



Linden Police Department
301 North Wood Avenue
Linden, New Jersey 07036



AUXILIARY POLICE OFFICER APPLICATION

TYPE OR PRINT LEGIBLY

SECTION I. PERSONAL INFORMATION

LAST NAME:		
FIRST NAME:		
MIDDLE NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
DATE OF BIRTH:	AGE:	SOCIAL SECURITY:
DRIVER'S LICENSE NUMBER:	ISSUING STATE:	
TELEPHONE NUMBER:		
E-MAIL ADDRESS:		

SECTION II. EDUCATION INFORMATION

HIGHEST LEVEL OF EDUCATION COMPLETED:	
<input type="checkbox"/>	HIGH SCHOOL OR GED
<input type="checkbox"/>	ASSOCIATE'S DEGREE
<input type="checkbox"/>	BACHELOR'S DEGREE
<input type="checkbox"/>	MASTER'S DEGREE
<input type="checkbox"/>	DOCTORATE DEGREE
<input type="checkbox"/>	OTHER: _____



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SECTION II. EDUCATION INFORMATION (CONTINUED)

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> NO – SKIP SECTION <input type="checkbox"/> YES – COMPLETE SECTION
TYPE OF MILITARY SERVICE: <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RESERVE DUTY <input type="checkbox"/> NATIONAL GUARD
BRANCH OF SERVICE:
DATE OF SERVICE:
TYPE OF DISCHARGE:

ARE YOU CURRENTLY ENROLLED IN ANY TYPE OF SCHOOL OR TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____
DO YOU POSSESS ANY TYPE OF LAW ENFORCEMENT TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____
DO YOU POSSESS ANY TECHNICAL OR VOCATIONAL TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____
DO YOU POSSESS ANY OTHER SPECIAL QUALIFICATIONS OR TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____



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SECTION III. EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> NO - SKIP SECTION <input type="checkbox"/> YES - COMPLETE SECTION	
TYPE OF EMPLOYMENT: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PER-DIEM	
EMPLOYER NAME:	
EMPLOYER ADDRESS:	
EMPLOYER TELEPHONE:	
OCCUPATION:	DATE OF HIRE:

SECTION IV. MISCELLANEOUS INFORMATION

HAVE YOU EVER RECEIVED A MOVING VIOLATION IN ANY STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____	
HAVE YOU EVER LOST DRIVING PRIVILEGES IN ANY STATE (REVOKED, SUSPENDED)? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____	
HAVE YOU EVER BEEN ARRESTED IN ANY STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR OFFENSE IN ANY STATE? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____	



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SECTION V. PERSONAL REFERENCES

REFERENCE 1

FIRST NAME:		
LAST NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:		
LENGTH OF TIME KNOWN:		
RELATIONSHIP:		

REFERENCE 2

FIRST NAME:		
LAST NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:		
LENGTH OF TIME KNOWN:		
RELATIONSHIP:		



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SECTION V. PERSONAL REFERENCES (CONTINUED)

REFERENCE 3

FIRST NAME:		
LAST NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:		
LENGTH OF TIME KNOWN:		
RELATIONSHIP:		

SECTION VI. APPLICATION SUBMISSION

I understand that this is a volunteer, non-paid position within the police department requiring a minimum of 96 service hours per year, or 8 hours a month. Furthermore, I understand that I must successfully complete the sponsored Office of Emergency Management Basic Auxiliary Police Training Course prior to my appointment as an auxiliary police officer.

I attest that all information is true to the best of my knowledge. I am aware that any information that is intentionally entered as false will subject me to immediate rejection and may expose me to criminal penalty under the laws of the State of New Jersey.

SIGNATURE: _____

DATE: _____