

APPLICANT REFERENCE REQUEST

REFERENCE FOR: _____, who is seeking
NAME OF APPLICANT
to volunteer as an *Auxiliary Officer* with the *Middletown Township Police Department*.

I, the above named *applicant* request that _____
References Name

serve as a personal reference for me and to provide this completed reference form to the **Middletown Township Police Department**. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application with the above named law enforcement agency.

Signature of Applicant

Date: _____

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide in regards to the above *applicant* who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person declare that *I am over eighteen (18) years of age*, that I have *personally known the applicant for at least three years* and that I have read the foregoing and all the statements and information provided herein by me are true to the best of my knowledge. *I am not related in any way to the applicant* and I will, upon request, give further facts concerning the *applicant*. *I understand that my response will be considered to be "confidential" and will not be provided to the applicant.*

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)

VOUCHER:

Name: _____ Soc. Security No. _____

Home Address: _____

Phone: (____) _____ Business Address: _____
(Optional)

How long have you personally known the *applicant*? _____

In your opinion would the *applicant* make a good Auxiliary Police Officer? _____ If you

were in danger, would you want the *applicant* to be the officer assigned to assist you? _____

Why? _____

In your opinion, do most persons who know the *applicant* as well as you agree with your

assessment of the *applicant*? _____ Why? _____

What do you believe the *applicant's* most significant attributes are? _____

In your opinion, what deficiencies should the *applicant* work to improve upon and how would

those improvements help the applicant to be a successful Auxiliary Police Officer? _____

Reference Voucher

Do you personally know of any reason why the *applicant* should not be accepted as a law enforcement auxiliary officer? _____, *If the answer is yes, please insert information on a separate sheet of paper and attach it at the end of this form.*

On a scale from one to ten, where would you place the *applicant* as an individual who possesses all of the character, qualities, personality and mental abilities necessary to be a respected and successful law enforcement officer? _____

On a scale from one to ten, where do you place your level of comfort and willingness to serve as a reference for this *applicant*, knowing that this agency will give significant weight to your responses in determining whether or not to employ this applicant as a law enforcement officer with our department? _____

Signature

Date

PLEASE MAIL THIS FORM DIRECTLY TO:

**R. Craig Weber, Chief of Police
Middletown Township Police Department
One King's Highway
Middletown, New Jersey 07748
Attention: Sgt. Kevin Gardiner**

IF VOUCHER HAS ANY QUESTIONS-CONTACT AGENCY DIRECTLY:

AGENCY CONTACT PERSON:

SGT. Kevin Gardiner

(732) 615-2075

Reference Voucher