

APPLICATION FORM

AUXILIARY POLICE CANTON, OHIO

This is an application for membership in the Auxiliary Police, Unit of Canton, Ohio voluntarily made by you. It requires certain detailed information for obvious reasons but shall be confidential. All applicants will be carefully screened, and this signed application does not assure acceptance into membership.

Name: _____ Address: _____

(LAST) (FIRST) (MIDDLE)

Phone Res: _____ Business: _____ Marital Status: S M D W

Age: _____ Birth Date: _____ Place of Birth: _____ SSN: _____

Height: _____ Weight: _____ Build: _____ Eye: _____ Hair: _____

Complexion: _____ Scars/Marks/Tattoos: _____

Employment: Place: _____ Type: _____

Working Hours: From: _____ To: _____ Shifts: _____

Special Skills: _____ Hobbies: _____

Vehicles Owned: Year, Make, & Type: _____

Driving Experience: Years: _____ Valid Driver's License? Y N OLN: _____

(if no, why?) _____

Military Service? Y N Branch: _____ When: _____

Where: _____ Rank: _____

Languages Spoken: _____

Criminal History: _____

Citizenship: By Birth: _____ By Naturalization: _____

Personal References (2 – No Relatives)

Name: _____ Address: _____

Name: _____ Address: _____

Spouse: _____ Date of Birth _____ Birth Place: _____

Employed At: _____ Occupation: _____

Children: _____ Age: _____ Date of Birth: _____

Children: _____ Age: _____ Date of Birth: _____

Children: _____ Age: _____ Date of Birth: _____

Emergency Contact: _____

I offer myself for public service (gratis) and I understand that the signing of this application does not constitute membership in the Auxiliary Police.



Signed: _____ Date: _____

Interviewer: _____

Accepted Date: _____ Rejected Date: _____

Reasons: _____
