

Stickney Police Auxiliary Application

Please print or type

Fill out this application completely and accurately. If your application is made out properly, it may increase your chances for employment. All statements in your application are subject to verification. Use term "DNA" (does not apply) if the question does not apply. Attach a passport size photograph to the first page of this application in the upper right hand corner.

Name (Last)	(First)	(Middle)	(Date)
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Home Address (No. Street, City, State, Zip, County)	Home Phone
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Date of Birth	Place of Birth	Height	Weight	Sex
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Social Security #	Color of Eyes	Color of Hair	Marital Status
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Education

Name, Address of school	# of Yrs Completed	Dates Attended	Graduated Y/N
High School			
College/University			

Related Courses and/or Training

Employment History

Employers Name	Address	Type of Business	
Name & Title of Supervisor	Dates Worked	Rate of Pay	Title
What were your duties		Reason for Leaving	
Employers Name	Address	Type of Business	
Name & Title of Supervisor	Dates Worked	Rate of Pay	Title
What were your duties		Reason for Leaving	
Employers Name	Address	Type of Business	
Name & Title of Supervisor	Dates Worked	Rate of Pay	Title
What were your duties		Reason for Leaving	
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POLICE RECORD

List all arrests (regardless of court action) and convictions, including all traffic tickets or Initial Does Not Apply line below.

Does not Apply _____

Date: _____

Agency Name & Type (city, county, state or other):

City: _____ State: ____ Zip Code: _____

County: _____

Charge(s): _____

Disposition: _____

Date: _____

Agency Name & Type (city, county, state or other):

City: _____ State: ____ Zip Code: _____

County: _____

Charge(s): _____

Disposition: _____

Date: _____

Agency Name & Type (city, county, state or other):

City: _____ State: ____ Zip Code: _____

County: _____

Charge(s): _____

Disposition: _____

Date: _____

Agency Name & Type (city, county, state or other):

City: _____ State: ____ Zip Code: _____

County: _____

Charge(s): _____

Disposition: _____

Have you ever applied for a AUXILIARY POLICE OFFICER position in any other agency?

YES _____ **NO** _____

If YES Fill out below

Agency Name:

Street Address: _____

Date of Application: _____

City: _____ State: ____ Zip Code: _____

County: _____

Phone Number: ____-____-_____

Are you currently on their eligibility list: () YES () NO

Agency Name:

Street Address: _____

Date of Application: _____

City: _____ State: ____ Zip Code: _____

County: _____

Phone Number: ____-____-_____

Are you currently on their eligibility list: () YES () NO

Agency Name:

Street Address: _____

Date of Application: _____

City: _____ State: ____ Zip Code: _____

County: _____

Phone Number: ____-____-_____

Are you currently on their eligibility list: () YES () NO

REFERENCES

List 3 persons (not relatives of yourself or spouse) as references to your character, integrity, honesty, personality and qualifications.

(MUST LIST COMPLETE NAME & ADDRESS, INCLUDING ZIP CODE, COUNTY & PHONE NUMBERS.)

Name: _____
Street Address: _____
Yrs known applicant: _____
City: _____ State: ____ Zip Code: _____
County: _____
Phone Number: ____ - ____ - _____
Relationship: _____
Occupation: _____

Name: _____
Street Address: _____
Yrs known applicant: _____
City: _____ State: ____ Zip Code: _____
County: _____
Phone Number: ____ - ____ - _____
Relationship: _____
Occupation: _____

Name: _____
Street Address: _____
Yrs known applicant: _____
City: _____ State: ____ Zip Code: _____
County: _____
Phone Number: ____ - ____ - _____
Relationship: _____
Occupation: _____

Emergency contacts

List 2 emergency contacts

Name: _____
Street Address: _____ Date of Birth: _____
City: _____ State: ____ Zip Code: _____ County: _____
Phone Number: ____ - ____ - _____ Relationship: _____

Name: _____
Street Address: _____ Date of Birth: _____
City: _____ State: ____ Zip Code: _____ County: _____
Phone Number: ____ - ____ - _____ Relationship: _____

What prompts you to make this application?

Have you ever held a similar position you are applying for?

List any certificates or licenses you hold

If you speak any language(s) other than English, please indicate: _____

Do you possess a F.O.I.D. card? _____ F.O.I.D. # _____

Do you drink alcohol? _____

Have you ever used illegal drugs? _____

Many holiday and weekend events require auxiliary participation and may also be required to be called out for emergency situations without notice. In general, will you be able to meet this required time commitment? YES _____ NO _____

BEFORE SIGNING, CHECK FOR ERRORS OR OMISSIONS

I hereby certify that this questionnaire contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentations or falsifications, my application may be rejected, my name will be removed from the register, or I may be dismissed.

SIGNATURE OF APPLICANT

DATE OF FILING THIS APPLICATION _____