HADDONFIELD AUXILIARY POLICE

242 KINGS HIGHWAY EAST
HADDONFIELD, NJ 08033

...volunteer service since 1945

Welcome,

Thank you for your interest in the Haddonfield Police Auxiliary. Please complete the attached application in its entirety for consideration to join the Haddonfield Auxiliary Police. All applicants must pass a comprehensive background investigation for consideration of membership.

In addition to the application, you must have the personal reference form completed by three persons who can vouch for your reputation, excluding immediate family members.

Please submit all completed applications and reference letters to:

Haddonfield Police Chief
242 Kings Highway East
Haddonfield, NJ 08033

The Haddonfield Police conducts the basic training for Auxiliary Police officers on an as needed basis. Upon successful review of your application materials you will be contacted to schedule an interview with the police administration. The interview will explain initial training requirements and details of the Auxiliary function.

The initial member training is generally scheduled on evenings and weekends, however we will work with interested applicants in order to satisfy all state mandated training requirements.

Minimum Requirements:

- Age 21 or older
- United States Citizen
- Resident of Haddonfield (or live within 3 miles)
- Must have a valid NJ driver's license
- Must have graduated high school
- Must perform at least 8 hours of training/service per month

If you have any questions, please feel free to contact the Haddonfield Police Department at (856) 429-4700.

Sincerely,

Haddonfield Police Department

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Name:	Issued on:	Returned on:

INSTRUCTIONS:

Failure to properly and completely fill out this application and return within the date requested may disqualify the applicant from future consideration.

Please read through the entire application thoroughly. You are responsible for personally preparing the application and compiling all of the required documents. Answer every question and leave no blank spaces. If a question does not apply to you, write "N/A" in the space provided for the answer, followed by your initials. All dates should include the month, day and year.

Please insure the Applicant Privacy Waiver is notarized and returned with this application.

The information you provide in this application and throughout the background investigation will be used in consideration for your membership. Any falsification or omission of a material fact, or deception shall disqualify the application for membership.

Answer all questions fully by providing specific details. If additional space is needed you may continue your answer on the back of the page.

The Haddonfield Auxiliary Police Department is committed to equal opportunity for all prospective and current volunteers regardless of race, color, creed, sex, age, national origin or disability.

This background investigation and its results are strictly confidential and are the sole property of the Haddonfield Police Department. All copies of documents provided by the applicant become the sole property of the Haddonfield Police Department and will not be returned.

NOTICE: N.J.S. 2C:28-3a

A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable by law.

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APPLICATION FOR MEMBERSHIP

I. PERSONAL DATA & CITIZENSHIP INFORMATION

1.	NAME (LAST/FIRST/MIDDLE)						
2.	ADDRESS						
CITY			STATE		ZIP		
3.	TELEPHONE	HOME		CELL			
4.	PREVIOUS ADDRESS						
CITY			STATE		ZIP		
5.	DATE OF BIRTH		PLACE OF BIRTH				
6.	ARE YOU A U.S. CITIZEN?		*IF NATURALIZED, PLEASE INCLUDE A COPY OF NATURALIZATION PAPERS*				
7.	SOCIAL SECURITY NUMBER						
8.	HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR
9.	DISTINGUISHING SCARS, MARKS, TATTOOS, ETC…						
10.	MARITAL STATUS		IF MARRIED, SPOUSE'S NAME				
11.	YOUR E-MAIL ADDRESS(ES)						
12.	WEBSITES OWNED, OPERATED, MAINTAINED, AND/OR POSTED TO						
13.	LIST ALL SCREEN NAMES AND SOCIAL MEDIA WEBSITES USED (FACEBOOK, TWITTER, ETC…)						

II. EMPLOYMENT

1.	OCCUPATION			
2.	CURRENT EMPLOYER		LENGTH OF EMPLOYMENT	
ADDRESS				
PHONE NUMBER		SUPERVISOR'S NAME		
REASON LEFT				

III. MILITARY EXPERIENCE

1.	DID YOU EVER SERVE IN ANY BRANCH OF THE U.S. ARMED FORCES?		
2.	IF SO, WHAT BRANCH		
3.	LENGTH OF SERVICE		
4.	HIGHEST RANK		
5.	JOB ASSIGNMENT/ SPECIAL TRAINING		
6.	TYPE OF DISCHARGE		*PLEASE INCLUDE A COPY OF YOUR DISCHARGE PAPERS*

IV. EDUCATION

1.	HIGH SCHOOL ATTENDED				
DID YOU GRADUATE?		WHEN		HIGHEST GRADE LEVEL	
2.	COLLEGE ATTENDED				
MAJOR			WHEN		
DEGREE RECEIVED			GPA		
3.	HAVE YOU EVER BEEN SUSPENDED, EXPELLED, OR PLACED ON ACADEMIC PROBATION FROM ANY SECONDARY LEVEL SCHOOL (HIGH SCHOOL, COLLEGE, UNIVERSITY) OR ANY OTHER EDUCATIONAL INSTITUTION? (IF YES, EXPLAIN)				
4.	HAVE YOU EVER BEEN DISCIPLINED FROM ANY SECONDARY LEVEL SCHOOL OR EDUCATIONAL INSTITUTION? (IF YES, EXPLAIN)				

V. DISCIPLINE

1.	LIST ANY SCHOOL/TRAINING/WORK/LICENSE PROBLEMS INCLUDING ABSENTEEISM, TARDINESS, FAILING GRADES, TARDINESS, SUSPENSIONS, REPRIMANDS, ETC…

VI. TRAINING / SPECIAL QUALIFICATIONS

1.	DO YOU HAVE ANY PRIOR POLICE OR LAW ENFORCEMENT EXPERIENCE?			
2.	IF YES, EXPLAIN			
3.	DO YOU SPEAK/WRITE ANY FOREIGN LANGUAGE(S)?		IF YES, WHAT LANGUAGE(S)	
4.	LIST ANY OTHER VOLUNTEER ORGANIZATION(S) YOU ARE A MEMBER OF			
5.	LIST ALL TRAINING CERTIFICATES (CPR, FIRST AID, EMT, ETC…)			

VII. DOMESTIC VIOLENCE

1.	HAVE YOU EVER HAD A RESTRAINING ORDER, TEMPORARY OR FINAL, FILED AGAINST YOU?			
2.	IF YES, PLEASE EXPLAIN WHAT KIND OF ORDER		ISSUING COUNTY	
RESULT				

VIII. CRIMINAL HISTORY

1.	*PLACE AN "X" IN THE BOX NEXT TO THE APPROPRIATE ANSWER*	
	NO – I DO NOT HAVE A CRIMINAL HISTORY.	
	YES – I DO HAVE A CRIMINAL HISTORY.	*IF YES, PLEASE LIST ALL CHARGES, DATES, JURISDICTIONS AND DISPOSITIONS*

2.	HAVE YOU EVER BEEN CHARGED, ARRESTED, INDICTED OR CONVICTED OF A CRIME? (THIS INCLUDES CHARGES THAT WERE DROPPED, FOUND NOT GUILTY, OR EXPUNGED)	
3.	ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF THE U.S. GOVERNMENT?	
4.	HAVE YOU EVER BEEN COMMITTED TO A MENTAL INSTITUTION?	
5.	DO YOU USE ILLEGAL DRUGS?	
6.	DO YOU EXCESSIVELY USE ALCOHOL?	
7.	IF YOU ANSWERED "YES" TO ANY OF NUMBERS 2 THROUGH 6, EXPLAIN	
8.	HAVE YOU EVER BEEN ISSUED A MUNICIPAL/BOROUGH/CITY/COUNTY/DISTRICT ORDINANCE VIOLATION, OTHER THAN PARKING? (IF YES, EXPLAIN)	

IX. MOTOR VEHICLE INFORMATION

1.	DRIVER'S LICENSE NUMBER		STATE		
2.	NUMBER OF MOVING VIOLATIONS		NUMBER OF MV ACCIDENTS		
3.	LIST EVERY LICENSE SUSPENSION RECEIVED				
4.	HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR DRIVING WHILE INTOXICATED/IMPAIRED OR FOR DRIVING UNDER THE INFLUENCE IN THIS OR ANY OTHER STATE? IF YES, EXPLAIN				
5.	NUMBER OF MOTOR VEHICLES REGISTERED TO YOU				
LIST ALL LICENSE PLATE/ REGISTRATION NUMBERS					

X. SOCIAL ORGANIZATIONS

1.	LIST ANY SOCIAL, PROFESSIONAL OR FRATERNAL ORGANIZATIONS THAT YOU HAVE BEEN INVOLVED IN WITHIN THE PAST 10 YEARS	

XI. REFERENCE

PLEASE FILL IN YOUR NAME IN THE SPACE MARKED "REF" ON THE THREE REFERENCE FORMS INCLUDED IN THIS PACKAGE. GIVE THESE FORMS TO THREE INDIVIDUALS WHO KNOW YOU, EXCLUDING IMMEDIATE FAMILY, WHO WILL VOUCH FOR YOUR REPUTATION. PLEASE HAVE THEM FILL OUT THE FORM IN ITS ENTIRETY AND SIGN THE BOTTOM. THE REFERENCES MUST MAIL IT TO THE HADDONFIELD POLICE DEPARTMENT.

XII. CERTIFICATION / SIGNATURE

BY SIGNING THIS APPLICATION FOR A POSITION WITH THE HADDONFIELD AUXILIARY POLICE, I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME PERSONALLY. I FURTHER CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY ABILITIES TO ANSWER THE QUESTIONS. I UNDERSTAND THAT I AM APPLYING FOR A VOLUNTEER POSITION AND THAT I UNDERSTAND THAT I CANNOT RECEIVE ANY COMPENSATION FOR WORK THAT I DO. I ALSO ACKNOWLEDGE THAT I AM AWARE THAT EVEN THOUGH THIS IS A VOLUNTEER POSITION, I MUST COMPLETE A MINIMUM OF 8 HOURS OF TRAINING EACH MONTH IN ORDER TO MAINTAIN MY STATUS WITH THE HADDONFIELD AUXILIARY POLICE.

_____

APPLICANT SIGNATURE

_____

DATE