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## CRANFORD POLICE DEPARTMENT

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James Wozniak  
Chief of Police  
[police@cranfordnj.org](mailto:police@cranfordnj.org)  
[www.cranford.com/police](http://www.cranford.com/police)

8 Springfield Avenue  
Cranford, NJ 07016  
908-272-2222

### **Application – Auxiliary Police Officer**

The Cranford Police Department conducts background investigations on all potential employees to determine their suitability for employment. The information requested in this application is necessary to complete these background investigations. The information you provide is confidential and will be used for employment purposes only; however, if necessary, your information may be shared with other entities as it relates to your background investigation.

The Cranford Police Department is committed to a policy of equal opportunity for all prospective and current employees and does not discriminate regardless of race, creed, color, religion, sex, age, national origin, or disability.

All questions in this application must be completed honestly, accurately, and thoroughly. The information that you provide will be carefully analyzed and evaluated to determine your suitability for employment. Do not withhold any information, whether you think it is important or not. The Cranford Police Department will determine the importance of information you provide. The deliberate omission of information and/or any deception will not be tolerated and will be justification for disqualification. It is your responsibility to provide complete and accurate information to all the questions.

# Cranford Auxiliary Police Department – Application

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## READ CAREFULLY PRIOR TO COMPLETING APPLICATION

These instructions are provided as a guide to assist you in properly completing your application for employment for the position of Auxiliary Police Officer. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

Applications must be completed and delivered to the Cranford Police Department at the address below. Any alterations to this application or delays in returning it will void your status.

Cranford Police Auxiliary Liaison  
Cranford Police Department  
8 Springfield Avenue  
Cranford, NJ 07016

1. Application for employment must be PRINTED legibly in ink or typed.
2. Answer all questions to the best of your ability. You must answer all questions that pertain to you.
3. Use N/A (Not Applicable) for those questions that do not apply to you. **Leave no blank spaces.**
4. Avoid errors by reading the directions carefully before making any entries on the application. Be sure your information is correct and in the proper sequence before you begin. All time periods in your background must be accounted for.
5. You are responsible for obtaining correct addresses.
6. An accurate/complete application will help expedite your investigation.
7. If you require additional room to answer question(s), utilize the Additional Information Section page of this application. Remember to indicate on this page which questions your answer pertains to.
8. Be sure to sign and date each and every individual page of this application in the space provided.
9. Once the application is submitted, correspondences between the Cranford Police Department and all applicants will be done through e-mail. Therefore, you must provide a current/valid email address.
10. You will be contacted via e-mail as to the time and location of the next phase of the application process.

By my signature affixed hereto, I attest that I have read all of the above and understand the instructions and warnings.

# Cranford Auxiliary Police Department – Application

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## PERSONAL DOCUMENTS CHECKLIST

The following documents must be presented as part of the pre-employment process. If you cannot obtain any of these documents you must state in the section provided for additional information what documents you were unable to provide and the reason(s). This would include college transcripts. A lack of sufficient explanation for the missing document(s) will void your application.

Initial the appropriate space next to each document indicating that a copy of the required document has been supplied. If the document does not apply, indicate by N/A in the space provided. Missing documents will delay the application process. DO NOT INCLUDE ORIGINALS.

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ New Jersey Driver's License
- \_\_\_\_\_ Out of State Driver's License(s)
- \_\_\_\_\_ High School Diploma or GED Certificate
- \_\_\_\_\_ College Diploma
- \_\_\_\_\_ College Transcripts – Certified
- \_\_\_\_\_ Military Service Records (DD Form 214) and Discharge
- \_\_\_\_\_ Voter Registration Card
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ U.S. Citizenship (Naturalization) Papers
- \_\_\_\_\_ Passport
- \_\_\_\_\_ Firearms ID Card
- \_\_\_\_\_ Police Training Commission Certificate
- \_\_\_\_\_ Other Law Enforcement Training Certificates
- \_\_\_\_\_ Professional Certificates, Awards, Commendations, etc.
- \_\_\_\_\_ Current Resume
- \_\_\_\_\_ Court Orders:
  - Certified Divorce Decree
  - Name Change(s)
  - Adoption(s)
  - Civil or Criminal Court Orders or Dispositions
  - Bankruptcy Order(s)
  - Ex Parte Orders
- \_\_\_\_\_ Recent Photograph of Yourself

**NOTICE TO APPLICANT**

*Any candidate who makes a false statement, purposeful omission, misrepresentation or concealment of a material fact, or who practices, attempts to practice any deception or fraud in securing eligibility for appointment, or any candidate who provides answers contrary to official records, will be rejected from the application process and will be disqualified for employment eligibility.*

*By your signature below and on each page you acknowledge that you have read and understand that all information provided by you is true, complete, and accurate.*

# Cranford Auxiliary Police Department – Application

## PERSONAL DATA

1. \_\_\_\_\_  
Last Name First Name Middle Name
2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year
3. Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
6. Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_
7. United State Citizen: \_\_\_\_YES \_\_\_\_NO
  - a. If the answer to Question 7 is No, are you a Naturalized Citizen? \_\_\_\_YES \_\_\_\_NO
  - b. By what means did you obtain Naturalized Citizenship? \_\_\_\_Self \_\_\_\_Spouse \_\_\_\_Parents
8. Has your name ever been changed for any reason? \_\_\_\_YES \_\_\_\_NO
  - a. If the answer to Question 8 is Yes, please provide the following information:  
\_\_\_\_\_  
Previous Name: Last, First, Middle  
\_\_\_\_\_  
Reason for Change  
\_\_\_\_\_  
Jurisdiction Date
9. What is your marital status?  
\_\_\_\_Married \_\_\_\_Single \_\_\_\_Widow(er) \_\_\_\_Divorced \_\_\_\_Separated \_\_\_\_Civil Union
10. What classification most closely represents the current status of your residency?  
\_\_\_\_Own \_\_\_\_Rent/Lease \_\_\_\_Reside with parents, relative, friend, etc. \_\_\_\_Other
11. Starting with your present address and listing them in reverse chronological order, list all places where you have lived for the last 10 years. If additional space is needed, utilize the Additional Information section.

From: Month/Year	To: Month/Year	Street Address	City, State, Zip Code

Signature of Applicant

Date

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# Cranford Auxiliary Police Department – Application

## FIREARMS INFORMATION

12. Do you own firearms? \_\_\_\_YES \_\_\_\_NO

13. If yes, please provide the below information:

Handgun/Rifle/Shotgun	Make	Model	Caliber	Serial #

14. Do you possess a valid firearms I.D. Card? \_\_\_\_YES \_\_\_\_NO

a. If yes, what jurisdiction? \_\_\_\_\_

b. What is the SBI# (or ID#) \_\_\_\_\_

15. Have you ever had a firearms ID, permit to purchase a handgun, or hunting license?

\_\_\_\_YES \_\_\_\_NO Which one(s) \_\_\_\_\_

16. Have you ever had a firearms ID, permit to purchase a handgun, or hunting license seized/revoked?

\_\_\_\_YES \_\_\_\_NO Which one(s) \_\_\_\_\_

Why? \_\_\_\_\_

17. Have you ever had a firearms ID, permit to purchase a handgun, or hunting license denied?

\_\_\_\_YES \_\_\_\_NO Which one(s) \_\_\_\_\_

Why? \_\_\_\_\_

18. Have you ever had a permit to carry a firearm? \_\_\_\_YES \_\_\_\_NO

If yes, explain where, when, why? \_\_\_\_\_

19. Have you ever had a carry permit denied/seized/revoked? \_\_\_\_YES \_\_\_\_NO

If yes, explain where, when, why? \_\_\_\_\_

# Cranford Auxiliary Police Department – Application

## MARITAL / FAMILY STATUS

20. Date of current marriage/civil union: : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

21. Spouse's/partner's name? \_\_\_\_\_  
Last Name (Maiden Name, if applicable) First Middle

22. Is your family aware of your intention of applying for a sworn law enforcement position? \_\_\_\_YES \_\_\_\_NO

23. Have you ever been personally involved in a Domestic Violence incident? \_\_\_\_YES \_\_\_\_NO

If yes, provide the following information:

Jurisdiction: City/County/State	Date	Case #

24. Have you ever been served with a domestic violence restraining order? \_\_\_\_YES \_\_\_\_NO

If yes, how many times? \_\_\_\_

County	State	Type of Order	Date	Disposition

25. Has any legal action of any kind, civil, criminal, or administrative, been taken against you for failure to make any payments of child support or alimony? \_\_\_\_YES \_\_\_\_NO

If yes, complete the table below:

Type of Support (Child/Alimony)	Jurisdiction	Amount in Arrears	Confinement	Length of Confinement	Disposition
			Yes / No		
			Yes / No		
			Yes / No		

26. Have you ever been evicted from a place of residence? \_\_\_\_YES \_\_\_\_NO

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

27. List all previous marriage(s): \_\_\_\_NONE

Name of Former Spouse	Address	Date of Birth	Telephone #

## Cranford Auxiliary Police Department – Application

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28. List current dating partner(s): \_\_\_\_\_ NONE

Name	Address	Date of Birth	Telephone #

29. Have there been any domestic violence issues with present/past dating partners? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

30. Have the police ever been called to any home or residence in which you have ever resided? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_



## Cranford Auxiliary Police Department – Application

### EDUCATIONAL DATA

31. Have you earned a high school diploma? \_\_\_\_YES \_\_\_\_NO Year:\_\_\_\_\_
32. Have you earned a G.E.D. certificate? \_\_\_\_YES \_\_\_\_NO Year:\_\_\_\_\_
33. Have you ever been suspended or expelled from any educational institution for any reason? \_\_\_\_YES \_\_\_\_NO

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

34. List in reverse chronological order all schools and colleges that you have attended starting with your most recent:

From Month/Year	To Month/Year	Name of School	City & State	Degree Attained

35. Major(s):\_\_\_\_\_ GPA:\_\_\_\_\_
36. Total Credits Achieved Towards Degree:\_\_\_\_\_
37. What College Degree(s) or Professional License(s) do you possess?\_\_\_\_\_

# Cranford Auxiliary Police Department – Application

## MILITARY SERVICE

38. Have you ever served in any branch of the United States Military or related organization? \_\_\_\_YES \_\_\_\_NO

If yes, From:\_\_\_\_/\_\_\_\_/\_\_\_\_ To:\_\_\_\_/\_\_\_\_/\_\_\_\_

Branch:\_\_\_\_\_ Serial Number:\_\_\_\_\_

Rank Upon Discharge:\_\_\_\_\_ Job/MOS:\_\_\_\_\_

Type of Discharge (Be specific):\_\_\_\_\_

Reason for Discharge:\_\_\_\_\_

*(If you had more than one commission/enlistment, explain in the Additional Information Section.)*

39. Has your discharge or separation ever been changed, upgraded, downgraded, or corrected? \_\_\_\_YES \_\_\_\_NO

If Yes, changed from \_\_\_\_\_ to \_\_\_\_\_

Authority:\_\_\_\_\_ Who requested the change:\_\_\_\_\_

Reason for the change:\_\_\_\_\_

40. List all medals and decorations awarded to you as a member of the armed forces:\_\_\_\_\_

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

41. Were you ever reprimanded, disciplined, tried, punished, demoted, attended Captain's Mast, received an Article 15, Court Martial, etc. for any infraction of military rule, law, or regulations? \_\_\_\_YES \_\_\_\_NO

If yes, complete the table below:

Date	Charge/Proceeding	Disposition	Penalty

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42. Are you now or have you ever been an active member of any branch of the United States Military Reserve or State National Guard? \_\_\_\_YES \_\_\_\_NO If yes, provide the information below:

If yes, From:\_\_\_\_/\_\_\_\_/\_\_\_\_ To:\_\_\_\_/\_\_\_\_/\_\_\_\_

Branch:\_\_\_\_\_ Serial Number:\_\_\_\_\_

Rank Upon Discharge:\_\_\_\_\_ Job/MOS:\_\_\_\_\_

Type of Discharge (Be specific):\_\_\_\_\_

Reason for Discharge:\_\_\_\_\_

43. Have you ever served in any military organization of any foreign government? \_\_\_\_YES \_\_\_\_NO

If yes, provide details:\_\_\_\_\_

\_\_\_\_\_

44. Have you ever been denied/refused entry into the United States Military, Military Reserve, or National Guard? \_\_\_\_YES \_\_\_\_NO

If yes, explain the basis of denial below **(EXCEPT IF FOR MEDICAL REASONS)**

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

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## EMPLOYMENT BACKGROUND

45. Have you ever been fired, terminated, asked to leave, laid off, or resign or quit under questionable circumstances; or has any form of disciplinary action ever been taken against you by an employer:

\_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

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

46. List all current and former employers (full-time, part-time, and seasonal) since the age of 18. List in reverse chronological order starting with your present employer and work backwards.

- Employer #1: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- Employer #2: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Full Time \_\_\_\_ Part Time

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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- Employer #3: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
- Employer #4: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
- Employer #5: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
Weekly Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

# Cranford Auxiliary Police Department – Application

## CIVIL, CRIMINAL, JUVENILE OFFENSES

47. Have you ever been detained, investigated, arrested, or charged as an adult for any crime, disorderly person offense, petty disorderly person offense, administrative code, or violation of local ordinance?

\_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

Date	Violation	Disposition	Police Agency Involved

48. Have you ever been fingerprinted? \_\_\_\_ YES \_\_\_\_ NO If yes, answer below:

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Reason: \_\_\_\_\_

49. Do you possess a valid New Jersey Driver's License? \_\_\_\_ YES \_\_\_\_ NO

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

50. Have you ever possessed a driver's license from any other state? \_\_\_\_ YES \_\_\_\_ NO If yes, answer below:

State: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Status: \_\_\_\_\_

51. Have your driving or registration privileges ever been suspended or revoked? \_\_\_\_ YES \_\_\_\_ NO

State	Date From	Date To	Reason

52. Have you ever received a summons for a violation of the Motor Vehicle Laws in this state or any other state (excluding parking violations)? \_\_\_\_ YES \_\_\_\_ NO If yes, provide details below:

Date	Violation	Disposition	Police Agency

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53. Have you ever been stopped, detained, arrested, or charged with any violation for Driving While Under the Influence of Alcohol or Drugs? \_\_\_\_YES \_\_\_\_NO If yes, provide details below:

Date	Charges	Police Agency	Disposition

54. Do you currently have any penalty points on your driver's license? \_\_\_\_YES \_\_\_\_NO Quantity\_\_\_\_\_

55. Do you own/lease a motor vehicle? \_\_\_\_YES \_\_\_\_NO If yes, provide details below:

Make	Model	License Plate / State

# Cranford Auxiliary Police Department – Application

## DRUG EXPERIMENTATION & HISTORY

56. Have you ever smoked, experimented with, tasted, ingested, used, injected, sniffed, etc. any of the following?

Substance (circle each as applicable)	Yes	No	Month/Year	# of Times Used
Marijuana / Hashish				
Cocaine / Powder				
Cocaine / Crack				
Opium Derivative (Heroin, Morphine, Codeine, etc.)				
Amphetamines (Speed)				
Barbiturates (Reds/Downers)				
Inhalants (Glue, Solvents, Aerosols, Whippit, etc.)				
Anabolic Steroids				
Hallucinogenic (LSD, PCP, Mushrooms, Ecstasy)				
Quaaludes, Valium, Darvocet, Dilaudid, Percocet, etc.				
Club Drugs				
Any other drug/narcotic not specifically listed above				
Have you ever purchased/bought any of the above listed substances?				

57. Have you ever been investigated, arrested, or charged with any type of drug/narcotic related violation?  
\_\_\_\_YES \_\_\_\_NO
58. Have you ever used prescription medication that was prescribed to another person and not you?  
\_\_\_\_YES \_\_\_\_NO
59. Have you ever sold, distributed, or provided any person with or without their permission or consent any type of illegal drug/narcotic? \_\_\_\_YES \_\_\_\_NO
60. Have you ever participated in the production, manufacture, growing, delivery, transportation, smuggling, storage, or handling of any illegal drugs/narcotics for yourself or anyone else? \_\_\_\_YES \_\_\_\_NO
61. Have you ever made money or profit in any way from your involvement in drugs/narcotics? \_\_\_\_YES \_\_\_\_NO



# Cranford Auxiliary Police Department – Application

## MISCELLANEOUS INFORMATION

62. Have you ever been a member of any organized crime enterprise, street gang, or motorcycle gang or crew?  
\_\_\_\_YES \_\_\_\_NO If yes, provide details below:

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63. Do you have any foreign language skills? \_\_\_\_YES \_\_\_\_NO  
If yes, explain what language(s) and level of fluency (Read / Write / Speak):

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64. Do you have any experience as an intern, volunteer, cadet, or explorer with this agency or any other law enforcement agency? \_\_\_\_YES \_\_\_\_NO If yes, provide details below:

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65. Do you have any experience as a member (paid or volunteer) of any fire department?  
\_\_\_\_YES \_\_\_\_NO If yes, provide details below:

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66. Do you have any experience as a member (paid or volunteer) of any rescue squad?  
\_\_\_\_YES \_\_\_\_NO If yes, provide details below:

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67. Do you have any computer skills or experience? \_\_\_\_YES \_\_\_\_NO If yes, explain below:

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# Cranford Auxiliary Police Department – Application

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## REFERENCES

68. List three friends or associates as references.

- Reference #1: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

- Reference #2: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

- Reference #3: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

## ADDITIONAL INFORMATION SECTION

69. This section should be utilized to provide detailed information that may be required for specific individual questions that you have previously answered and needed additional space to answer.

When completing this section, make sure to indicate the question number you're answering. Place a large "X" through the unused lines in this section when completed.

[illegible]

# Cranford Auxiliary Police Department – Application

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## RELEASE AUTHORIZATION

To all courts, probation departments, selective boards, physicians, hospitals, employers, educational and other institutions and agencies without exception.

I \_\_\_\_\_, am making an application for appointment to the Cranford Auxiliary Police Department. As a result, an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Cranford Police Department or its representatives any and all information, documentary or otherwise, pertaining to me that they may request.

I hereby release, discharge and exonerate the Cranford Police Department, its agents and representatives, and any person so furnishing information, from all liability of every nature and all kind arising out of furnishing, inspection or collection of such documents, records and other information or the investigation made by the Cranford Police Department.

DATE \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_

# Cranford Auxiliary Police Department – Application

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## PERSONAL HISTORY STATEMENT AFFIRMATION

Attach Recent Photograph of  
Applicant Here

I hereby affirm that this Application/Personal History Statement is true and accurate and contains no misrepresentations, falsifications, omissions of material facts or concealment of material facts. Additionally the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

I am cognizant that statements made by me on this Application/Personal History Statement are subject to later investigation. Additionally, I realize that should any investigation disclose any misrepresentation, misstatement, falsification, omission or concealment of material fact, my application for the position is subject to rejection and my name may be removed from the eligibility list. If I have been already appointed to the position, I may be subject to dismissal.

I further understand that if there are any changes in my application answers from the date of my original application to the Cranford Police Department and to the date of any scheduled appointment, I will notify the Cranford Police Department of those changes, and if I fail to do so, I realize it is grounds for non-selection or dismissal from my position.

***By my signature below and on the bottom of each page, I state that I have read and understood the above warning, and all information provided by me is true, complete, and accurate.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date