

EASTCHESTER AUXILIARY POLICE APPLICATION



Submit application to:
Eastchester Auxiliary Police
Attn: Jean M. Schipper – Personnel Director
40 Mill Road, Room 103
Eastchester, New York 10709

Please Print Clearly – fill in all blanks or n/a if not applicable

Circle One (male or female): M F

Last Name _____ First Name _____ M.I. _____

Age _____ DOB _____ / _____ / _____ Social Security # _____ / _____ / _____

Home Address _____ Town _____

State _____ Zip Code _____

Number of years at present address _____

Note: If present address is less than
10 years, provide your previous address _____

Home Tel. #() _____ Cell #() _____

Email Address _____

Employment

Occupation_____

Employer Name_____

Employer Address_____ Town_____

State_____ Zip Code_____

Business Tel. #()_____

Number of years employed by present employer_____

Note: If employed by present employer less than
10 years, provide your previous employer_____

Name of Supervisor_____ Title_____

Education

Name of High School Attended_____

High School Address_____ Town_____

State_____ Zip Code_____ Year Graduated_____

Name of College/Trade School Attended_____

College/Trade School Address_____ Town_____

State_____ Zip Code_____ Year Graduated_____

General Information

Do you possess a valid NYS Driver's License (circle one): Yes No

Driver's License # _____ Class _____

Expiration Date _____ Restrictions _____

Convictions (circle one): Yes No

List any convictions on Driver's License: 1) _____

2) _____

Do you possess a valid Driver's License from another state (circle one): Yes No

Driver's License # _____ State _____ Class _____

Expiration Date _____

Firearms

Do you possess a Pistol Permit (circle one): Yes No

Pistol License # _____

State of Issuance _____

Expiration Date _____

List ALL firearms here AND provide a copy of both front and back of Pistol Permit upon submission of this application. Also, attach any additional information regarding firearms if necessary:

1) _____ 2) _____

3) _____ 4) _____

Do you possess a rifle (circle one): Yes No

Rifle serial # _____

Circle One:

*1) Have you ever been convicted of a felony: Yes No

*2) Have you ever been arrested: Yes No

3) Are you a U.S. Citizen: Yes No

*4) Do you have any driving convictions: Yes No

*5) Do you have any medical conditions: Yes No

6) Do you belong to any other volunteer organization: Yes No

If yes, provide name of organization _____

7) Do you have any automotiveskills: Yes No

8) Do you speak any other language besides English: Yes No

9) Do you have any computer skills: Yes No

10) Do you have any special skills: Yes No

11) Do you own your own business: Yes No

*12) Do you have any law enforcement experience: Yes No

12b) What training have you received_____

13) How did you hear about our organization_____

14) Why do you wish to become an Auxiliary Police Officer_____

Please note: If you answered yes to questions 1,2,4,5, and 12, you MUST provide additional information and attach it to this application. A copy of both the Driver's License and Pistol Permit MUST be of the front and back upon submission of this application.

References

Please provide four references – Do not include family members

Name _____ Relationship _____

Address _____ Town _____

Tel. # _____ Tel. # _____
Daytime # Evening #

Name _____ Relationship _____

Address _____ Town _____

Tel. # _____ Tel. # _____
Daytime # Evening #

Name _____ Relationship _____

Address _____ Town _____

Tel. # _____ Tel. # _____
Daytime # Evening #

Name _____ Relationship _____

Address _____ Town _____

Tel. # _____ Tel. # _____
Daytime # Evening #

Affirmation

Please read before signing

I affirm that the statements herein are true and accurate to the best of my ability, and that I have not through intentional omission, given any false information. I understand that any information given here intentionally untrue will result in my termination with the Eastchester Auxiliary Police Program. I have provided true and accurate copies of documentation, copies of Driver's License and Pistol Permit, not altered in any way except which is acceptable by law. I understand that I MUST, when required, attend the Westchester Police Academy when training convenes. I also understand that before and after I attend the academy, at which time I will attain Peace Officer status, I will not, at NO TIME, PRESENT MYSELF AS A POLICE OFFICER. I understand that presenting myself as a police officer is a criminal offense, by which criminal proceedings can be brought against me.

I also understand that once accepted into the Eastchester Auxiliary Police Program I agree to abide by all rules and regulations of the Eastchester Auxiliary Police Department as well as the Eastchester Police Department. I understand that I shall return the issued Shield and ID upon request of the Director and/or Staff of the Eastchester Auxiliary Police Department.

I understand that said Shield and ID are the sole property of the Eastchester Auxiliary Police Department and failure to produce such upon request will result in a stolen property report given to the Eastchester Police Department and will be investigated and prosecuted by the Eastchester Auxiliary Police Department as well as the Eastchester Police Department.

I also acknowledge that I must report to the Director or the Deputy Director (Director of Human Resources) the loss of Shield and ID or any part thereof as soon as I know it is missing, and I acknowledge this must be in both verbal and written form. I am advised that this written notice must contain the date lost, possible location of loss, and any other pertinent information.

I also agree to permit the Eastchester Auxiliary Police Department and the Eastchester Police Department to contact my present and past employer and do whatever is necessary to conduct a background check.

I acknowledge that I understand what I have read here and agree to the above terms without any mental reservation.

Applicant's Signature _____ Date _____

Notary Information & Seal

Official Use Only

Interview Date_____

Accepted: Yes No

Background Check Completed Date_____

Certificate of Employment Issued Date_____

ID Issued Date_____

Finger Prints Taken Date_____

Photo Taken Date_____

APO Course Completion Date_____

Swearing in Date by Town Clerk's office_____

Other_____ Date_____

Other_____ Date_____

Firearms Course Completion Date_____

Other Comments_____
