

# APPLICATION FOR THE ENDICOTT AUXILIARY POLICE

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

**Legal Address:** \_\_\_\_\_

**Mailing Address:** (if different from above) \_\_\_\_\_

**Phone Number:** Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

	NAME AND LOCATION	YEAR GRADUATED	TYPE OF DEGREE
HIGH SCHOOL			
COLLEGE			
OTHER			

**EMPLOYMENT EXPERIENCE (Last two employers)**

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

**Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Your Poston Title:** \_\_\_\_\_

**Supervisor's Name and Title:** \_\_\_\_\_

**Employed from (Date)** \_\_\_\_\_ **To (Date)** \_\_\_\_\_

**Describe your Duties and Responsibilities:** \_\_\_\_\_

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**Hours per week:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

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

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**Hours per week:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

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Have you ever been convicted a Misdemeanor or a Felony? Yes No  
If yes, please give particulars and disposition of each charge on a separate piece of paper and attach same.

Do you have a valid New York State Driver's License? Yes No  
Date your license expires: \_\_\_\_\_

Did you serve in the armed forces of the United States Yes No  
Branch / Dates: \_\_\_\_\_

Did you receive a discharge, which was honorable, or a release under honorable circumstances? Yes No  
If no, please provide details on a separate piece of paper and attach.

References: *(Please provide two references, NOT immediately family)*

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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

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

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**DECLARATION:**

I agree, that if I am accepted to become a member 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 Auxiliary Police Officer.

Signature: \_\_\_\_\_

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 REGARDING 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**