

# **Taylor Auxiliary Police Application Form**

Date of Application: \_\_\_\_\_ Date accepted: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ How long: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Place of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Physical Condition: \_\_\_\_\_ Marks or Scars: \_\_\_\_\_

Marital Status: Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Children \_\_\_ If yes how many? \_\_\_

Name of Spouse: \_\_\_\_\_

Education: Highest grade completed \_\_\_\_\_ High School \_\_\_\_\_

Graduated: \_\_\_\_\_ If yes, what year: \_\_\_\_\_

Degrees or Diplomas obtained: \_\_\_\_\_

Military Service (if any): \_\_\_\_\_

Date of entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Last rank Held: \_\_\_\_\_

State briefly your duties while in military service: \_\_\_\_\_

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

Do you have a current operators (driving) license?

Drivers license no.: \_\_\_\_\_ State: \_\_\_\_\_

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Shift worked: \_\_\_\_\_ Occupation: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

How many years service with this company? \_\_\_\_\_

Past occupations and part time jobs:  
List employers and duties (last five years only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special training: List any military, college, trade school, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies: (photography, Electronics, etc.) \_\_\_\_\_

\_\_\_\_\_

Check if experienced in the following skills: Typing \_\_\_\_\_ Filing \_\_\_\_\_

Fingerprinting \_\_\_\_\_ Martial Arts \_\_\_\_\_ Reloading ammunition \_\_\_\_\_

Computer operation \_\_\_\_\_

Explain any other training, skills or experience you feel could be useful to either the regular or Auxiliary Police Department.

\_\_\_\_\_

Would you as a new Auxiliary Police applicant object to an interview with you and your spouse (if married)? \_\_\_\_\_

If you are accepted in the Auxiliary Police Department, would you object to obtaining a physical report from your doctor on you physical condition? \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a friend or relative in the Taylor Auxiliary Police or the Taylor Police Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name the officer \_\_\_\_\_

Please sign and date this application:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO THE TAYLOR POLICE DEPARTMENT FOR PROCESSING**