

Personal Information

Name: _____ Email Address: _____
(LAST) (FIRST) (MI)

Home Address: _____
(STREET) (CITY) (STATE) (ZIP)

Date of Birth: ___/___/___ Home Telephone:() _____ - _____ Cellular Phone:() _____ - _____

Social Security Number: _____ - _____ - _____ U.S. Citizen? YES / NO (If no, explain on the back)
(Circle one)

Weight: _____ Height: _____ Eye Color: _____ Hair Color : _____

Driver's License Number: _____ State issued from: _____ Restrictions: _____ Class: _____

Has your license ever been suspended or revoked in this or any other state? YES / NO (If yes, explain on the back)
(Circle one)

Vehicle Owned: _____ Registration : _____
(Year) (Make) (Model) (Color) (Number & State)

Firearms License #: _____ Expiration: ___/___/___ Class of License: _____

Have you ever been convicted of a Crime in Massachusetts or any other State? YES / NO (If yes, explain on the back)
(Select one)

Have you ever had an Abuse Prevention Order (209A) issued against you? YES / NO (If yes, explain on the back)
(Select one)

Have you ever been a member of a law enforcement agency or private security company? YES / NO
(Circle one)

If yes: Agency or Company Name: _____

Agency Address: _____
(STREET) (CITY) (STATE) (ZIP)

Agency Telephone:() _____ - _____ Date Employed From: ___/___/___ Until: ___/___/___

Position Held: _____ Name of Supervisor: _____

List all Law Enforcement training and/or experience: _____

Current CPR Card? YES / NO Medical Training: _____
(Circle one)

Present Employment

Employer: _____ Telephone:() _____ - _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Position Held: _____ Name of Supervisor: _____

Work Schedule: _____ Date Employed From: ___/___/___

Previous Employment

Employer: _____ Telephone: () _____ - _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Telephone: () _____ - _____ Date Employed From: ____/____/____ Until: ____/____/____

Position Held: _____ Name of Supervisor: _____

Military Service

Any past or current Military Service? YES / NO If yes, which branch: _____ Rank: _____
(Circle one)

Date of Service: ____/____/____ to : ____/____/____ Type of Discharge: _____
(IF OTHER THAN HONORABLE)

Special skills or training: _____

Education

Name of School	Location	Dates Attended	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal References

(Non relatives whom you have known for 3 years or more)

1) _____
(NAME) (STREET ADDRESS) (CITY) (STATE) (PHONE NUMBER)

2) _____
(NAME) (STREET ADDRESS) (CITY) (STATE) (PHONE NUMBER)

3) _____
(NAME) (STREET ADDRESS) (CITY) (STATE) (PHONE NUMBER)

PERSONAL EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Telephone: () _____ - _____ Alternate Telephone: () _____ - _____

Are you able to perform the essential functions of the auxiliary police with or without reasonable accommodations? YES / NO

(Circle one)

Please list any reasonable accommodations that may be necessary: _____

How did you learn about the Newton Auxiliary Police Department?: _____

Please give a short explanation of why you want to serve with the Newton Auxiliary Police Department:

Are you willing and able to give a minimum of 19 hours a month duty time to the Department after training: YES / NO
(Circle one)

Are you willing and able to accept Financial Responsibility for some required Equipment and Training? YES / NO
(Approximately \$100.00) (Circle one)

I, _____ hereby authorize the Newton Police Department and Auxiliary Police Department to conduct an investigation into my suitability for appointment as an Auxiliary Police Officer for the City of Newton. This includes but is not limited to contacting listed references, employers, and past agencies of which I was a member. I also authorize the investigation agencies to conduct a criminal records check and to release all findings to the Investigations Officer(s).

(CANDIDATE: PRINT NAME HERE)

(CANDIDATE: SIGN HERE)

(DATE)

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX COUNTY

I, _____ being duly sworn, dispose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand or type, the answers to each and every question therein and I do solemnly swear (affirm) that each and every answer is full, true and correct in every respect.

(CANDIDATE: PRINT NAME HERE)

(CANDIDATE: SIGN HERE)

Sworn to before me, this _____ day of _____ 20_____

(SEAL)

(NOTARY PUBLIC)

(MY COMMISSION EXPIRES ON)