

DESCRIPTION OF DUTIES AND RESPONSIBILITIES  
of an

# **AUXILIARY POLICE OFFICER**

## **DEFINITION**

Under general supervision of a superior Auxiliary Officer or regular police officer, to perform such duties and assignments in the enforcement of law and order. Carry out special assignments in the protection of life and property, and to do related work as required.

## **EXAMPLES OF DUTIES**

Operate a cruiser in patrolling an assigned area for the prevention of crime. Preservation of the peace, respond to radio transmissions or telephone assignments, to assist at scenes of disorder or crime, notes and reports traffic hazards, assists regular officers in the performance of their duties, appears in court to testify regarding arrest made by regular officers who they assisted, provide traffic control and direction where needed, participates in training conferences and programs, practices with various police firearms, observes and reports condition conducive to crime or criminal activity, operates radio and telephone equipment and provides support services to the Police Department whenever and where ever needed

## **EMPLOYMENT STANDARDS**

Education and experience ~ a High School graduate or equivalent. Minimum 21 years of age with a valid Ohio driver's license. No previous law experience is necessary.

Knowledge and Ability ~ ability to read and understand rules, instructions, departmental police, laws, regulations and police literature, together with some aptitude for law enforcement, ability to analyze situations and adapt quickly with effective and responsible course of action. Ability to write legibly and accurately, ability to understand and follow oral and written instructions, ability to operate an automobile, ability to safely use a hand gun and shotgun, ability to observe and remember names, faces and details of incidents. Normal physical agility.

**PARMA POLICE DEPARTMENT  
AUXILIARY POLICE OFFICER  
PERSONAL HISTORY QUESTIONNAIRE**

The City of Parma is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment

\_\_\_\_\_  
PRINT LAST NAME

\_\_\_\_\_  
PRINT FIRST NAME

\_\_\_\_\_  
MIDDLE

DATE THIS QUESTIONNAIRE COMPLETED \_\_\_\_\_

**INSTRUCTIONS**

This personal history questionnaire is intended for the use of the Parma Police Department. You must be truthful and complete all answers requested on this form. All information contained herein may be subject to verification, i.e., record checks, source documentation and screening procedure. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed in your own legible handwriting (**IN BLACK INK ONLY**). Each individual question must be answered, and there can be no blanks. If a question does not apply to your particular circumstance, insert "NA" in that blank. When answering questions that require dates, insert the full date if possible, month/year responses may be unacceptable. You must provide complete address information when requested, partial address responses are unacceptable.

**WARNING**

Applicants are cautioned to answer every question truthfully and without evasion. Both the revised code and the Parma codified ordinances provide penalties for making false statements of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain a municipal. Such penalties include rejection for appointment or discharge after appointment, and/or prosecution under Ohio Revised Code Section 2911.13.

**PLEASE NOTE: UPON COMPLETION THIS FORM MUST BE NOTARIZED**

# PERSONAL INFORMATION

\_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE)

\_\_\_\_\_  
(Former Name or Aliases)

\_\_\_\_\_  
(ADDRESS) (CITY) (ZIP)

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(HOME PHONE) (CELL PHONE)

\_\_\_\_\_  
(E-MAIL) ( ) \_\_\_\_\_  
(IF YOU CAN BE CALLED AT WORK)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

Scars, Birthmarks, Tattoos, Etc. and Location:  
\_\_\_\_\_  
\_\_\_\_\_

Ohio Drivers License #: \_\_\_\_\_ Type: \_\_\_\_\_ Restrictions: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Citizen: \_\_\_\_\_ Native Born ( ) Naturalized ( )

If Naturalized, list city and state where you were naturalized: \_\_\_\_\_

Foreign Language Spoken: \_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

List all previous residence for the last 10 years with the most recent first. For time in military service, list only the dates and branch of service.

Dates	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## PERSONAL MEDICAL INFORMATION

The following medical information is **confidential**. It is for official use only and will not be released to unauthorized personnel.

(LAST NAME)	(FIRST NAME)	(MIDDLE)
/ /	( + ) ( - )	
SOCIAL SECURITY #	BLOOD TYPE	

Allergies and /or allergic reactions:

List any allergies you have, Please include any medication you are known to be allergic to and the symptoms or reactions. (**Please Note**; This information is only for applicant's welfare and cannot be used to disqualify any applicant.)

---

---

---

---

The previous page outlines the basic duties of an Auxiliary Police Officer. Please advise in writing if you are physically unable to perform any of these duties or functions and what if any reasonable accommodations would be necessary for you to perform these duties.

---

---

---

---

Persons to notify in an emergency, please list at least two:

<u>Name</u>	<u>Phone Number</u>	<u>Address</u>	<u>Relationship</u>

**MILITARY SERVICE:**

Have you served in the military ? Yes ( ) No ( )

Branch \_\_\_\_\_ Unit \_\_\_\_\_ Highest Rank \_\_\_\_\_  
Type of Separation \_\_\_\_\_ Active Duty Dates: \_\_\_\_\_

**MILITARY RESERVE STATUS:**

None ( ) Standby ( ) Ready ( ) Unit: \_\_\_\_\_

Were you ever court mar tailed, tried on charges, subject of a Summary Court Martial Captain’s Mast, Article 15, Company punishment or other disciplinary action while you were in the military ? Yes ( ) No ( ) If yes explain on the back of this page.

**WORK HISTORY AND EMPLOYMENT:**

Begin with your most recent job and list your company work history in chronological order for the last five years, when listing military service list dates only, address information must be complete when ever possible.

1) Employer:	Job Title:	Dates:
Address:	Description of Duties	
Business Phone	Immediate Supervisor	
2) Employer:	Job Title:	Dates:
Address:	Description of Duties:	
Business Phone:	Immediate Supervisor:	
3) Employer:	Job Title:	Dates:
Address:	Description of Duties:	
Business Phone:	Immediate Supervisor:	
4) Employer:	Job Title:	Dates:
Adress:	Description of Duties	
Business Phone:	Immediate Supervisor:	

## GENERAL INFORMATION INQUIRY

If the answer to any of the following is **YES**, it will be necessary for you to explain in detail on the back of this form.

**Full and comprehensive explanation is required.**

if it became necessary, in the course of your Auxiliary Officer duties to take a human life. Would you have any reluctance to do so because of religion or other beliefs ?	Yes	No
Have you ever committed a felony for which you were never arrested ?	Yes	No
Have you ever been convicted of a felony ?	Yes	No
Have you ever been placed on or served in a criminal diversion type program that led to eventual, dismissal of any criminal charges ?	Yes	No
Have you ever been convicted of a criminal offense ? i.e., Theft, Assault, Disorderly Conduct, Drug Offenses, Trespassing, Fraud	Yes	No
Have you ever been convicted of a serious traffic offense ? i.e., Hit-Skip, Driving Under the Influence of Alcohol, etc.	Yes	No
Have you ever been convicted of a misdemeanor that had been reduced from original felony charges ?	Yes	No
As an adult, have you ever stolen anything ?	Yes	No
Have you ever bought or sold any property that you knew was stolen ?	Yes	No
Has your driver's license ever been suspended or revoked ?	Yes	No
Have you ever been committed to any penal institution as a result of either a Felony or Misdemeanor conviction ?	Yes	No
Are you presently under indictment or a defendant in any pending criminal traffic or civil actions ?	Yes	No
Have you ever sold, been party in the sale or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance.	Yes	No

## CONTINUED

Do you have any hatred or prejudices towards others, because of their race, sex, national origin, or color. That would be detrimental to your functioning as an Auxiliary Police Officer ?	Yes	No
Do you have any problems of gambling ?	Yes	No
Do you have any problems controlling your temper ?	Yes	No
Have you ever been involved in an automobile accident ?	Yes	No
Have you ever engaged in any illegal sexual activities ?	Yes	No
Have you ever traveled outside the United States ? If yes, Where ?	Yes	No
Do you wear prescription eye glasses ?	Yes	No
Do you wear hard or soft contact lenses ?	Yes	No

List the names of three adults not related to you, and not former employers who have known you for at least five years.

Name	Address	Phone
Years Known	Work	Phone
Name	Address	Phone
Years Known	Work	Phone
Name	Address	Phone
Years Known	Work	Phone





I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.

I hereby authorize the Parma Police Department to obtain any records and / or information needed to process this application. This authorization shall include: but not be limited to, previous employers, neighbors, relatives, references provided, military records, other police agencies, computer checks, and schools attended.

_____	_____
Print Full Name	Date
_____	_____
Signature	Number of Pages Attached

**NOTARY**

I certify that the attached PERSONAL HISTORY QUESTIONNAIRE is true, complete, and correct, to the best of my knowledge, belief and good faith. I understand that willful false information or statement on this form would be grounds for rejection from appointment or dismissal from the Auxiliary Police Unit after appointment. Providing such willful false information may also subject me to criminal prosecution under State Law and City Ordinance. I further consent and agree to the Parma Police Department having access to any and all information and / or records as listed above or needed to process this application.

_____	_____
Date	Signature of Applicant

Subscribed and duly sworn to and before me by the above named applicant.

_____	_____
Notary Public Administering Oath	Today's Date
_____	_____
Date Commission Expires	Time

[Affix Notary Seal Here](#)



## **PARMA AUXILIARY POLICE**

**5555 POWERS BLVD.**

**PARMA, OHIO 44129**

**(440) 887-7300 EXT.7228**

**email: [ParmaAuxPolice@pap.ohiocoxmail.com](mailto:ParmaAuxPolice@pap.ohiocoxmail.com)**

### **Attach a copy of the following documents to your application:**

1. Birth Certificate
2. High School Diploma or GED Certificate
3. Drivers License

### **After you turn in your application, you may begin your background check (fingerprinting):**

- Contact the Parma Corrections Dept. at 440-887-7300 x7222 for an appointment and tell them you are an Auxiliary Police applicant.

### **Grooming Standards:**

1. Hair may not touch the collar.
2. Sideburns must be trimmed to the middle of the ear.
3. Moustaches are allowed but may not extend below the lip line

If your record check indicates no criminal history (most minor traffic offenses are excluded unless an extensive poor driving record is shown) you will be contacted to set up your first interview with a staff member of the Auxiliary Unit and the Recruiting Officer.

Upon successful completion of the above basic interview, your file will be turned over to the home interview team. A member of the team will contact you by phone to make an appointment. We welcome the attendance and participation of family members or others you live with at this interview session.

The entire application process can take two to six months to complete.

Once you have successfully completed all phases of the background check and interviews, you will receive a letter indicating a date and time when the Safety Director will be available to swear you in as an Auxiliary Officer.

While we appreciate your interest, It is not necessary to call unless you have moved and / or changed your telephone number or no longer wish to become a member of the Unit. **Please Note:** If you become a member of another auxiliary unit, uniformed security/police force or become a regular police officer; you may not be eligible for appointment to the Parma Auxiliary Police Unit.