

HILLSDALE POLICE DEPARTMENT
AUXILIARY POLICE PERSONNEL INFORMATION APPLICATION

PLEASE PRINT

DATE OF APPLICATION _____ DATE OF APPROVAL _____

DATE GRADUATED AXILIARY POLICE BASIC TRAINING COURSE _____

NAME _____ SOCIAL SECURITY # _____

LAST FIRST M.

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

ADDRESS _____ CITY/TOWN _____ ZIP _____

TELEPHONE# _____ CELL# _____ FAX# _____ E-MAIL _____

OCCUPATION _____ EMPLOYER _____

BUSINESS TELEPHONE # _____ NORMAL WORKING HOURS _____

CITIZEN STATUS _____ MARITAL STATUS _____ PHYSICAL CONDITION _____

EDUCATION (INCLUDE SPECIAL SCHOOLS) _____

PREVIOUS POLICE EXPERIENCE (DEPARTMENT/S, DATES OF SERVICE) _____

MILITARY SERVICE (BRANCH/COMPANY, RANK HELD, YEARS IN SERVICE) _____

TYPE OF DISCHARGE _____ Nat'l GUARD OR RESERVES _____

FOREIGN LANGUAGES? _____ SPEAK? _____ WRITE? _____

ARE YOU LICENSED TO DRIVE? _____ DRIVER'S LICENSE# _____

DO YOU OWN A CAR? _____ MAKE _____ TYPE _____ COLOR _____

REGISTRATION # _____ RADIO EQUIPPED?(CITIZEN BAND, ETC.) _____

DO YOU HAVE A NEW JERSEY STATE FIREARMS ID CARD? YES NO WHERE ISSUED _____

DO YOU POSSESS A LONG GUN OR HANDGUN FOR TARGET/ HUNTING/ DEFENSE/ OTHER

EXPLAIN: _____

HAVE YOU EVER BEEN ARRESTED YES NO INDICTED OR CONVICTED OF A CRIME YES NO

MOTOR VEHICLE VIOLATION YES NO

IF YES, GIVE DETAILS INCLUDING DISPOSITION OF CASE _____

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HAVE YOU EVER BEEN ADJUDGED A JUVENILE DELINQUENT? _____ .

DETAILS _____ .

HAVE YOU EVER BEEN TREATED FOR ANY MENTAL OR EMOTIONAL DISORDERS? _____

DETAILS _____

DO YOU HAVE ANY PHYSICAL HANDICAPS? _____

DETAILS _____

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF AN ORGANIZATION WICH ADVOCATES THE
OVERTHROW OF OUR GOVERNMENT? _____

HAVE YOU ANY SPECIAL LAW ENFORCEMENT QUALIFICATIONS? _____

WHY ARE YOU INTERESTED IN JOINING THE HILLSDALE AUXILLARY POLICE? _____

REFERENCES :

	NAME	ADDRESS	PHONE#	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PREVIOUS ADDRESSES: _____

SIGNATURE OF APPLICANT

HILLSDALE POLICE DEPARTMENT
AUXILIARY POLICE PERSONNEL INFORMATION APPLICATION

**HILLSDALE POLICE AUXILIARY
APPLICANT ACKNOWLEDGEMENT**

**THE UNDERSIGNED APPLICANT ACKNOWLEDGES THAT SUCCESSFUL
COMPLETION OF THE AUXILIARY POLICE BASIC TRAINING COURSE IS
A PERQUISITE FOR ACCEPTANCE AS AN AUXILIARY POLICE OFFICER
AND THAT THERE SHALL BE A ONE YEAR PROBATIONARY PERIOD
BEGINNING ON THE DATE OF THE SIGNING OF THE OATH OF OFFICE.**

APPLICANT SIGNATURE

DATE

**HILLSDALE POLICE AUXILIARY
APPLICANT INVESTIGATION REPORT**

LIAISON OFFICER

FINGERPRINT CHECKS: **F.B.I.**_____ **S.B.I.**_____

RECORD CHECKS:

S.C.I.C/N.C.I.C._____

M.A.R.S._____

N.J.D.M.V._____

POLICE DEPT., FORMER RESIDENCE._____

OTHER AGENCY:_____

RECOMMENDATION: **APPROVE**_____ **DENY**_____

LIAISON OFFICER

COMMENTS:_____

FINAL APPROVAL_____
CHIEF OF POLICE

**HILLSDALE POLICE AUXILIARY
APPLICANT INVESTIGATION REPORT**

INVESTIGATION COMMITTEE

INITIAL APPLICANT INTERVIEW: _____

REFERENCE CHECKS:

1. _____

_____.

2. _____

_____.

3. _____

_____.

SPOUSE/PARENTAL INTERVIEW:

SUBSEQUENT APPLICANT INTERVIEW: _____

RECOMMENDATION: **APPROVE** _____ **DENY** _____

H.P.A COMMANDER