

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 #

Your Answers Will Not Disqualify You From Consideration

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

Education and Training

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:

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**)?
