



## AUXILIARY POLICE APPLICATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ SEX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELE: \_\_\_\_\_ MOBILE TELE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MILITARY SERVICE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SCARS OR TATTOOS: \_\_\_\_\_

PHYSICAL LIMITATIONS OR HANDICAPS: \_\_\_\_\_

EVER CONVICTED OF A CRIME: YES NO IF SO, GIVE DETAILS: \_\_\_\_\_

PROFESSION OR OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME, ADDRESS & TELE: \_\_\_\_\_

AVAILABILITY FOR DUTY & TRAINING (AFTERWORK & WEEKENDS): \_\_\_\_\_

EDUCATIONAL & CERTIFICATION HISTORY: \_\_\_\_\_

LIST ANY FOREIGN LANGUAGE SKILLS: \_\_\_\_\_

LIST ANY PRIOR TRAINING & SPECIAL SKILLS: \_\_\_\_\_

SIGNATURE

DATE