



The Borough of Sayreville
Police Auxiliary

June 25, 2011

Dear Applicant:

Thank you for your interest in joining the Sayreville Police Auxiliary. Our organization has been proudly serving the residents of Sayreville since 1941. While some join us as a stepping stone to enter a career in law enforcement, others join simply to serve their community. Whatever your goals may be, we appreciate your time.

Each year, our organization receives many applications from very qualified individuals. While each application receives careful consideration, we are limited by the number of new members we can accept. So, with this in mind, I urge you to follow all instructions and submit your application as early as possible.

While everyone who submits an application will be contacted, by phone or by mail, it may take us some time before your application is processed. Your application will be processed in the order it was received. Depending on when your application was received, you can expect to hear from us within approximately 2-3 months. If you have any questions, please contact us by email at: recruiting@sayrevillepoliceaux.org.

We have also setup a website that will acknowledge when your application has been received. If you would like to know if we received your application, you can visit: <http://www.sayrevillepoliceaux.org/recruiting12/>. For your privacy, we will only be listing the last four digits of your social security number. Please allow up to three weeks from the time you submitted your application for your application acknowledgement to be posted.

Sincerely,

A handwritten signature in black ink that reads "Chris Bardsley". The signature is written in a cursive, flowing style.

Chief Chris Bardsley
Sayreville Police Auxiliary

*** Do NOT submit this page with your application ***



The Borough of Sayreville
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SAYREVILLE AUXILIARY POLICE
MEMBERSHIP APPLICATION

APPLICATION INSTRUCTIONS:

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for the auxiliary police. Failure to follow these instructions may result in disqualification from the selection process.

1. Fill out the entire application using a black or blue ball point pen or type your answers. All answers must be in block letters. You are required to answer every question. Leave no space blank. If the question does not apply to you, enter 'N/A'. Attach additional sheets as needed.
 2. Along with your application, attach a photocopy of your driver's license or a current photo ID (this should indicate your current address).
 3. Arrests and convictions that have been expunged or sealed must be included. Expungements are not effective when applying for a position in law enforcement. See NJSA 2C:52-27(c). Failure to include expungement or sealed arrest and / or conviction will result in immediate removal from the selection process.
 4. All completed applications must be returned no later than **January 14, 2012** at 10PM to be considered for this year's March academy class.
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ELIGIBILITY REQUIREMENTS:

1. 18 years of age or older with a high school diploma or GED
2. A United States citizen
3. A resident of Sayreville or live within 5 miles of the Sayreville border
(* provided your town does not have an auxiliary).
4. Is of good moral character and has not been convicted of any criminal offense involving moral turpitude.
5. Is able to read, write and speak English well and intelligently
6. A valid New Jersey drivers license

Name: (Last, First, MI): _____



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Membership Application

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____

State: _____ Zip: _____ Residing with: _____

Approximately how long have you resided at the above address: _____

Phone #: _____ Wireless #: _____

Email: _____

SSN#: _____ - _____ - _____ Age: _____ D.O.B: _____

Ht: _____ Wt: _____ Eyes: _____ Hair: _____ # of children _____

US Citizen: Yes: No: Were you born in the United States: Yes: No:
*(If you were **not** born in the United States, please attach proof of citizenship)*

Marital Status: Single Married: Widowed: Divorced: Separated: Other:

List all other names you have used including nicknames; if you are a married female, furnish maiden name. If you have ever worked or were educated under another name, please supply that also:



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OTHER VOLUNTEER SERVICE:

Are you presently a member of any Fire Dept. and/or First Aid Squad

Township: _____

OTHER POLICE AGENCY'S:

Are you presently in the hiring process for any police dept. or other agency: Yes: No:

If yes, which dept. / agency: _____

Approximate date of hire (if any): _____

Have you ever been employed as a Special Class I, Class II or Auxiliary officer? Yes No

If yes, where / when: _____

Why did you leave?: _____

Why do you want to join the Sayreville Police Auxiliary?



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EDUCATION

HIGH SCHOOL:

School City State

Attended from _____ to _____ Grade reached _____ Graduate? Yes: No:

COLLEGE / UNIVERSITY / TECHNICAL SCHOOLING:

School City State

Attended From _____ To _____ Degree: _____ Graduate? Yes: No:

Full / Part-time _____ Major: _____

School City State

Attended From _____ To _____ Degree: _____ Graduate? Yes: No:

Full / Part-time _____ Major: _____

School City State

Attended From _____ To _____ Degree: _____ Graduate? Yes: No:

Full / Part-time _____ Major: _____

Any special skills / training (towing, self-defense, EMT, etc.): _____



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MILITARY EXPERIENCE:

Have you ever served in the Armed Forces of the United States? Yes No

Highest rank obtained: _____ Date commissioned (if applicable) _____

If ever classified 1-Y (registrant qualified for military service only in time of war or national emergency) or 4-F (registrant not qualified for any military service), FURNISH REASONS:

Branch of Service: _____ Serial Number: _____

DATE OF SERVICE: From: _____ To: _____

Type of discharge: _____ Job Specialty (MOS) _____

Were you ever discharged for other than honorable reasons? Yes No

If yes, explain: _____

Have you ever received any disciplinary action while in military service? Yes No

Are you now serving in the active reserves: Yes: No:

Unit: _____

Are you obligated to attend summer camps? Yes No Duration _____

FOREIGN LANGUAGES:

Speak: _____ Write: _____

Speak: _____ Write: _____

Speak: _____ Write: _____



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LEGAL / DRIVING HISTORY:

Have you ever been arrested or charged with any crime, juvenile offense, disorderly persons offense, traffic violation or other violation (including traffic, but not parking tickets), under investigation by any agency or subpoenaed by any grand jury or investigative body?

YES: NO:

If yes, please state:

Date	Place and Police Agency	Charge / Offense	Final Disposition

For more charges, please attach a separate sheet of paper.

Was your motor vehicle registration certificate or drivers license ever revoked? YES NO

Suspended? YES NO If yes when: _____ Where? _____

Why? _____

If the answer to the previous question is "YES", was such registration or drivers license ever restored? YES NO When _____ Where? _____



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MOTOR VEHICLES

New Jersey Drivers License #: _____

Has your driving privilege ever been revoked IN ANY jurisdiction? Yes No

If yes, explain: _____

Do you possess any other type of driver's license / special endorsements? Yes No

If yes, describe type of license: _____

List all motor vehicles registered in your name or your spouse's name (include the primary vehicle you drive even if it's not registered to you):

Make: _____ Model: _____ Year: _____

Plate #: _____ State: _____ Registered to: _____

Make: _____ Model: _____ Year: _____

Plate #: _____ State: _____ Registered to: _____

Make: _____ Model: _____ Year: _____

Plate #: _____ State: _____ Registered to: _____

Have you ever been refused insurance and/or had insurance cancelled on your motor vehicle or drivers license? Yes No

If yes, explain _____



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MEDICAL HISTORY

Fill in yes or no to each question. In the area designed “Remarks”, explain briefly, giving reference number to number involved giving dates or other applicable information.

HAVE YOU EVER:

1. Been a patient in a sanitarium, hospital or institution? _____
2. Been seriously injured? _____
3. Been refused employment for health reasons? _____
4. Been forced to give up a job because of health reasons? _____
5. Received Workmen’s Compensation? _____
6. Received temporary disability? _____
7. Been rejected for military service for health reasons? _____
8. Received discharged from military service for health reasons? _____
9. Received a pension for disability? _____
10. Been refused life insurance? _____
11. Been made ill by your work? _____
12. Been refused a driver’s license for health reasons? _____
13. Injured your back? _____
14. Worn a back brace? _____
15. Worn a knee brace? _____
16. Had a hernia or rupture? _____
17. Do you ever wear a truss? _____
18. Had fits or convulsions? _____
19. Do you take medicine regularly? _____
20. Had Diabetes? _____



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SOCIAL HISTORY

The words “subversive organization” as used in questions “b” through “g” inclusive, shall mean any group or organization which supports, follows, or which is in sympathy with the principles of any subversive doctrine that advocates the overthrow of the government of the United States or any State or of any political subdivision thereof, by force, violence or other unlawful means.

Answer “Yes” or “No” to each question. If the answer given is “Yes”, explain details on signed separate affidavit to be attached to this form.

a... Have you ever, by word of mouth, or in writing, advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or of any political subdivision thereof, should be overthrown or overturned by force, violence, or any unlawful means? _____

b... Are you now, or have you ever been, a member of any subversive organization? _____

c... Have you ever been connected or affiliated in any manner with or have you ever attended any meeting of any subversive organization? _____

d... Have you ever paid, collected or solicited any money, dues or contributions to, for, or on behalf of any subversive organization? _____

e... Have you ever participated in any parade, picket line, delegation or demonstration sponsored or organized by any subversive organization? _____

f... Have you ever been a member of or attended any school, camp, class, or forum sponsored by any subversive organization? _____

g... Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which has as its purpose the aiding of any person, cause, or program connected with any subversive organization? _____



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ADDITIONAL INFORMATION

DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PRECEDING, WHICH IS OR WHICH MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, IN CONJUNCTION WITH AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR SELECTION TO THE SAYREVILLE POLICE AUXILIARY INCLUDING, BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, PHYSICAL OR MENTAL CONDITION, TEMPERANCE, HABITS, EMPLOYMENT, EDUCATION, SUBVERSIVE ACTIVITIES, FAMILY, ASSOCIATIONS, CRIMINAL RECORD, TRAFFIC VIOLATIONS RESIDENCE OR OTHERWISE?

If yes, explain: _____

Do you drink alcoholic beverages? Yes No

If yes, explain: _____

Have you ever used marijuana? Yes No

If yes, explain _____

Have you ever used any other illegal drugs? Yes No

If yes, explain: _____

Do you object to working nights, weekends or holidays? Yes No

Do you object working with the opposite sex? Yes No



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The Sayreville Auxiliary is committed to perform Sunday traffic details about once monthly at St. Stans and O.L.V churches. Do you have any other obligations which may interfere with your participation?

Yes: No: If yes, explain: _____

The Sayreville Auxiliary Police also meet every second Tuesday of each month for training meetings at 7:30pm. Are there any other commitments which may interfere with your attendance?

Yes: No: If yes, explain: _____

During your first year, as part of your initial training, members are expected to complete one patrol detail per month. These are performed at night, generally on the weekends. Do you have any other obligations which may interfere with your participation?

Yes: No: If yes, explain: _____

How did you hear about us:

Newspaper / TV (specify paper / channel): _____

Word of mouth (enter name if known): _____

Internet (what search engine, etc.): _____

Other: _____

REFERENCES:

Please supply 2 references:

Name: _____ Address: _____

City, state, zip: _____

Phone #: _____ Relation: _____

Name: _____ Address: _____

City, state, zip: _____

Phone #: _____ Relation: _____



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DO NOT SEND THIS PAGE.

**THIS PAGE IS TO BE
REPLACED WITH A COPY
OF YOUR VALID PHOTO ID
OR DRIVERS LICENSE.**



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AFFIRMATION

In order for us to process your application, please read, then check the following boxes to indicate you have a completed application. Then sign and date where indicated and submit your application. This page **MUST** be properly completed or your application will **NOT BE PROCESSED**.

- I have read the application instructions on page 1 of this application and I agree that failure to follow these instructions may result in my removal from the selection process.
- I have fully disclosed my legal history on page 7 of this application, attaching additional pages as necessary (this includes all of my traffic violations).
- I have included a photocopy of my driver's license or another valid photo ID with my application.

Upon signing this application, I affirm that I understand all of the questions asked in this application and that all the answers and attachments are true to the best of my knowledge. I further state that I understand any falsification of records, misstatement of fact or omission of facts in this application or attachments are grounds for disqualification or future termination. I expressly authorize the Sayreville Police Department to perform a full background check on myself without reservation to verify all information that I have submitted is correct as well as verify the integrity of my personal character.

If I am selected, I understand that I am free to resign at anytime with or without cause and with or without prior notice and the Sayreville Auxiliary Police reserves the same rights to terminate my membership at anytime, with or without cause and with or without prior notice. I also understand that submitting an application does not guarantee that I will be selected for an interview or future membership.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:

Signature of Applicant

Date

Please return application, along with copy of a current photo ID to:

Sayreville Police Department
Attn: Auxiliary Police
1000 Main St.
Sayreville, NJ 08872