



MEMBERSHIP APPLICATION
EUCLID AUXILIARY POLICE

PERSONAL DATA

LAST NAME FIRST NAME MIDDLE

ADDRESS CITY STATE ZIP

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER

HOME PHONE CELL PHONE WORK PHONE

E-MAIL ADDRESS

SCARS, MARKS OR TATTOOS BLOOD TYPE

ARE YOU CITIZEN OF THE UNITED STATES? LENGTH OF RESIDENCY IN EUCLID
Or Employer in Euclid

TRAFFIC VIOLATIONS IN THE LAST FIVE YEARS

CONVICTIONS, OTHER THAN TRAFFIC.

EMPLOYMENT

EMPLOYER NAME AND ADDRESS BUSINESS PHONE

PAST EMPLOYERS (FOR THE LAST 10 YEARS) Use back if necessary