



TOWNSHIP OF OLD BRIDGE
DEPARTMENT OF PUBLIC SAFETY
ONE OLD BRIDGE PLAZA • OLD BRIDGE • NEW JERSEY • 08857
732-721-5600, Ext. 3411 Fax: 732-607-7937

William A. Volkert
Chief of Police

AUXILIARY POLICE OFFICER APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ Telephone No.: _____
Date of Birth: _____ Birthplace: _____ Social Security No.: _____
Height: _____ Weight: _____ Blood Type: _____ Eye Color: _____ Hair Color: _____
Marital Status: _____ Occupation: _____
Employer's Name: _____ Address: _____

What are your regular work hours? _____ Are you working shift work? Yes No

Have you ever legally changed your name? Yes No If "Yes", please provide date of name change and reason: _____

Are you a U.S. citizen? Yes No If "Yes" by naturalization, please provide copy of citizenship papers. If by birth, please provide copy of birth certificate.

Are you a high school graduate? Yes No Are you a college graduate? Yes No
Please attach copies of diplomas.

Do you currently possess a valid driver's license? Yes No
If "Yes", provide driver's license number _____.

Has your driver's license ever been suspended/revoked? Yes No If "Yes" please provide reason.

Have you ever been arrested, indicted, convicted or entered a plea of guilty to any crime or disorderly persons offense other than motor vehicle? Yes No

If you answered "yes" to the above, please provide details including disposition of case: _____

Have you ever been treated for a substance abuse problem, i.e. drugs or alcohol? Yes No

Have you ever been confined to, treated or observed, either as an in-patient or an outpatient, at a psychiatric facility or hospital for a psychological condition? Yes No

Do you possess any firearms? Yes No

If "Yes", provide type, make, serial number and condition. _____

Are you now, or have you ever been a member of any subversive group/organization which would be non-supporting of the United States Government? Yes No

I hereby certify that I am not now, nor have I ever been a member of any organizations that are listed as subversive by the United States Attorney General.

I further certify that I am not now, nor have I ever been an advocate or a member of any organizations which advocated the overthrow of the Government of the United States of America by force or violence.

(Applicant's Signature)

Date: _____

Applicant must attach one (1) 3x5 color photograph with the application and mail to the address provided above.