

APPLICATION FOR ENDICOTT AUXILIARY POLICE

ASSOCIATE MEMBER PROGRAM

No persons shall be denied equal protection of the laws of this Country, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his / her civil rights by any person, department or any intuitional agency or subdivision of the Village of Endicott. The NYS Human Rights Law prohibits discrimination because of age. The Village of Endicott does not discriminate on the basis of physical or mental disability and will make reassemble accommodations for individuals with disabilities during application, examination, interviewing and employment.

THE VI LLAGE OF ENDICOTT IS AN EQUAL OPPORTUNITY EMPLOYER.

NAME: _____ **SOC. SEC. NUMBER:** _____
 Last First Middle

AGE: (Proof Required) _____

Legal Address: _____

Mailing Address: (if different from above) _____

Phone Number: Home () _____ Cell () _____

Email Address: _____

Education: Circle last grade completed **6 7 8 9 10 11 12 13 14 15 16 17 18**

	NAME AND LOCATION	GRADUATED	TYPE OF DEGREE	NUMBER OF CREDITS
HIGH SCHOOL				
COLLEGE				
OTHER				

EMPLOYMENT EXPERIENCE (Last Two Employers – if applicable)

List any, and all, part time, summer, temporary and permanent employment.

Employer: _____ **Type of Business:** _____

Business Address _____

Your Poston Title: _____

Supervisor's Name and Title: _____

Employed from (Date) _____ **To (Date)** _____

Describe your Duties and Responsibilities: _____

Hours per week: _____ **Reason for leaving:** _____

EMPLOYMENT EXPERIENCE

Employer: _____ **Type of Business:** _____

Business Address _____

Your Poston Title: _____

Supervisor's Name and Title: _____

Employed from (Date) _____ **To (Date)** _____

Describe your duties and Responsibilities: _____

Hours per week: _____ **Reason for leaving:** _____

LETTER OF REFERENCE (Submit with Application)

Include a Reference Letter from a teacher, school counselor, employer, etc.; someone other than family or close family friend.

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Have you ever been convicted of Misdemeanor or a Felony? Yes No
(If yes, give particulars and disposition of each charge on a separate piece of paper and attach to application)

Do you have a valid New York State Driver's License? Yes No

Date your license expires: _____

Why do you want to become a member of the Endicott Auxiliary Police?

What interests, hobbies, specialized training, etc do you have?

DECLARATION:

I agree that if I am accepted into the Associate Member Program of the Endicott Auxiliary Police, to abide by all the rules and regulations relative to my position. I understand that it is a strictly a volunteer organization, and I expect no compensation for time I donate. I also understand that I will be issued all required uniforms and equipment to perform my duties as an Auxiliary Officer of the Endicott Police Department. I also understand that no weapons will be issued to me, nor will I be authorized to carry any weapons while performing my duties as an Associate Auxiliary Police Officer.

Signature: _____

Date: _____

**Parent or
Guardian Signature: _____**
(Parent or Guardian signature required if applicant is less than 18 years of age)

Date: _____

ENDICOTT POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT
AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

**ANY COURT OF LAW, PROBATION DEPARTMENT, POLICE DEPARTMENT,
ANY EMPLOYER, PAST OR PRESENT, FRIENDS OR NEIGHBORS, OR
UNITED STATES SELECTIVE SERVICE SYSTEM:**

**I _____, HAVING MADE
APPLACATION WITH THE ENDICOTT AUXILIARY POLICE, DO HEREBY
AUTHORIZE THE ENDICOTT POLICE DEPARTMENT, TO OBTAIN ANY
RECORDS, OR INFORMATION REGUARDING MY APPLACATION. SAID
INFORMATION WILL INCLUDE BUT NOT BE RESTRICTED TO ARREST OR
CONVICTION RECORDS, INCLUDING ARREST RECORDS THAT MAY HAVE
BEEN SEALED BY ORDERS OF THE COURT OR PURSUANT TO
PROVISIONS OF THE LAW, REFERENCE INFORMATION AND SCHOOL
RECORDS.**

SIGNED: _____

ADDRESS: _____

DATE OF BIRTH: _____

SS#: ____ - ____ - ____

**I HEREBY CERTFY THAT ALL STATEMENTS MADE IN THIS
QUESTIONAIRE ARE TRUE AND COMPLEATE. AND UNDERSTAND ANY
MISSTATEMENTS OF MATERIAL FACTS WILL SUBJECT ME TO
DISQUALIFICATION OR DISMISSAL.**

SIGNATURE: _____

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS

_____ **DAY OF** _____

NOTARY PUBLIC