

**Linden Auxiliary Police
Application**

Municipality: Linden

County: Union

Date: _____

Name _____

Social Security _____ - _____ - _____

Current Address _____

Years there _____

(If you have lived elsewhere in the last 10 years, indicate this on the back of this form.)

City _____ Home Phone _____ Cell Phone _____

Age _____ **(Must be 18 years or older.)**

Date of birth _____

Employer _____ Address _____

Employer's Phone _____ Work hours _____

(If employed elsewhere in the last 10 years, indicate this on the back of this form.)

Height _____ Weight _____ Eye color _____ Hair color _____

Physical condition _____ Marital status _____

Are you a US Citizen? Yes No If no, when will you be sworn in as a citizen? _____

Education (be specific, location, dates.)

Military Experience (rank, branch, type of discharge, type of duty.)

Previous Police Experience (be specific, location, dates, etc.)

Do you speak or write a language besides English? Yes No If yes, what languages?

Driver's License number _____ Has your license ever been suspended? _____

Do you have a vehicle registered in NJ? Yes No If yes, what is the plate no.? _____

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Please enter any special qualifications or training that may effect your abilities as an Auxiliary Officer:

Do you own firearms? Yes No

Do you have a firearms ID card? Yes No

FID# _____ (If obtained in a municipality outside of Linden.)

Do you have any special Firearms training or qualifications? _____

Has your firearms ID ever been revoked? _____

Have you ever been arrested, indicted, or convicted of a crime other than Motor Vehicle violations in this state or any other? Yes No (If yes, enter details, use the back of this form as needed.)

Are you now, or have you ever been a member of an organization which advocates the overthrow of the Government of the United States of America? Yes No

Are you now, or have you ever been associated with a foreign or domestic terrorist organization?
Yes No

Please enter at least 2 references (Use the back of this form for additional references.):

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Relationship _____

Relationship _____

Years known _____

Years known _____

List any social clubs, fraternal organizations, unions, of any other school or church associations you may be a member of:

I attest that all information is true to the best of my knowledge. I am aware that any information that is intentionally entered as false will subject me to immediate rejection and may expose me to criminal penalty under the laws of the State of New Jersey.

Signature _____ Date _____