



Let there be Light

Edison Police Auxiliary

100 MUNICIPAL BLVD, EDISON, NJ 08817

AUXILIARY RECRUIT APPLICATION

NAME:

EMAIL:

DATE:

PERSONAL DATA

PLEASE COMPLETE IN INK.

A. Name: Last: _____ First: _____ Middle: _____

B. Address: Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

C. Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

D. How did you learn of the position? Internet Referral Other

Other (Please Specify) _____

E. Have you ever applied to the Edison Police Auxiliary before? Yes No

If yes, when? _____

F. Have you ever served on an Auxiliary Police Department before? Yes No

If yes, when? _____ Which Town? _____

G. Have you ever been convicted of a crime (other than minor traffic violations)?* Yes No

If yes, provide: Charge: _____ Place: _____

Date: _____ Disposition: _____

H. Are there any charges/indictments now pending against you? * Yes No

If yes, explain: _____

*NOTE: A "YES" answer to the two questions above will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

J. Do you have a valid driver's license? Yes No DL Number: _____

Date of Birth: _____ Social Security Number: _____

K. Are you a citizen of the United States of America? Yes No

L. Have you ever been denied a license, permit or privilege to operate a motor vehicle or has this license, permit or privilege ever been revoked? Yes No

If yes, provide details: _____

EDUCATION

	NAME	CITY/STATE	Choose Highest Year Completed	Did you Graduate?		DEGREE/MAJOR
				Yes	No	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	N/A
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT HISTORY

A. Are you presently employed? Yes No May we contact you at work? Yes No

B. Have you ever been discharged or forced to resign from any position? Yes No

If yes, please explain: _____

C. INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employment including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
3. Start with the most recent position and work back to first position you held.
4. If space is limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign/print your name and include with this application.

(1) (Current or most recent position)	Description of specific duties
Employer's Name: _____	_____
City: _____ State: _____	_____
Telephone Number: (____) _____ Ext: _____	_____
Position Title: _____	_____
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Supervisor's Name: _____	_____
Dates employed in this position:	_____
Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____	_____
Starting Salary: _____ Last Salary: _____	_____
Name on employment records if different from present name:	Reason for leaving: _____
_____	_____

(2) (Current or most recent position)	Description of specific duties
Employer's Name: _____	_____
City: _____ State: _____	_____
Telephone Number: (____) _____ Ext: _____	_____
Position Title: _____	_____
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Supervisor's Name: _____	_____
Dates employed in this position:	_____
Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____	_____
Starting Salary: _____ Last Salary: _____	_____
Name on employment records if different from present name:	Reason for leaving: _____
_____	_____

(3) (Current or most recent position)	Description of specific duties
Employer's Name: _____	_____
City: _____ State: _____	_____
Telephone Number: (____) _____ Ext: _____	_____
Position Title: _____	_____
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
Supervisor's Name: _____	_____
Dates employed in this position:	_____
Mo: _____ Yr: _____ -TO- Mo: _____ Yr: _____	_____
Starting Salary: _____ Last Salary: _____	_____
Name on employment records if different from present name:	Reason for leaving: _____
_____	_____

REFERENCES

List three (3) social references. Do not include current or past employers, relatives or past/present employees of the Edison Township. Provide full name, address (city & state) and phone number.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- This application must be filled out in detail. Failure to complete all sections, or to sign this form, may result in its being returned for completion, causing delay or possible disqualification.
- As an applicant for recruitment with the Edison Police Auxiliary, I have furnished information for use in determining my qualifications for acceptance. I hereby authorize Edison Township to conduct a thorough background investigation to further support the statements contained herein.
- I agree to submit to a urine drug screen if required for the position.
- I agree to undergo a physical and/or a psychological examination (township paid) as required for my position and understand that any offer of recruitment is contingent upon my passing this physical examination.
- I understand that the Edison Police Auxiliary is a voluntary organization and that the position I have applied for is an unpaid, volunteer's position.
- If recruited, I agree to abide by all present and subsequently issued personnel policies and rules established by the Edison Police Auxiliary, the Edison Police Department, and Edison Township.
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration. or terminated.
- My signature conveys that I have read, understand and agree to all the statements listed above.

Signature: _____

Date: _____

ADDITIONAL INSTRUCTIONS:

You have 3 options for submitting a completed and signed application:

1. Drop it off at Police Headquarters located at 100 Municipal Boulevard, Edison, NJ 08817
2. Mail the application to Auxiliary Liaison, Edison Police Department, 100 Municipal Boulevard, Edison, NJ 08817
3. E-mail the application to AuxChief@EdisonPD.org