

APPLICATION FOR MEMBERSHIP

Middletown Township Office of Emergency Management

AUXILIARY POLICE UNIT



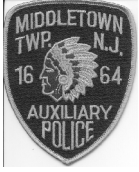
NAME: _____

Please affix a recent photo of yourself; taken within the last six months and depicting your head and shoulders ONLY in the box above. The photograph will be no larger than 3"x 5".

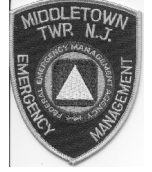
When completing this application, you MUST print or TYPE your information. If you are printing, PRINT LEGIBLY! If you make a mistake, cross out the erroneous information with *one line* so the original print can still be viewed. DO NOT USE WHITE-OUT. Write the corrected information above the mistake. DO NOT leave any blanks: if a question does not apply, write N/A in the appropriate space.

FOR OFFICE USE ONLY

DATE RECEIVED _____ DATE OF INTERVIEW _____



THE TOWNSHIP OF MIDDLETOWN
Middletown Township Office of Emergency
Management
Auxiliary Police Unit
1 Kings Highway
Middletown NJ 07748
(732) 615-2041



Robert M. Oches
Chief of Police

Michael Stoia
Auxiliary Chief

Date of Application:

BIOGRAPHICAL DATA

Name: _____

Address: _____ Town _____ Zip _____

On a separate sheet of paper, list your previous addresses for the past ten (10) years.

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Birth Date: _____ Place of Birth _____ SS # _____

Race: Caucasian African-American Asian/Pacific Islander Hispanic/Non-White Native American Other

Height: Feet Inches Weight: lbs. Male Female Age:

Eyes: Hair: Marital Status:

Scars, Marks, Tattoos, Piercings, etc: _____

EDUCATION

	School Name	School Address	Year Graduated	Credits/Major
High School				
College				
Trade School				
Other				

MILITARY SERVICE

Branch of Service: _____ From _____ To _____ Discharge Type: _____

EMPLOYMENT HISTORY

Present Occupation: _____ Years There: _____ Supervisor: _____

Address: _____ Phone Number: _____ Ext: _____

List your employers for the past 5 years: *Please use an additional sheet of paper if necessary.*

Employer: _____ Address: _____

Position: _____ Supervisor: _____ Phone: _____ Ext: _____

From: _____ To: _____ Reason for Leaving: _____

Employer: _____ Address: _____

Position: _____ Supervisor: _____ Phone: _____ Ext: _____

From: _____ To: _____ Reason for Leaving: _____

CRIMINAL AND MOTOR VEHICLE HISTORY

Have you ever been arrested (Include Expungements)? Yes No If yes, please list the name of the jurisdiction, charge and disposition. Use an additional sheet of paper if necessary:

Have you ever been convicted of a crime? Yes No If yes, please list the name of the jurisdiction, charge and disposition. Use an additional sheet of paper if necessary:

Have you ever received a Motor Vehicle summons? Yes No *If yes, please list below:*

Date	Violation	Disposition	Court

Driver's License Number: _____ State: _____

Have you ever been involved in a motor vehicle accident? Yes No *If yes, please list below:*

DATE	LOCATION OF MVA	JURISDICTION

List all vehicles that you own: *Use an additional sheet of paper if necessary.*

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make				
Model				
Color				
Plate #				
State				

ADDITIONAL INFORMATION

List all firearms that you own or possess: *Use an additional sheet of paper if necessary.*

	Weapon 1	Weapon 2	Weapon 3	Weapon 4
Make				
Model				
Caliber				
Serial #				

Do you have a NJ Firearms ID card? Yes No *If yes, please provide the following information:*

Firearms ID Card # _____ Place Issued: _____ Date: _____

List any special qualifications that you have: _____

Civic involvement, hobbies, etc: _____

REFERENCES

*Please list three references (include address and phone numbers) on a separate sheet of paper of persons who have known you for at least three (5) years. **DO NOT USE EMPLOYERS, CO-WORKERS, RELATIVES, TEACHERS OR MEMBERS OF THE CLERGY.***

Name _____ Years known _____

Address _____ City/Town _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer/Company _____

Name _____ Years known _____

Address _____ City/Town _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer/Company _____

Name _____ Years known _____

Address _____ City/Town _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer/Company _____

I swear (or affirm) that all of the information provided with this application is true, complete, and accurate to the best of my knowledge and belief. I understand that any false statements will result in denial of this application and possible prosecution for violation of NJS 2C:28-3 and/or 2C:28-4.

Signature of Applicant