



SYKESVILLE AUXILIARY POLICE APPLICATION



PERSONAL INFORMATION:

Last Name		First Name		Middle	
Home Address					
City, State				Zip Code	
Date of Birth		Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Social Security Number
Place of Birth (City, State, Country)				Race	
Other names used				Home Phone	
Cell/Pager				Work Phone	
Email Address (if applicable)					
Previous Address(s) Last 5 years					

EDUCATION BACKGROUND AND MILITARY EXPERIENCE:

List education received beginning with high school.

Name of School	Location of School	Degree or units completed
Military Service Branch		
Rank	Time Served	Date Discharged
Do you speak or read a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No Which one(s)?		

EMPLOYMENT HISTORY: (Please fill out completely) List employment for the last 5 years beginning with the most recent.

Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	
Firm Name, Supervisor	Date From/Date To (Month/Year)
Street Address, City, State, Zip Code	

CRIMINAL HISTORY AND DRIVING RECORD:

Drivers License Number and state of issuance:

Has your license ever been suspended or revoked? Yes No

Traffic citations and accidents for the last 5 years:

Have you ever been questioned, detained, arrested, investigated, warned or issued a citation for any misdemeanor or felony, other than traffic, either as an adult or juvenile? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain:

If yes, list the name of the agency or court, date of contact, reason for contact, charge if any, sentence if any, and disposition of incident (including deferred sentences). Provide full details on supplemental sheets when necessary.

Date	Agency or Court	Charge
Sentence		Disposition
Date	Agency or Court	Charge
Sentence		Disposition
Date	Agency or Court	Charge
Sentence		Disposition

REFERENCES:

DO NOT USE FAMILY MEMBERS AS REFERENCES. List 3 individuals you have known for at least 5 years. Please list name, complete address, and telephone number.

Name	Phone
Street Address, City, State, Zip Code	
Name	Phone
Street Address, City, State, Zip Code	
Name	Phone
Street Address, City, State, Zip Code	

Additional Comments or Continuation:

Authorization for release of records:

I, _____, hereby authorize the Sykesville Police Department to request of any law enforcement agency or former employer to release all information (including, but not limited to, traffic violation(s), conviction(s), and pending criminal charge(s) to the Sykesville Police Department, or its representative, that may be sought in connection with this department for volunteer services with the Sykesville Police Department.

(Signature)

Thank you...

Thank you for applying to become a volunteer with the Sykesville Police Department. We appreciate the time you took to complete this form and we will contact you in the near future regarding this application.

Please return completed application to:
Sykesville Police Department
ATTN: Auxiliary Police Unit
7547 Main St.
Sykesville, MD 21784