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WHEN ARE YOU AVAILABLE FOR TRAINING?

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**PLEASE PROVIDE ADDITIONAL INFORMATION ON BACK. ATTACH RESUME TO LAST PAGE.**

APPLICANT'S STATEMENT:

**I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF. I AUTHORIZE THE REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.**

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**Signature**

**Date**

*PLEASE NOTE:*

A Full background check will be conducted by THE EUCLID POLICE DEPARTMENT. A valid Ohio Drivers license is required.

**RETURN COMPLETED APPLICATION TO:**

SGT. ANDREW VERES  
EUCLID AUXILIARY POLICE UNIT  
545 EAST 222 STREET  
EUCLID, OHIO 44123

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