

AUXILIARY POLICE DEPARTMENT
City of Mount Vernon, NY



APPLICATION
FOR
VOLUNTEER ENROLLMENT

Mount Vernon Auxiliary Police

Volunteer Enrollment

Position Information

Position applied for: Auxiliary Police Officer

Department/ Group: Mount Vernon Auxiliary Police Department

Have you ever worked for this organization before? _____ If so, when _____

Prior Positions _____

Reason for leaving _____

Personal Information

Last Name First Name MI

Home Address

City State Zip Code

Contact Number

D.O.B. Place of birth

Sex: Male () Female () Height Weight Hair Color Eye Color

Marital Status: Married () Divorced () Single () Separated ()

Name of Spouse Telephone #

Next Of Kin (NOT SPOUSE) Relationship

Profession or Occupation

Employer Name Telephone #

Employer Address

Are you a Veteran Yes () No ()

If yes, Date Enrolled Service

Assigned to Duty as

SSN. ID Card #

Are you a citizen? Yes () No ()

Date of naturalization Naturalization Certification #

Do you now possess a Valid New York State Pistol License? Yes () No ()

If yes, Issuing Agency Permit #

Type of permit (List restrictions)

HAVE YOU EVER BEEN ARRESTED? Yes () No ()

If yes, explain?

List all Criminal Convictions.....

Do you have a current Driver's License? Yes () No ()

List all driving convictions within the last five years

Employment History

Current.....Telephone#.....
Address.....
Position.....
Current.....Telephone#.....
Address.....
Position.....
Current.....Telephone#.....
Address.....
Position.....
Current.....Telephone#.....
Address.....
Position.....

Education (Please Print)

School/ Institution	Major Area Of Study	Degree/ # of Years

References (Please Print)

Name.....	Telephone#.....
Relationship to Applicant.....	
Name.....	Telephone#.....
Relationship to Applicant.....	
Name.....	Telephone#.....
Relationship to Applicant.....	

Other Information (Please Print)

Name of friends and/or relatives employed by this organization:
Position Held: Badge #:

Emergency Contact

In the event of an emergency, whom should we contact?

Last Name: First Name:
Relationship to Applicant..... Telephone #.....
Last Name..... First Name
Relationship to Applicant..... Telephone #.....

Acknowledgement (Please read carefully)

I hereby certify that the information contained in the application form and any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and I agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide the company with any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Applicant Signature..... Date.....