





**Borough of Metuchen  
AUXILIARY POLICE OFFICER APPLICATION**

**MOTOR VEHICLE INFORMATION**

Driver's License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Has your Driver's License ever been Revoked or Suspended?    Yes: \_\_\_\_\_                      No: \_\_\_\_\_

Have you ever received a Motor Vehicle Summons?                      Yes: \_\_\_\_\_                      No: \_\_\_\_\_

If yes please List Date, Type of Violation and Disposition of Summons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICAL CONDITION**

Good: \_\_\_\_\_                      FAIR: \_\_\_\_\_                      POOR: \_\_\_\_\_

Do you have any medical conditions that might impair you from performing some tasks?

Yes: \_\_\_\_\_                      No: \_\_\_\_\_

Physical (back, knee, arm, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Borough of Metuchen**  
**AUXILIARY POLICE OFFICER APPLICATION**  
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) (STREET NAME)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Normal Work Hour: \_\_\_\_\_  
(Days) (Hours)

Supervisor Name: \_\_\_\_\_  
Last First

Contact Number: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_



**Borough of Metuchen**  
**AUXILIARY POLICE OFFICER APPLICATION**  
**PREVIOUS EXPERIENCE**

Do you have any previous POLICE / SECURITY / MILITARY experience? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please Explain:

---

---

---

---

**CRIMINAL HISTORY**

Have you ever been arrested, convicted or Indicted of a Crime other than a Motor Vehicle Violation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes please list date(s) Brief detail of event and disposition of case:

---

---

---

---

Do you possess any firearms? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list:

<i>Make</i>	<i>Model</i>	<i>Serial Number</i>



**Borough of Metuchen**  
**AUXILIARY POLICE OFFICER APPLICATION**

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

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, When? \_\_\_\_\_

Have you ever been an Auxiliary Police Officer before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, When and Where? \_\_\_\_\_

Have you applied to become an Auxiliary Police Officer with other agencies? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, where? \_\_\_\_\_

Would you be available for:	Emergency Callouts: Yes: _____	No: _____
	Holiday Events: Yes: _____	No: _____
	Weekend Events: Yes: _____	No: _____

Do you understand Auxiliary Police Officers are volunteers and do not get compensated:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

How did you learn of the position? Internet ( O ) Referral ( O ) Other ( O )

If other, Please Explain:

---

---

---





**Borough of Metuchen**  
**AUXILIARY POLICE OFFICER APPLICATION**

**CONSENT AGREEMENT**

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 or 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: \_\_\_\_\_