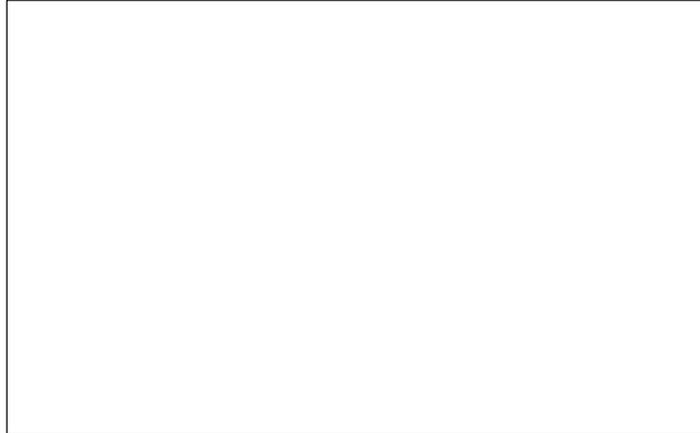


APPLICATION FOR MEMBERSHIP

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



R. Craig Weber
 Chief of Police

Dave Deigert
 Auxiliary Chief

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

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

Home Phone _____ Business Phone _____
 Cell Phone _____ E-mail _____

Birth Date _____ Place of Birth _____ Social Security Number _____

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

Height: __ Ft. __ Inches Weight: ____ lbs. Gender: __ Male __ Female Age: ____

Eye Color: _____ Hair Color: _____ Marital Status: _____

Scars, Marks, Tattoos, Piercings, Etc. _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Credits: _____
 Major _____

Trade School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Credits: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Criminal and Motor Vehicle History

Have you Ever Been Arrested? YES NO
 (Include Expungements)

Have you ever been convicted of a crime? YES NO

Have you ever received a Motor Vehicle Summons? YES NO Driver's License Number _____
 State _____

If yes to any of the above please list the name of the jurisdiction, charge and disposition. Use an additional sheet of paper, if necessary to explain: _____

Have you ever received a Motor Vehicle Summons? ____ Yes ____ No (If yes, please list below)

DATE	VIOLATION	DISPOSITION	COURT

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 #	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE
VEHICLE 1					
VEHICLE 2					
VEHICLE 3					
VEHICLE 4					

List any special qualifications that you have:

List any civic involvement, hobbies, etc:

REFERENCES

Please list three references (include address and phone numbers) of persons who have known you for at least three (3) years. DO NOT USE RELATIVES.

Full Name: _____ Relationship: _____
Occupation: _____
Address: _____
Years Known: _____

Full Name: _____ Relationship: _____
Occupation: _____
Address: _____
Years Known: _____

Full Name: _____ Relationship: _____
Occupation: _____
Address: _____
Years Known: _____

Disclaimer and Signature

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 the violation of NJS 2C:28-3 and/or 2C:28-4.

Signature: _____ Date: _____