



CRANFORD POLICE DEPARTMENT

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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

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

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

Page 5

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

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

Cranford Auxiliary Police Department – Application

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)**

Cranford Auxiliary Police Department – Application

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: _____

Cranford Auxiliary Police Department – Application

- 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

Cranford Auxiliary Police Department – Application

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:

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

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:

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

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

67. Do you have any computer skills or experience? ____YES ____NO If yes, explain below:

Cranford Auxiliary Police Department – Application

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

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

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