

Municipality: <u>METUCHEN</u>	nicipality: <u>METUCHEN</u> County: <u>MIDDLI</u>	
		Date:
*PLEASE FILL OUT WITH AN I	NK PEN	
* <u>PLEASE PRINT</u>		
Name:		
Last	First	Middle
Home Address:		
(NUMBER)	(STREET NAME)
City:	State:	Zip Code:
DOB:	_ Social Security Numl	ber:
Phone Number (Cell):	Phone Numb	per (Home):
Phone Number (Work):		
<u>Please indicate</u>	which number is the best to reach y	ou: Cell (O) or Home (O)
Male: Fema	le:	
Height: Weig	ht: Eyes:	Hair:
Place of Birth:		
Are you a citizen of the Unite	d States? Yes: No:	
Marital Status: Single (O)	/ Married (O) / Separated (O)	/ Divorced (O) / Widowed (O)
C Mail Address		



MOTOR VEHICLE INFORMATION

Driver's License Numb	er:			
License Expiration Dat	e:			
Has your Driver's Licer	nse ever been Rev	voked or Suspended?	Yes:	No:
Have you ever receive	d a Motor Vehicle	e Summons?	Yes:	No:
If yes please List Date,	Type of Violation	n and Disposition of Su	mmons:	
		PHYSICAL CONDITIO	<u>N</u>	
Good:	FAIR:	_ POOR:		
Do you have any medi	cal conditions th	at might impair you fro	om performing som	e tasks?
Yes:	No:			
Physical (back, knee, a	rm, etc.):			



EDUCATION

	NAME	CITY / STATE	Highest Year Completed	DID YOU GRADUATE? YES / NO
HIGH SCHOOL				
COLLEGE				
TECHNICAL				
OTHER / GED				

CURRENT EMPLOYMENT OR SCHOOLING

Occupation:				
Name of Company / School:				
Address:				_
(NUMBER)		EET NAME)		
City:	State:		Zip Code:	
Normal Work Hour:				
(Da	ys)		(Hours)	
Supervisor Name:				
Last		First		
Contact Number:				
May we contact this employer?	Yes:	No:		



PREVIOUS EXPERIENCE

Do you have any previous POLICE /	SECURITY / MILITARY experience	e? Yes: No:
If yes please Explain:		
	CRIMINAL HISTORY	
Have you ever been arrested, conv Yes: No:		than a Motor Vehicle Violation?
If yes please list date(s) Brief detail	l of event and disposition of case:	
Do you possess any firearms? Yes: _	No:	_
Please list:		
Make	Model	Serial Number



Have you ever applied to the Metuchen Auxiliary Police Department before?

Yes: No.	:	
f yes, When?		
Have you ever been an Auxiliary Po	olice Officer before? Yes:	No:
f yes, When and Where?		
Have you applied to become an Au	xiliary Police Officer with other agencies? Ye	es: No:
f yes, where?		
Would you be available for:	Emergency Callouts: Yes: Holiday Events: Yes: Weekend Events: Yes:	No: No: No:
Do you understand Auxiliary Police	e Officers are volunteers and do not get comp	ensated:
Yes: No:		
How did you learn of the position?	Internet (O) Referral (O) Other (O)
f other, Please Explain:		



PLEASE LIST TWO REFENCES:

# 1.			
Name:			
Last		First	
Address:			
(NUMBER)	(STRE	EET NAME)	
City:	State:		Zip Code:
Phone Number (Cell):		Phone Numb	er (Home):
Phone Number (Work):			
Relationship:			
# 2.			
Name:			
Last		First	
Address:			
(NUMBER)		EET NAME)	
City:	State:		Zip Code:
Phone Number (Cell):		Phone Numb	er (Home):
Phone Number (Work):			
Relationship:			-
***** DO NOT WRITE IN THIS AREA *****			***** AUXILIARY POLICE PERSONNEL ONLY****
APPLICANT CONTACTED BY:		DATE:	TIME:
INTERVIEW DATE / TIME:/_			OFFICER'S INITIALS:



CONSENT AGGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for my volunteer position as may be necessary in arriving at a volunteer position decision. I understand that misrepresentation of omission of facts called for is cause for dismissal. Further, I understand that this volunteer position is contingent upon a possible physical examination which may include a drug screening and successful completion of the probation period.

In consideration of my volunteer position, I agree that my volunteer position and compensation could be terminated with or without cause and with or without notice at any time, at the option of the volunteer organization, or myself. It is expressly understood that my volunteer position with the Borough of Metuchen is at will.

APPLICANT SIGNATURE:	 	
APPLICANT PRINT NAME:		
DATE.		
DATE:	 =	