

# COPY

## MARSHFIELD POLICE DEPARTMENT

Police Auxiliary Application

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name / First Name / Middle Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Address (Home) / City/State/Zip / Home Telephone #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Address (Business/School) / City/State/Zip / Business Telephone #

\_\_\_\_\_/\_\_\_\_\_  
E-Mail Address / Cell Telephone #

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Age / Date of Birth / Place of Birth - City/State / Maiden Name

Length of Stay at Current Address: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Valid WI Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Number \_\_\_\_\_

In Case of Emergency, Contact:

\_\_\_\_\_/\_\_\_\_\_  
Name / Address/City/State/Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Telephone # / Business Telephone # / Cell Telephone #

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**Your Answers Will Not Disqualify You From Consideration**

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Do You Have Difficulty:

Standing For Long Periods? _____	Bending or Stooping? _____
Working Temperature Extremes? _____	Lifting? _____
Climbing? _____	Any Allergies? _____

What days are you available for work? \_\_\_\_\_

What times are you available for work? \_\_\_\_\_

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 reasons for volunteering your time to the Marshfield Police Department:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Excluding Current Address, List 3 Most Recent Addresses and Lengths of Stay:

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

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### Education and Training

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Circle highest grade completed in high school:      9      10      11      12

\_\_\_\_\_ / \_\_\_\_\_  
Street Address (High School)      City/State/Zip

Date Of Graduation (If Applicable): \_\_\_\_\_

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

Circle number of years in advanced education:      1      2      3      4      5

College/University/Tech School Name and Location	Dates From-To	Major	Degree or Certificate
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

Do you have previous law enforcement experience?    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, where and when (full/part time): \_\_\_\_\_

Do You Possess Current Certification In:

First Aid? \_\_\_\_\_      CPR? \_\_\_\_\_      Water Safety? \_\_\_\_\_

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

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

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References: List three persons, not related to you, that have knowledge of your qualifications and character.

Name	Address	Occupation	Telephone
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

### Work Experience

List Most Current First:

_____ / _____	_____ / _____	_____ / _____	_____ / _____
Employer's Name	Telephone	Position	Supervisor
_____ / _____	_____ / _____	_____ / _____	_____ / _____
Dates - From-To	Hours Per Week	Reason For Leaving	
_____ / _____	_____ / _____	_____ / _____	_____ / _____
Employer's Name	Telephone	Position	Supervisor
_____ / _____	_____ / _____	_____ / _____	_____ / _____
Dates - From-To	Hours Per Week	Reason For Leaving	

Have you ever been convicted of ANY violations of law other than minor traffic violations (answers are not the sole criteria for decisions)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list charge, date, location, circumstances, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Health and Physical Fitness

General Health: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurer \_\_\_\_\_

Are there any medical conditions that you wish to make this department aware of for Your own protection (voluntary)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_