AUXILIARY POLICE PERSONNEL INFORMATION APPLICATION

MUNICIPALITY:	METUCHEN		COUNTY: M	IDDLESEX
* PLEASE FILL THIS A	PPLICATION OUT WITH A I	NK PEN		
DATE:/	/			
PLEASE PRINT)				
NAME:				
	(LAST)	(FIRST)		(M.I.)
DATE OF BIRTH: _	/	/		
HOME ADDRESS:				
(NUMBER)	(S'	TREET NAME)		·····
(CITY)	(STATE)	()	ZIP CODE)	
MARITAL STATUS:	SINGLE (O) / MARR	IED (O) / SEPERATED	(O) / DIVORCED (C	O) / WIDOWED (O)
PLACE OF BIRTH:		U.S. CITIZI	EN: Y (O) / N (O)	
SOCIAL SECURITY	NUMBER:	_//	***************************************	
HOME PHONE:		CELL I	PHONE:	
WORK PHONE:				
EMAIL:				
HEIGHT:	WEIGHT:	EYES: _	HAIR:	
DRIVERS LICENSE N	TUMBER:		_ LICENSE EXP. DATE	:

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED: Y (O) / N (O)

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OCCUPAT	ION:		Pullul Academic Acade		
PRESENT	EMPLOYER:				
***************************************		(NAME OF COMPANY	")		
PRESENT	EMPLOYER ADDRESS:				
		(NUMBER)	(STREET NAME)		•
		(CITY)	(STATE)	(ZIP CODE)	
		(CONTACT PERSON)		(PHONE NUMBER)	
		(CONTACT TEMBOR)		(FRONE NUMBER)	
		NDITIONS THAT MIGHT IMP		RMING SOME TASKS? Y	(O) / N (O)
IF YES	PLEASE LIST / EXPL	AIN:			
		L OF EDUCATION: HIGH	SCHOOL(O) / G.E.D.	(O) / COLLEGE(O) /	OTHER (O)
IF YOU	SELECTED OTHER PLE	WOE DIOT:			

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DO YOU HAVE ANY PREVIOUS POLICE OR SECURITY EXPIERIENCE? Y (O) / N (O)
IF YES PLEASE LIST:
HAVE YOU EVER RECEIVED A MOTOR VEHICE SUMMIONS? Y (O) / N (O)
IF YES PLEASE LIST DATE, TYPE OF VIOLATION AND DISPOSITION OF SUMMONS:
HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED OF A CRIME OTHER THEN A MOTOR VEHICLE VIOLATION? Y (O) / N (O)
IF YES PLEASE LIST DATE, BRIEF DETAIL OF EVENT AND DISPOSITION OF CASE:

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PLEASE LIST TWO REFENCES:

ERVIEW DATE:/	OFFICERS INITIALS:		
PICANT CONTACTED BY: (OFFICER / BADGE #)	//////	(TIME)	
**** DO NOT WRITE IN THIS AREA ****	**** STAFF O	NLY ****	
ILLOINI OLUMNIONI.			
PPLICANT SIGNATURE:			
ATE:/			
(RELATIONSHIP)			
(PHONE NUMBER)			
(ADDRESS)			
(NAME)			
•			
(RELATIONSHIP)			
(PHONE NUMBER)			
(ADDRESS)			
· (NAME)			

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CONSENT AGGREEMENT

BY	STENTING	THIS	AGGREEMENT	T	HERERY:

- CERTIFIY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.
- ALSO, AM AWARE THAT ANY MISREPRESENTATION OF ANY INFORMATION GIVEN BY ME WILL RESULT IN MY DISQUALIFICATION FROM THE METUCHEN AUXILIARY POLICE.

FUTHUR:

I HEREBY AUTHORIZE / GIVE MY CONSENT FOR A BACKGROUND CHECK FOR THE PURPOSE OF APPOINTMENT TO THE METUCHEN AUXILIARY POLICE.

APPLICANT SIGNATURE:		
PRINT NAME:		
DATE://		