



Hazel Park Auxiliary Police Unit Application for Membership

Instructions to Applicant

- This application must be completed in its entirety in order to be considered for membership in the Hazel Park Auxiliary Police Unit. Failure to completely and clearly answer any section may delay or prevent processing and prohibit your acceptance into the unit.
- Please print. Illegible or unintelligible responses will be treated as no response.
- Answer all questions truthfully and without omissions. Failure to do so may result in a rejection of your application or dismissal from the unit at any time in the future when the inaccurate statements are discovered.
- Be sure to sign and date the application before submission. Failure to do so will prevent the processing of your application.
- Upon completion, return the form to the Auxiliary Police Captain, Hazel Park Police Department, 111 E. Nine Mile Road, Hazel Park, MI 48030. You may return the form either in person or by mail.

Personal Information

Name (First Middle Last)			Today's Date _ / _ / _		Other names used at any time	
Sex <input type="checkbox"/> M <input type="checkbox"/> F		Age	Date of birth _ / _ / _		Place of birth	Citizenship
Driver's license number			License expiration _ / _ / _		Social security number _ - _ - _ _ _ _	
Height	Eye color	Weight	Hair color	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)		
Current residence (street address, city, state, zip)				How long ?	Telephone	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Previous residence (street address, city, state, zip)				How long ?	E-mail Address (if available)	
Next previous residence (street address, city, state, zip)				How long ?		
Military service ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attach a copy of your DD214 discharge papers.		Dates of service From _ / _ / _ To _ / _ / _		Branch
Type of discharge		Military reserve member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive		
Immediate family residing with you (use additional sheet if necessary)						
Name (First Middle Last)			Date of birth _ / _ / _		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship (father, sister, spouse, etc.)
Name (First Middle Last)			Date of birth _ / _ / _		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Name (First Middle Last)			Date of birth _ / _ / _		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Name (First Middle Last)			Date of birth _ / _ / _		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Name (First Middle Last)			Date of birth _ / _ / _		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship
Name (First Middle Last)			Date of birth _ / _ / _		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Relationship

Work History

Current or most recent employer's name, street address, city, state and zip			Telephone number		
Dates employed From To		Position and duties		Supervisor's name	
Reason for leaving (if applicable)		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hours and days worked	
Next most recent employer's name, street address, city, state and zip			Telephone number		
Dates employed From To		Position and duties		Supervisor's name	
Reason for leaving		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Next most recent employer's name, street address, city, state and zip			Telephone number		
Dates employed From To		Position and duties		Supervisor's name	
Reason for leaving		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Next most recent employer's name, street address, city, state and zip			Telephone number		
Dates employed From To		Position and duties		Supervisor's name	
Reason for leaving		Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			

Education

School	Name and location of school	Course of study	Attended From To	Did you graduate?	List degree, if any
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Character References

List five people who know you well in a personal or business capacity (not relatives).

	Name, street address, city, state, zip	Telephone number	Age	Occupation	Known how long?
①					
②					
③					
④					
⑤					

Reasons for Joining

Describe, in your own words, why you want to join the Auxiliary Unit.

Driving Record

List all tickets you have received in the last five (5) years (except parking tickets).

Type of infraction	Approximate date	Police agency issuing ticket
Type of infraction	Approximate date	Police agency issuing ticket
Type of infraction	Approximate date	Police agency issuing ticket
Type of infraction	Approximate date	Police agency issuing ticket
Are you subject to any driving restrictions? If yes, indicate type of restriction here. <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate total number of points currently on your driving record.

Misdemeanor and Felony Record

List all convictions you have received in the last ten (10) years (except tickets listed above).

Type and description of conviction	Approximate date	Charging police agency
Type and description of conviction	Approximate date	Charging police agency
Type and description of conviction	Approximate date	Charging police agency

Other Disclosures

Are you willing to take a physical at your own expense to determine your fitness for duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you agree to maintain a telephone at your residence at your expense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently available evenings and weekends and expect to continue to be? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a reliable means of transportation at your disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No

List any physical restrictions that would prevent you from performing police work.

List any friends or relatives who are currently in the unit or are employees of the City of Hazel Park.

Information Release and Acknowledgements

- I hereby authorize without restriction an investigation of all statements contained herein. This authorization includes but is not limited to my driving record, criminal history, past and present employment records including disciplinary action, military records and information received from my references.
- I hereby release all parties from any obligation to provide me with any notification, verbal or written, of any disclosures.
- I understand that relevant omissions or false information can at any time be grounds for dismissal from the unit.
- I agree to keep confidential any information I learn from the unit.
- I agree to be bound by the rules and regulations set forth by the unit.
- I understand that final acceptance is conditional upon my providing, at my expense, a medical doctor's unconditional statement attesting to my fitness for duty.
- I understand that I must serve a one-year probationary period during which time I may be dismissed from the unit without cause.

Signature	Date	Thank you for your interest in the Hazel Park Auxiliary Police Unit. Your application will be carefully reviewed and you will be notified of the the results.
-----------	------	---

This page for police use only. Not to be used by applicant.

Evaluation of	Reviewer Sign.	Date	Acceptable?	Comments
Application Completeness		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal information		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work history		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact with current or prior employer		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference check-reference #1		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference check-reference #2		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference check-reference #3		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference check-reference #4		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference check-reference #5		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driving record and comparison to actual record		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Criminal record and comparison to actual record		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other disclosures and signature		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oral Board Conducted		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Participants				Final score
Final determination by evaluator <input type="checkbox"/> Accept <input type="checkbox"/> Reject		Signature and date		
Reason if rejection			Method and date of rejection notice	
Probationary period <input type="checkbox"/> One year <input type="checkbox"/> Special		Reason and length if special		
Additional comments				
Acceptance approval by Recruiting Bureau		Signature and date		Comments
Acceptance approval by Captain		Signature and date		Comments
Applicant notified of results by				