

MARSHFIELD POLICE DEPARTMENT

Police Auxiliary Application

Personal Information:

Today's Date: ___/___/___

Last Name First Name Middle Name Maiden Name

Street Address (Home) City State Zip Home Phone #

Street Address (Work/School) City State Zip Work Phone #

____ / ____ / ____ _____ _____
Age Date of Birth Place of Birth – City/State Email Address

Cell Phone # _____ - _____ - _____ Length of Stay at Current Address: _____

Do you have a valid Driver's License? Yes ___ No ___ Number: _____

Emergency Contact:

Name: _____ Address: _____

Home Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

Your Answers Will Not Disqualify You from Consideration

Do you have Difficulty?

Standing for Long Periods? Yes ___ No ___ Bending or Stooping: Yes ___ No ___
Working Temperature Extremes? Yes ___ No ___ Lifting? Yes ___ No ___
Climbing? Yes ___ No ___ Any Allergies: Yes ___ No ___

What Days are you available to Volunteer?

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

What times are you available for work? _____

What are your normal work hours? _____

Do you have any responsibilities that would prevent you from working
unusual hours, if necessary, to complete an important task? Yes ___ No ___

List your reason(s) for wanting to volunteer your time to the Marshfield Police Department:

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Excluding your current Address, list your last 3 most recent addresses and lengths of stay:

_____	_____	_____	_____	_____
Address	City	State	Zip	Length
_____	_____	_____	_____	_____
Address	City	State	Zip	Length
_____	_____	_____	_____	_____
Address	City	State	Zip	Length

Education and Training

High School:

_____	_____	_____	_____	_____
School Name	School Address	City	State	Zip

Did you graduate? Yes No IF yes, what year? _____ IF no, highest grade completed: _____

If you did not graduate, do you have a GED Equivalency? Yes No

How many years of College/University/Technical School have you completed? _____ (years)

College/University/Tech School Name and City	Years Attended From – To	Major	Degree or Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any previous law enforcement experience? Yes No

IF yes, when and where _____ Was it: Full Time? or Part Time?

Are you currently certified in:

First Aid? CPR? Water Safety:

List any special training, experience, certification, etc., that may benefit the Marshfield Police Department:

List any special skills and or equipment you posses that may benefit the Marshfield Police Department:

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References: (List 3 people, not related to you, that have knowledge of your qualifications and character):

Name	Address	Occupation	Phone #
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____
_____	_____	_____	____-____-____

Work Experience

List Current/Most Recent First:

Employer's Name	Position	Supervisor	Phone #
_____	_____	_____	____-____-____
_____	_____	_____	_____
Dates Employed	Average Hours/Week	Reason for Leaving, if not still employed	

Employer's Name	Position	Supervisor	Phone #
_____	_____	_____	____-____-____
_____	_____	_____	_____
Dates Employed	Average Hours/Week	Reason for Leaving, if not still employed	

Have you even been convicted of ANY violation of law other than minor traffic violations Yes ____ No ____
(answers are not the sole criteria for decisions)?

If yes, list charges, date, location (city/state), circumstances, etc.:

Health and Physical Fitness

How would you classify your General Health? Poor ____ Fair ____ Good ____ Excellent ____

Do you currently have health insurance? Yes ____ No ____

If yes, who is your insurer: _____

Are there any medical conditions that you wish to make us aware of for your own protection/safety? (this is Voluntary):

