



Newton Auxiliary Police

1321 Washington St, Newton, MA 02465



Application

Name: _____ Email: _____
(LAST) (FIRST) (MI)

Home Address: _____
(STREET) (CITY) (STATE) (ZIP)

Date of Birth: _____ Primary Tel: _____ Secondary Tel: _____

Social Security Number: _____ U.S. Citizen? YES / NO (If no, explain on the back)
(Check One)

Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ State Issued From: _____ Restrictions: _____ Class: _____

Has your license ever been suspended or revoked? YES / NO (If yes, explain on the back)
(Check One)

Primary Vehicle: _____ Registration: _____
(YEAR) (MAKE) (MODEL) (COLOR) (NUMBER & STATE)

Firearms License # _____ Expiration: _____ Class: _____

Have you ever been convicted of a crime? YES / NO (If yes, explain on the back)
(Check One)

Have you ever had an Abuse Prevention Order (209A) issued against you? YES / NO (If yes, explain on the back)
(Check One)

Have you ever been a member of a law enforcement agency or private security company? YES / NO
(Check One)

If yes, what is the name of the agency/company? _____

Agency/Company Address: _____
(STREET) (CITY) (STATE) (ZIP)

Agency/Company Tel: _____ Dates of Employment: _____ TO _____

Position/Title: _____ Name of Supervisor: _____

List of Law Enforcement training and/or experience (if applicable): _____

Current CPR/AED Certification: YES / NO
(Check One)

Current First Responder Certification: YES / NO
(In compliance with M.G.L., Chapter 111, Section 201) (Check One)

Medical Training/Certifications/Licensing (if applicable): _____

Present Employment

Employer: _____ Employer Tel: _____

Employer Address: _____
(STREET) (CITY) (STATE) (ZIP)

Position/Title: _____ Name of Supervisor: _____

Work Schedule: _____ Date of Hire: _____

Previous Employment

Employer: _____ Employer Tel: _____

Employer Address: _____
(STREET) (CITY) (STATE) (ZIP)

Position/Title: _____ Name of Supervisor: _____

Dates of Employment: _____ TO _____

Military Service

Any past or current Military Service? YES / NO If yes, which branch? _____ Rank: _____
(Check One)

Dates of Service: _____ TO _____ Type of Discharge: _____

Special Skills/Training: _____

Education

Name of School	Location	Dates Attended	Major/Minor	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal References

(Non-relatives whom you have known for 3 years or more)

1) _____
(NAME) (STREET) (CITY) (STATE) (ZIP) (PHONE NUMBER)

2) _____
(NAME) (STREET) (CITY) (STATE) (ZIP) (PHONE NUMBER)

3) _____
(NAME) (STREET) (CITY) (STATE) (ZIP) (PHONE NUMBER)

Emergency Contact Information

Name: _____ Relation: _____

Home Address: _____
(STREET) (CITY) (STATE) (ZIP)

Primary Tel: _____ Secondary Tel: _____

Are you able to perform the essential functions and duties of the Newton Auxiliary Police Department with or without reasonable accommodations? YES / NO
(Check One)

Please list any reasonable accommodations that may be necessary: _____

How did you learn about the Newton Auxiliary Police Department? _____

Please give a brief explanation of why you want to serve with the Newton Auxiliary Police Department:

Are you willing to provide a minimum of 19 hours a month to the Newton Auxiliary Police Department after training? YES / NO
(Check One)

Are you willing and able to accept financial responsibility for required, non-department issued equipment and training materials? YES / NO
(Check One)

I, _____, hereby authorize the Newton Police Department and the Newton Auxiliary Police Department to conduct an investigation into my suitability for appointment as an Auxiliary Police Officer for the City of Newton. This includes, but is not limited to, contacting listed references, employers, and past agencies of which I was a member. I also authorize the investigation agencies to conduct a criminal records check and to release all findings to the Investigations Officer(s).

(CANDIDATE: PRINT NAME HERE)

(CANDIDATE: SIGN HERE)

(DATE)

THIS APPLICATION MUST BE NOTARIZED ON THE FOLLOWING PAGE IN ORDER TO BE REVIEWED AND PROCESSED.

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX COUNTY

I, _____, being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand or type, the answers to each and every question therein and I do solemnly swear (affirm) that each and every answer is full, true, and correct in every aspect.

(CANDIDATE: PRINT NAME HERE)

(CANDIDATE: SIGN HERE)

Sworn to before me, this _____ day of _____ 20 _____

(SEAL)

(NOTARY PUBLIC)

(MY COMMISSION EXPIRES ON)

PLEASE MAIL THIS COMPLETED APPLICATION TO:

**Deputy Chief Jeffrey Siltan
P.O. Box 600254
Newton, MA 02460-0003**