



# Borough of Metuchen

## AUXILIARY POLICE PERSONNEL INFORMATION APPLICATION

OCCUPATION: \_\_\_\_\_

PRESENT EMPLOYER:

\_\_\_\_\_  
(NAME OF COMPANY)

PRESENT EMPLOYER ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET NAME)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(CONTACT PERSON) (PHONE NUMBER)

NORMAL WORK HOURS: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS THAT MIGHT IMPAIR YOU FROM PERFORMING SOME TASKS? Y (O) / N (O)

IF YES PLEASE LIST / EXPLAIN:

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

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION: HIGH SCHOOL (O) / G.E.D. (O) / COLLEGE (O) / OTHER (O)

IF YOU SELECTED OTHER PLEASE LIST:

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

**Borough of Metuchen**

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DO YOU HAVE ANY PREVIOUS POLICE OR SECURITY EXPERIENCE? Y (O) / N (O)

IF YES PLEASE LIST:

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HAVE YOU EVER RECEIVED A MOTOR VEHICLE SUMMIONS? Y (O) / N (O)

IF YES PLEASE LIST DATE, TYPE OF VIOLATION AND DISPOSITION OF SUMMONS:

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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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**CONSENT AGREEMENT**

**BY SIGNING THIS AGREEMENT I HEREBY:**

- CERTIFY 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_