



The City of New Brunswick
Police Auxiliary

NEW BRUNSWICK AUXILIARY POLICE
MEMBERSHIP APPLICATION

APPLICATION INSTRUCTIONS:

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for the auxiliary police. Failure to follow these instructions may result in disqualification from the selection process.

- Fill out the entire application using a black or blue ball point pen or type your answers. All answers must be in print if handwritten and block letters if typed. You are required to answer every question. Leave no space blank. If the question does not apply to you, enter N/A. Attach additional sheets as needed.
- Along with your application, attach a photocopy of your driver's license or a current photo ID (this should indicate your current address).
- Arrests and convictions that have been expunged or sealed must be disclosed. Failure to include expungement or sealed arrest and / or conviction will result in immediate removal from the selection process.
- All completed applications must be returned no later than **February 08, 2012** to be considered for this year's academy class:

New Brunswick Police Department
Post Office Box 909
New Brunswick, New Jersey 08901
Sergeant Scott Gould

ELIGIBILITY REQUIREMENTS:

1. 18 years of age or older with a high school diploma or GED
2. A United States citizen
3. A resident of New Brunswick
4. Has no criminal history.
5. Is able to read, write and speak English well and intelligently
6. A valid New Jersey driver's license
7. Thorough background to be conducted.
8. Signing off on waiver for background/criminal history check and fingerprints

Name: (Last, First, MI): _____



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Membership Application

Last Name: _____ First: _____ MI.: _____

Address: _____ City: _____

State: _____ Zip: _____ Residing with: _____

Approximately how long have you resided at the above address: Years _____ Months _____

Phone #: _____ Wireless #: _____

Email: _____

SS#: _____ Age: _____ D.O.B: _____

Ht: _____ Wt: _____ Eyes: _____ Hair: _____

US Citizen: Yes: No: Were you born in the United States: Yes: No:

List all other names you have used including nicknames; if you are a married female, furnish maiden name. If you have ever worked or were educated under another name, please supply that also:



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OTHER VOLUNTEER SERVICE:

Are you presently a member of any Fire Dept. and/or First Aid Squad

Township: _____

OTHER POLICE AGENCY'S:

Are you presently in the hiring process for any police dept. or other agency: Yes: No:

If yes, which department/agency: _____

Approximate Date of Hire (if any): _____

Have you ever been employed as a Special Class I, Class II or Auxiliary Officer? Yes No:

If yes, where/when: _____

Why did you leave? _____

Why do you want to join the New Brunswick Police Auxiliary?



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EDUCATION

HIGH SCHOOL:

School	City	State	
Attended from _____	to _____		
Grade reached _____	Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

COLLEGE / UNIVERSITY / TECHNICAL SCHOOLING:

School	City	State	
Attended from _____	to _____		
Degree: _____	Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full/Part-time: _____	Major: _____		

School	City	State	
Attended from _____	to _____		
Degree: _____	Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full/Part-time: _____	Major: _____		

School	City	State	
Attended from _____	to _____		
Degree: _____	Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full/Part-time: _____	Major: _____		

Any special skills/training (towing, self-defense, EMT, etc.): _____



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MILITARY EXPERIENCE:

Have you ever served in the Armed Forces of the United States? Yes No

Highest rank obtained: _____ Date commissioned (if applicable) _____

If ever classified 1-Y (registrant qualified for military service only in time of war or national emergency) or 4-F (registrant not qualified for any military service), FURNISH REASONS:

Branch of Service: _____ Serial Number: _____

DATE OF SERVICE: From: _____ to: _____

Type of discharge: _____ Job Specialty (MOS) _____

Were you ever discharged for other than honorable reasons? Yes No

If yes, explain: _____

Have you ever received any disciplinary action while in military service? Yes No

Are you now serving in the active reserves: Yes: No:

Unit: _____

FOREIGN LANGUAGES:

Speak: _____ Write: _____

Speak: _____ Write: _____

Speak: _____ Write: _____



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LEGAL / DRIVING HISTORY:

Have you ever been arrested or charged with any crime, juvenile offense, disorderly person’s offense, motor vehicle violation, under investigation by any government agency?

YES: NO:

Is yes, please state:

Date	Place and Police Agency	Charge/Offense	Final Disposition

For more charges, please attach a separate sheet of paper.

Was your motor vehicle registration certificate or drives license ever revoked? YES NO

Suspended? Yes NO

If yes, When: _____ Where: _____

Why? _____

If the answer to the previous question is “YES”, was such registration or drivers license ever restored?

Yes NO

When: _____ Where: _____



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MOTOR VEHICLES

New Jersey Driver's License #: _____

Has your driving privilege ever been revoked IN ANY jurisdiction? Yes No

If yes, explain: _____

Do you possess any other type of driver's license/ i.e. boat, motorcycle, CDL? Yes No

If yes, describe type of license: _____

List all motor vehicles registered in your name or your spouse's name (include the primary vehicle you drive even if it's not registered to you):

Make: _____ Model: _____ Year: _____

Plate #: _____ State: _____ Registered to: _____

Make: _____ Model: _____ Year: _____

Plate #: _____ State: _____ Registered to: _____

Make: _____ Model: _____ Year: _____

Plate #: _____ State: _____ Registered to: _____

Make: _____ Model: _____ Year: _____

Plate #: _____ State: _____ Registered to: _____



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ADDITIONAL INFORMATION

Do you drink alcoholic beverages? Yes NO

If yes, how often: _____

Have you ever used Marijuana? Yes NO

If yes, explain: _____

Have you ever used any other illegal drugs? Yes NO

If yes, explain: _____

REFERENCES:

Please supply two (2) references:

Name: _____ Address: _____

City, State, Zip: _____

Phone #: _____ Relation: _____

Name: _____ Address: _____

City, State, Zip: _____

Phone #: _____ Relation: _____