

Name: _____
Last *First*

Township of Lyndhurst Police Auxiliary

Application for Membership



367 Valley Brook Avenue
Lyndhurst, NJ 07071
(201) 939-2900 ext. 2770

REQUIREMENTS

Probationary Police Auxiliary Officer (also known as Police Reserve Officer) - Candidates must meet the following requirements as per Lyndhurst Township General Ordinance: Section 1 Chapter 2-10, Ordinance 1448

- 1) Citizen of the United States of America.
- 2) Must be at least 19 years of age.
- 3) Must possess a valid New Jersey driver's license.
- 4) Must be a resident, or live in one of the towns adjacent to the Township of Lyndhurst.
Note: Lyndhurst residents receive preference when filling an opening.
- 5) Must be certified by a department physician as being physically qualified for active duty.
- 6) Must submit to a drug test. A drug test may be administered randomly throughout your tenure as a police auxiliary officer.
- 7) Must not have been convicted of any crime. The applicant shall consent to a criminal history search to be conducted by the Lyndhurst Police Department.
- 8) Must be of good moral character.
- 9) Must have earned a high school diploma, G.E.D., or its equivalent.

The Deadline to submit an application is Friday, January 20, 2017

Name: _____

Address: _____

Town: _____ State: NJ Zip Code: _____

Date of Application: _____

Home Phone Number: _____

Other Phone Numbers (Cell/Work): _____

INSTRUCTIONS: Read every question carefully, answer EVERY question, leave no blank spaces, and submit a completed application. If the question does not apply to you, so state. A candidate may be rejected who has intentionally made a false statement of a material fact or practiced, or attempted to practice, any deception or fraud in this application, in any examination, or in securing eligibility for appointment. The candidate shall personally prepare this application. All entries, except the signature, MUST be printed legibly in block letters. Entries must be made in black or blue ink. If the space available for any question is insufficient, use a separate sheet of paper, attach it to the corresponding page and precede each answer with the number of the question being answered.

Personal Data

1. What is your full name? _____
Last Name First Name Middle Name

2. Give any other names you have used or have been known by, and attach a statement giving reasons (if none, so state) _____

3. Are you a U.S. Citizen? Yes No If yes: Native born Naturalized
If not, in what country were you born? _____

4. Are a resident of Lyndhurst? Yes _____ No _____

5. Date of Birth: _____ / _____ / _____ Age: _____ Sex: _____

_____ _____ _____ _____
Height Weight Eye Color Hair Color

6. Social Security Number: _____ State issued: _____

7. Marital Status Single Married Separated Divorced Widowed:

If married, date of marriage: _____

Name of Spouse: _____

Maiden Name: _____

8. Have you ever been divorced? Yes _____ No _____

9. Please list the name of parents, brothers and sisters (including step and/or half brothers/sisters):

Employment Status

10. Who is your current employer? _____

Address: _____

Phone #: _____

What is the name of your current supervisor? _____

11. Title of position? _____

12. Number of years with current employer? _____

13. What are your regular hours of employment? _____

14. Who was your previous employer? _____

Address: _____

Phone #: _____

What is the name of your current supervisor? _____

Reason for leaving? _____

15. List previous employer address and telephone numbers:

16. Do you currently have any additionally employment, such as a part-time job? Yes No

Who is your employer(s) _____

What are your hours of employment? _____

17. Do you wear glasses or contact lenses? Yes No

If yes, explain: _____

18. In chronological order, list each and every place in which you resided in the past 15 years:

Dates	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Emergency contact: _____ Relationship: _____

Phone #1 : _____ Phone #2: _____

20. Alternate contact: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

21. Do you have any police experience? Yes No

If yes, list where, dates served, and attach any copies of training certifications.

22. Have you ever been a member or applied for membership to another auxiliary police unit?

Yes No

If yes, list where, dates served, and attach any copies of training certifications.

23. Have you ever served in the United States Military? Yes No

If yes, please indicate Branch of Service, service number, rank held, type of discharge:

24. Do you suffer from any physical handicap, defect, disability or illness? Yes No

If yes, please explain:

25. Are you dependent upon the use of alcohol or any narcotic or other controlled dangerous substance?

Yes No If yes, please explain:

26. Are you now being treated for a drug abuse problem? Yes No

If yes explain:

Arrests, Summonses, etc.

27. Were you ever charged with of any crime, disorderly person offense, petty disorderly person offense, or township ordinance?

Yes No

If yes, give additional information as to date, location, charge, police agency, and court disposition of charge - be specific. Indicate all offenses and arrests, including juvenile delinquent.

28. Do you possess a Firearms Purchaser Identification Card (FPIC)? Yes No

If yes, please provide number: _____

Has your FPIC ever been suspended or revoked? Yes No

If yes, please explain:

29. Do you own or possess any firearms? Yes No

If yes, give details, including make, model, caliber, years of possession/ownership, and current location of firearm.

34. Do you regularly operate a motor vehicle of another for personal or employment use? Yes No

If yes: _____
 Make Model Year Color

 Plate #: _____ State: _____

35. Do you possess a valid New Jersey Drivers License? Yes No

 If yes, provide your New Jersey Drivers License Number: _____

36. Have you ever possessed a driver’s license from a state other than New Jersey?

 Yes No

 If yes, list which state(s): _____

37. Have you ever been issued a summons for a motor vehicle violation? Yes No

 If yes, please specify the infraction(s) for which the summons was issued, the approximate date of each infraction, and location of each infraction.

38. Have you ever been served a summons for a motor vehicle parking violation? Yes No

39. Have you ever been involved in a motor vehicle accident as a driver? Yes No

 If yes, how many times? _____

I hereby volunteer my services and agree to obey appropriate and relevant Township Ordinances governing the Lyndhurst Police Auxiliary as well as the Constitution, By-Laws, and rules and regulations of the Lyndhurst Police Auxiliary, including the Constitution, By-Laws, as they are or may be established by the Chief of Police or his designee. I understand that as part of the application process, I must pass a drug test and complete a medical examination which states that I am physically qualified for active duty. I understand that as part of the application process I must also consent to a criminal history record background check and that I must submit to being fingerprinted. I further understand that I will not be admitted to full membership until I have successfully completed a probationary period of one (1) full calendar year from the date of completing the prescribed auxiliary police officer training academy. I also declare that I completed this personal history questionnaire, and that the statements contained herein are, to the best of my knowledge and belief, true and correct and I have not knowingly and willfully made any false statements or given information which I know to be false.

Any person who knowingly gives or causes to be given false information on this application may be guilty of a crime of the fourth degree under the New Jersey Code of Criminal Justice (2C:28-4).

Signature of Applicant (Signature must be notarized)

Date

Subscribed and Sworn to, before me on

This _____ day of _____, _____.

Notary Public: _____

(Seal)

Required Documents

You are required to submit with your application copies of the following documents:

- Copy of your Social Security Card
- Copy of your birth certificate
- Copy of your valid New Jersey Driver's License. The applicant must possess a valid New Jersey Driver's License prior to being offered the position.
- Copy of your High School diploma or GED certificate.
- Copy of your college diploma, if applicable.
- Copy of your DD-214, if applicable. Must possess an honorable discharge.
- Copy of your Naturalization papers, if applicable.

Authorization for Release of Police Records and Information

Applicant Name: _____

Address: _____

Date of Birth: _____ SS#: _____

The undersigned hereby authorizes you or your representatives to disclose, make available and furnish to the Chief of Police, Lyndhurst Police Department, a copy of any and all records or information there from concerning the above named individual who is an applicant for the position of Police Auxiliary Officer.

Signature of Applicant

Dated

References

Please list three (3) personal references not related to you and not currently a member of the Lyndhurst Police Auxiliary.

Reference #1:

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

How long have you known the applicant: _____

Reference #2:

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

How long have you known the applicant: _____

Reference #3:

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

How long have you known the applicant? _____

Completed applications can be submitted by mail or in person to:

**Lyndhurst Police Department
c/o Detective Vincent Auteri
367 Valley Brook Avenue
Lyndhurst, NJ 07071**

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