

Bel Air Police Department

Auxiliary Police

Application

For Office Use Only

Interview Date/Time

By

☐

P

☐

F

Written Test Score

Physical

☐

P

☐

F

PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY AND SELECT THE SUBMIT BUTTON. PLEASE KEEP A COPY FOR YOUR RECORDS.

Date Submitted

Name (Last, First, Middle)

SSN

Aliases

Nicknames

Name Changes

Maiden Name

Address (List in descending order from present for past 5 years)

From

To

From

To

From

To

Telephone

Home

Work

Mobile

Other

Date of Birth

Place of Birth

Are you a citizen of the United States? ☐ Yes ☐ No

If a naturalized citizen,

Date

Certificate #

Height (Ft)

Height (In)

Weight (lbs)

Color of

Eyes

Hair

Sex ☐ Male ☐ Female

Visible scars, birthmarks, tattoos

Photographs and fingerprints will be taken at the Police department.

Auxiliary Officer will make a copy of the Birth Certificate, Education Certificate, and attach to application.

☐ ACCEPTED ☐ REJECTED

Education (Select highest grade completed) Date Graduated

Name and location of high school G.E.D Date

Have you attended college ☐ Yes ☐ No

Name and Location	Dates Attended	Credit Hours	Years Completed	Degree/Year Received
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List three Names, Addresses, and Telephone numbers of persons NOT related to you, that may be contacted for references.

1.	<input type="text"/>	Phone Number	<input type="text"/>
2.	<input type="text"/>	Phone Number	<input type="text"/>
3.	<input type="text"/>	Phone Number	<input type="text"/>

Would you comply if requested to take a polygraph exam? ☐ Yes ☐ No

Have you ever served in the Armed Forces? ☐ Yes ☐ No

If yes, what branch?	<input type="text"/>	Dates	<input type="text"/>	to	<input type="text"/>
Type of Discharge	<input type="text"/>	Rank	<input type="text"/>	Serial #	<input type="text"/>

Are you a member of a Reserve or National Guard Unit? ☐ Yes ☐ No ☐ Active ☐ Inactive

If yes, name and location of unit

Are you: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow/Widower

If married, Date

Name of Spouse	<input type="text"/>	Maiden Name	<input type="text"/>
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Drivers License Soundex	<input type="text"/>	State	<input type="text"/>	Class	<input type="text"/>
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Has your drivers license ever been suspended/revoked in Maryland or elsewhere? ☐ Yes ☐ No

If yes, please provide details:

Employers Name and Address

Type of Business

May we contact your employer? ☐ Yes ☐ No **Length of Employment** Years Months

How did you hear about the Auxilliary police? ☐ Regular officer ☐ Civic Organization ☐ Friend

☐ News media ☐ Auxiliary Office **Other**

Have you ever been arrested, taken into custody, held for investigation, or charged by a law enforcement agency for anything other than minor traffic violations?

☐ Yes ☐ No

If YES, please provide details: Date, Place, Charge and Court Disposition:

Special skills, training, hobbies

Are you now or have you ever been employed by a law enforcement agency? ☐ Yes ☐ No

If YES, please provide details:

Medical/Physical Condition: (If more space is needed attach sheet)

Do you have any physical defect, handicap, chronic disease, or other disability? ☐ Yes ☐ No

If YES, please provide details:

Do you now, or did you ever wear a body brace or support? ☐ Yes ☐ No

If YES, please provide details:

Do you presently wearing a hearing aid ? ☐ Yes ☐ No

Do you presently wear eyeglasses/contact lenses? ☐ Yes ☐ No

If YES, please provide details:

Have you ever been treated for any communicable disease other than a normal childhood disease? ☐ Yes ☐ No

If YES, please provide details:

Have you ever seen a doctor in connection with a nervous breakdown or mental disorder? ☐ Yes ☐ No

If YES, please provide details:

Have you ever had epilepsy? ☐ Yes ☐ No

If YES, please provide details:

Have you ever used narcotics, drugs or prescription medicines other than by prescription? ☐ Yes ☐ No

If YES, please provide details:

Have you ever seen a psychiatrist or psychologist for any reason? ☐ Yes ☐ No

If YES, please provide details:

Have you been hospitalized in the last five years? ☐ Yes ☐ No

If YES, please provide details:

Have you ever, or do you now, receive disability benefits, including veteran's disability or workmen's compensation?

☐ Yes ☐ No

If YES, please provide details:

IN CASE OF EMERGENCY, NOTIFY

Name	Address	Phone	Relationship
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

I certify that the preceding answers are correct and complete to the best of my knowledge and belief. in signing this certificate I do so with the understanding that all statements will be investigated and if found incorrect, incomplete or misleading , in any particular, my application may be terminated.

Witnessed By: Signature of Applicant Date

Are you now or have you ever been a member of any volunteer organization? ☐ Yes ☐ No

If YES, please provide details:

I AGREE that for any reason I leave the Bel Air Auxiliary Police, I will immediatley turn over all equipment issued to me by the organization to the proper authorities .

Witnessed By: Signature of Applicant Date

INTERVIEW OF APPLICANT

Date

Auxiliary Officer Signature

Officer Signature

Officer Signature

**Bel Air Police Department
Auxiliary Police
39 Hickory Avenue
Bel Air, Md. 21014
(410) 638-4500 (410) 893-0200**

AUTHORIZATION FOR RELEASE OF INFORMATION

I

do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by/to any duly authorized agent of the Bel Air Police Department whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The intention of the authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; financial or credit institutions. and the records of commercial or retail mercantile establishments and retail credit agencies; medical and psychiatric consultation and/or treatment, including those of hospitals, clinics, procate practitioners, the U.S. Veteran's Administration, and all military and psychiatric facilities; public utility companies; employment and preemployment records including background investigation reports, the results of polygraph examinations, efficiency ratings, complaints or grievances filed by or against me, and including, but not limited to the records and recollections of attorneys at law, or of other counsel represent or have represented myself or another person in my case in which I presently have, or have had an interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Witness

Applicant

Date