

**LORAIN COUNTY SHERIFFS**  
**OFFICE**

9896 Murray Ridge Rd.  
Elyria, OH.  
44035  
244-0373 329-3710

**APPLICATION**  
**For Auxiliary Officer**

**LAST NAME** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MI** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **WORK** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**American Citizen** yes\_\_\_ no\_\_\_ **Legal Alien** yes\_\_\_ no\_\_\_

**How did you learn of our Organization?-** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**EDUCATION**

<b>SCHOOL NAME + Location</b>	<b>Yrs. Completed:</b>	<b>Graduate?</b>
<b>College</b>		
<b>High School</b>		
<b>Elementary</b>		
<b>Other</b>		

**Membership in Professional or Civic Organizations?**

\_\_\_\_\_

**MILITARY**

**Branch:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Describe duties and any special training:**  
\_\_\_\_\_  
\_\_\_\_\_

**Rank at Discharge:** \_\_\_\_\_ **Date of Discharge:** \_\_\_\_\_

**Type of Discharge:** \_\_\_\_\_  
\*\*\*\*\*  
\*\*\*\*\*

**PHYSICAL**

**HGT.** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_

**Scars, Marks, or  
Tatoos?** \_\_\_\_\_

**Married** \_\_\_\_\_ **Single** \_\_\_\_\_ **Divorced** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Other** \_\_\_\_\_

**What was your previous address?**  
\_\_\_\_\_

**How long were you there?** \_\_\_\_\_

**Have you ever been Bonded?** \_\_\_\_\_ **If "yes" , By Whom** \_\_\_\_\_

**Have you ever been convicted of a criminal act, other than traffic offenses, that which has not been annulled, expunged, or sealed by a court?** \_\_\_\_\_ **If "Yes",**

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

**List any friends or relatives that work for the County of Lorain other than your spouse:** \_\_\_\_\_

**Have you received, or are you receiving, Workmans Compensation payments?** \_\_\_\_\_ **If "yes"**  
**Explain:** \_\_\_\_\_  
\_\_\_\_\_

**Do you have any physical impairments or disabilities that precluded you from performing certain jobs?**

\_\_\_\_\_.

**List your Employers for the last 10 years starting with the most current:**

1. \_\_\_\_\_.

**From** \_\_\_\_\_ **to** \_\_\_\_\_.

**Duties** \_\_\_\_\_.

**Reason for leaving:** \_\_\_\_\_.

2. \_\_\_\_\_.

**From** \_\_\_\_\_ **to** \_\_\_\_\_.

**Duties** \_\_\_\_\_.

**Reason for leaving** \_\_\_\_\_.

3. \_\_\_\_\_.

**From** \_\_\_\_\_ **to** \_\_\_\_\_.

**Duties** \_\_\_\_\_.

**Reason for leaving** \_\_\_\_\_.

4. \_\_\_\_\_.

**From** \_\_\_\_\_ **to** \_\_\_\_\_.

**Duties** \_\_\_\_\_.

**Reason for leaving** \_\_\_\_\_.

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**I hereby declare the information provided by me in this Application is true and complete to the best of my knowledge. I understand that any misstatement or omission shall be cause for dismissal.**

**I authorize the Lorain Co. Sheriff, or his Agent(s), to obtain an investigative report obtained through personal interview(s) with my family, friends, neighbors, or acquaintances . This report may include information on my character, reputation, and personal characteristics. I understand that I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, do hereby authorize any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State and Federal entities to furnish the Lorain County Sheriff's Department Auxiliary with any and all available information regarding me in order that my suitability as an auxiliary officer be determined. I authorize the Lorain County Sheriff's Department Auxiliary to make inquiry of my present and past employers regarding my character, integrity, and reputation.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
19\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC