

# 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

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## 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	

## 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?

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

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List any certificates or licenses you hold

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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**

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**DATE OF FILING THIS APPLICATION** \_\_\_\_\_