	Address <input type="text"/>
End Date <input type="text"/>	<input type="text"/>	End Date <input type="text"/>	<input type="text"/>
Start Date <input type="text"/>	Address <input type="text"/>	Start Date <input type="text"/>	Address <input type="text"/>
End Date <input type="text"/>	<input type="text"/>	End Date <input type="text"/>	<input type="text"/>

Criminal Background

Have you been convicted of any offense, in any jurisdiction? YES NO Explain in detail

Have you used or possessed any illegal drugs? (An affirmative answer will not necessarily exclude you from further consideration.) YES NO Explain in detail

Have you been involved in any lawsuits? Criminal or civil. YES NO Explain in detail

Are you involved in any pending judicial proceedings? YES NO Explain in detail

List additional information that will be revealed in a thorough criminal background check.

Have you been fingerprinted? List all. YES NO

Date	Requesting Organization	Reason

Do you possess a handgun license? YES NO License # Date Issued Where Issued

Has your license ever been revoked? Explain

Have you ever been denied a handgun license? Explain

List all weapons you presently own or possess. **Weapon Type/Model/Caliber/Serial #**

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Candidate

Please make a statement indicating your interest in volunteering for the Auxiliary Police Services, including what you can contribute to the Auxiliary Police Services.

As needed, provide any additional clarifying information to questions asked on this application in the space below. (You may attach additional supporting materials, such as a résumé or training certificates.)

I attest that the information I provided on this candidate questionnaire is accurate and true . I understand that if this information cannot be verified, I will be excluded from further consideration for the Auxiliary Police Service.

Signature

Date
