



# CAYUGA COUNTY

## Emergency Management Office

### Cayuga County Auxiliary Police



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**Brian P. Dahl**, Director of Emergency Services  
**William Marventano**, Chief of Auxiliary Police

Dear Candidate:

Thank you for taking the time and interest in the Cayuga County Department of Emergency Management Auxiliary Police Services. Enclosed you will find an application which must be completed and returned to the Cayuga County Department of Emergency Management Auxiliary Police Administrative Section Personnel Resources for consideration toward membership.

The Cayuga County Department of Emergency Management Auxiliary Police are a group of professional volunteer operational support personnel summoned to service in an official capacity under the authority of New York State Law, Cayuga County Charter and Administrative Code. These dedicated men and women operate under the auspices of the Department of Cayuga County Department of Emergency Management. Auxiliary Police Officers are sworn New York State Public Servants who at certain times, and subject to specific circumstances, possess the full powers of Peace Officers. All Auxiliary Police Officers are trained, certified and registered through the New York State Division of Criminal Justice Services as Peace Officers. The Auxiliary Police Services also have sworn restricted and non-sworn positions that involve support to our administrative and field operations staff. We exist primarily as an emergency public safety support branch that provides security protection of the Cayuga County Emergency Operations Center, augmentation of human resources for traffic and crowd control, and any related law enforcement field support to local police agencies when conventional resources are overburdened and exhausted. We are actively involved in the emergency management response and recovery stages, ensuring the protection of shelters for those evacuated from their homes, and the protection of any vital resources and materials potentially vulnerable in the event of a large-scale natural or technological crisis.

In preparation for such emergency service the Auxiliary Police perform security, traffic, crowd control and other ministerial tasks for governmental agencies and not-for-profit associations during practice training drills. These drills sharpen response procedures, tone skills and provide for evaluation of all member readiness in the event of actual crisis activation.

It is seldom, and understood, that rarely would anyone make a career as a volunteer. However, the Auxiliary Police Services provide an outlet for individuals seeking to experience community service, involvement in and exposure to law enforcement and public safety environments and personnel. Through this exposure knowledge, empathy, compassion, leadership and public service skills can be obtained. These priceless rewards can become the greatest results of volunteering. It is only through your commitment of time, sharing of your talents and your allegiance to our government and fellow citizens that we persevere in these times of crisis. Be proud, be patriotic, be appreciated - be a member of the Auxiliary Police!

Completion of this application is the first step toward membership in the Cayuga County Auxiliary Police. Information obtained herein will be verified and used to determine your suitability for membership, and in ensuring appropriate compliance with mandatory state law relating to Peace Officers and Public Servants. Answer all questions accurately and detailed. Candidates are subject to an interview, background investigation, and criminal records check prior to acceptance into probationary appointment. All appointees serve a probationary period of 6 months to 1 year. All volunteers are "at-will" volunteers subject to termination for any violations of the Auxiliary Police Standard Operating Procedures or violation of any County Rule, Regulation or Policy. If you have any questions or concerns while completing this application, please contact the Administration Office through the provided communications modes above.

Sincerely;

William Marventano  
Chief of Auxiliary Police

Brian Dahl  
Director of Emergency Services  
Cayuga County Emergency Management

### **Position Description: Auxiliary Police Officer (Sworn)**

This position is a volunteer position under the direction of the Cayuga County Department of Emergency Management Auxiliary Police Services.

Selection for appointment to this volunteer position depends upon meeting required minimum standards as regulated pursuant with Federal, New York State and any applicable Local Laws, County Charter, Administrative Rules, Regulations and Policy, and the Auxiliary Police Standard Operating Procedures. Appointment to specific positions are also dependant upon "bonafide job related qualifications" of the position sought and being capable to perform the "essential duties" of that position either with or without any reasonable accommodation, in compliance with the Americans with Disabilities Act. The Auxiliary Police Program is administered and operates within the concepts of a "paramilitary" structure and hierarchy similar to any police, fire, or related public service organization. Adherence with all official policy and procedure, military courtesy, professional and ethical conduct is expected. Prohibited conduct will be grounds for disciplinary action up to and including expulsion. Due to the nature of the position and duties such sworn officers are privy to complex and confidential information including law enforcement data, emergency plans and operations, and perhaps confidential information or intelligence not authorized for public dissemination due to the potential injury or harm resulting in such release and/or information pertinent to national security. Therefore strict rules govern appointment of Auxiliary Police Officers and each candidate is subject to an in-depth screening process to determine suitability for appointment.

### **Requirements for Appointment:**

1. Aux. Police Officers must be 18 years of age or older to hold public officer appointment as a New York State Peace Officer.
2. Felony conviction prohibited, and conviction of any crime involving domestic violence or other physical violence, and any crimes or offenses involving official misconduct, perjury or related issues that comprise public trust.
3. Valid New York State Drivers License or out of state license that will be converted within 90 days of appointment. Aux. Police Officers may need to operate governmental vehicles, and must be capable of immediate response to any activation.
4. Cayuga County residence for sworn Auxiliary Police Officer appointment. Peace Officers must be residents of the County in which they are appointed to serve in, pursuant with New York State Public Officers Law.

### **Duties: Auxiliary Police Officer primary duties include but are not limited to:**

1. Security Patrol and Access Control - This involves a great deal of standing for long durations of time, attending a stationary post controlling entrance and egress to highly secured areas greeting visitors and determining if access is authorized or denied. When performing patrol duties making intermittent planned or unplanned rounds to ensure physical security of protected and restricted areas can mean walking for great distances or longer times without a break. This can also include walking up and down stairs frequently, walking inclines or declines, climbing, twisting or bending at indeterminate intervals. While performing Security Patrols or Access Control it may become necessary to perform any action involving the use of force for a lawful purpose, and when on patrol it may be necessary to run to apprehend a suspect or be involved in an arrest situation.
2. Traffic and Crowd Control - This too can mean a great deal of standing for long periods of time while attending to the direction of vehicular and/or pedestrian traffic. Additionally while directing traffic the officers utilizes their arms and hands to indicate movement and stoppage of traffic. This can affect the shoulders, back and neck. Alertness is essential for safety including the ability to move quickly out of the path of an out of control vehicle. Traffic and Crowd Control involves a great deal of eye-hand coordination, the ability to twist and turn your body, to bend and endure lengthy periods of being on your feet.
3. Law Enforcement support related duties can include; assisting a law enforcement officer in the taking a person into custody or in any other manner assigned, supervising someone in custody, operating a motor vehicle in an emergency or non-emergency mode, performing desk and related clerical duty or watchman duties, handling of complaints, dealing with citizens in emergency crisis, conducting accident or criminal investigations, questioning complainants, victims, witnesses, or suspects, evidence processing, collection, storage and preservation, crime scene protection, escort and protection of dignitaries, high ranking public officials or business officials, Performing evacuation, riot control, maintenance of public order, report writing, court testifying, communicating with the media, communicating with other governmental or private agencies during emergency operations, taking orders, giving guidance or directives, providing first responder medical assistance, search and rescue operations, operating within the incident command system, providing mass care during disaster, gathering and disseminating information or intelligence, using both telecommunications and radio communications equipment and any other imaginable tasks if capable of, and when assigned by supervisory personnel.

**Personal Information and History:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last mm / dd / yyyy

Permanent Address: \_\_\_\_\_  
Street Address ONLY City / Town / Village County State Zip Code

Contact Telephone Numbers: \_\_\_\_\_  
Residence (Primary) include Area Code Employment Cell or Pager or Other

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

Have you ever been known by any other name? Y or N If so: \_\_\_\_\_  
Circle one First Middle Last

Emergency Contact Information: \_\_\_\_\_  
Name - First, Middle, Last - Relationship Telephone Number

Do you have a valid Motor Vehicle License: Y or N State of Licensing: \_\_\_\_\_  
Circle One

Class of License Held: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Do you own a Motor Vehicle: Y or N If So: Yr. \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License Plate Number/ VIN Number: \_\_\_\_\_ State  
Reg. \_\_\_\_\_ \*(If own more than one motor vehicle list additional vehicles upon page and space provided.)

Do you have any current Traffic Infractions Pending? Y or N

Do you have any prior convictions for Traffic Infractions, Violation, or Crimes as defined under the New York State Vehicle & Traffic Law? Y or N If so list same as follows:

\_\_\_\_\_  
Date Type of Offense Disposition of Charge(s)

Traffic Accidents: List all Traffic Accidents involved in during the past five (5) years, include Date, Location, If you were the Driver or Passenger, Pedestrian or Bicyclist, provide a brief description of the circumstances, disposition of any tickets issued or charges levied against you. If none state; none.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any offense against the federal, state, or local laws, criminal or civil, in family court or by an administrative agency? Y or N

If so explain: \_\_\_\_\_  
\_\_\_\_\_

Do you now have any current criminal or civil law charges pending in any judiciary proceeding(s)? Y or N

If so explain: \_\_\_\_\_

Have you ever been arrested for any offense prohibited by any law? Y or N

If so explain: \_\_\_\_\_

Are you currently under investigation by any governmental agency, authority, or governmentally contracted agency for suspicion of unlawful conduct? Y or N

Do you currently or have you ever possess(ed), use (d), consume (d), inject(ed), inhale(ed), or absorb(ed) illegal drugs? Y or N  
N \*(Illegal drugs means those defined under section 3302 and 3306 of the New York State Public Health Law, including all five schedules; and drugs not prescribed for medical use in a lawful manner by an authorized, licensed health care provider. This includes the use of any controlled substance or marihuana.)

If so explain: \_\_\_\_\_

Have you ever been hospitalized or otherwise treated for drug or alcohol usage or abuse? Y or N

If so explain: \_\_\_\_\_

Have you read the job description provided herein regarding the sworn Auxiliary Police Officer position? Y or N

Do you have any disabilities that would prevent you from the performance of the duties of the position for which you are applying? Y or N

If so explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been fingerprinted before for reason other than arrest? Y or N

If so explain: \_\_\_\_\_

\_\_\_\_\_

Do you currently possess a New York State Pistol Permit? Y or N

If so what restrictive class? \_\_\_\_\_ When Issued? \_\_\_\_\_

What County issued in? \_\_\_\_\_

**Education and Training:**

Did you graduate High School? Y or N If not do you have a G.E.D.? Y or N

If graduated High School: Provide school name and dates attended:

\_\_\_\_\_

Did you attend any colleges or institutions of higher education? Y or N

If so explain and include any degree or certificate achieved: \_\_\_\_\_

\_\_\_\_\_

Do you have any training, education or experience in law enforcement, public safety, security, fire service, emergency medical service, emergency management, or any other relevant skills or knowledge? Y or N

If so explain: \_\_\_\_\_

\_\_\_\_\_

**Employment History:**

(Please list all employment in chronological order from most recent backward since you began working, include all part time, seasonal or temporary jobs, include details of duties perhaps relevant to public safety and/or security. Use the page provided for additional space)

1. Employer Name and Location: \_\_\_\_\_

Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_ Telephone # \_\_\_\_\_

Supervisor-Title: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Employer Name and Location: \_\_\_\_\_

Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_ Telephone # \_\_\_\_\_

Supervisor-Title: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Employer Name and Location: \_\_\_\_\_

Dates of Employment: Start \_\_\_\_\_ End \_\_\_\_\_ Telephone # \_\_\_\_\_

Supervisor-Title: \_\_\_\_\_ Position Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References:**

(Please provide Four (4) personal or professional references that are not relatives and have known you for five years or more. Do not use current employers, any employer's listed above or current fellow employees.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years Known \_\_\_\_\_

**Miscellaneous Information:**

**(List Former Residences for last Ten [10] years)**

From \_\_\_\_\_ To \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address: \_\_\_\_\_

**Please provide a brief statement indicating your interest in volunteering for the Auxiliary Police Services, including what you feel you can contribute to our agency.**

**Candidates Certification:** I fully understand that should I make a false statement regarding any fact, practice or attempt to practice any deception or fraud in the completion of this application or during the applicatory process, it may preclude any possibility of my appointment to any position with the Cayuga County Department of Emergency Management Auxiliary Police Services.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date Signed

**The County of Cayuga, Department of Emergency Management, and Auxiliary Police Services voluntarily comply with New York State and Federal Humane Rights Laws that prohibit discrimination because of race, creed, color, national origin, religion, sex, age, disability, marital status, or arrest record.**

**PLEASE USE THIS SPACE AS ADDITIONAL ROOM FOR ANY FURTHER EXPLANATIONS.  
SHOULD THIS SPACE BE INSUFFICIENT, CONTINUE ON THE BACK OF THIS PAGE, PRINT NEATLY & ORDERLY.**

# Consent to Background and Reference Check

(Please print)

**Applicant Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Cayuga County Emergency Management Office and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the County's verifying all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the County to obtain access to and copies of records pertaining to this information. With the regard to the foregoing disclosures, I hereby agree to release any person, company or other entity from any and all causes of action that otherwise might arise from supplying the County with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

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

(Signature)

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