



# NORTH TONAWANDA AUXILIARY POLICE

## Volunteer Application

| APPLICANT INFORMATION  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Last Name  |                              | First                       | Middle   |
| Street Address   |                              |                             | Apartment/Unit #   |
| City   |                              | State                       | ZIP  |
| Phone  |                              | E-mail Address              |  |
| Date of Birth (MM/DD/YY)   | Social Security No.          |                             | Height / Weight  |
| Valid Drivers License YES <input type="checkbox"/> NO <input type="checkbox"/>   |                              | Issuing State               | ID Number  |
| Emergency Contact Name   |                              | Emergency Contact Number    |  |
| Are you a citizen of the United States?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.?           |
|  |                              |                             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Any vehicle infractions within the past 3 years?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain  |
| Have you Used or Are you Currently Using any Illegal Drugs?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain  |
| Have you ever been convicted of a crime?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain  |
| Have you ever attempted or thought of committing suicide or are currently taking antidepressant drugs or being treated for a mental disorder? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain |                              |                             |  |
| Do you possess a Pistol Permit? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please attach a copy (Front & Back)   |                              |                             |  |

| EDUCATION   |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate?  | Degree |
|             |    | YES <input type="checkbox"/> NO <input type="checkbox"/> |        |
| College     |    | Address  |        |
| From        | To | Did you graduate?  | Degree |
|             |    | YES <input type="checkbox"/> NO <input type="checkbox"/> |        |
| Other       |    | Address  |        |
| From        | To | Did you graduate?  | Degree |
|             |    | YES <input type="checkbox"/> NO <input type="checkbox"/> |        |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank / Job Description           | Type of Discharge |
| If other than honorable, explain |                   |

| EMPLOYER  |                  |
|-----------|------------------|
| Company   | Phone            |
| Address   | Supervisor       |
| Job Title | Responsibilities |

**CHARACTER REFERENCES**

*Please list two references who are not family members*

|           |  |       |
|-----------|--|-------|
| Full Name |  | Phone |
| Address   |  |       |
| Full Name |  | Phone |
| Address   |  |       |

**AFFIRMATION AND SIGNATURE**

I, \_\_\_\_\_, authorize the North Tonawanda Police Department to conduct a full background and criminal history check as a condition of becoming a member of the North Tonawanda Auxiliary Police Department. I also certify that all of the answers on this application are true and complete to the best of my knowledge.

I, \_\_\_\_\_, do solemnly affirm that I will support the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance and will faithfully discharge the duties upon which I am about to enter.

I do further affirm that I do not advocate, nor am I a member or an affiliate of any organization, group or combination of persons that advocates the overthrow of the Government of the United States of America by force or violence; during such time as I am a member of the North Tonawanda Auxiliary Police under direction of the Emergency Management Office of the City of North Tonawanda, New York.

Signature \_\_\_\_\_

Date \_\_\_\_\_

All information will be treated with strict confidence.  
Perjury will result in an immediate refusal of your application.

North Tonawanda Auxiliary Police  
495 Zimmerman Street  
North Tonawanda, NY 14120  
[www.ntauxpolice.org](http://www.ntauxpolice.org)