

SYKESVILLE POLICE DEPARTMENT



Auxiliary Police Application

Complete the application entirely and submit with a copy of your driver's license or other photo identification. This form may be completed electronically but requires original ink signature or digital signature. A background check is required for this position. Omissions of information may result in rejection of application. Email, mail, fax, or hand deliver this application to:

**Sykesville Police Department
Attn: Auxiliary Police Unit
7547 Main Street
Sykesville, MD 21784**

**Email: kcox@sykesville.net
Phone: 410-795-0757 Fax: 410-795-8864**

APPLICANT CONTACT INFORMATION

1. Last Name, First Name, Middle Name (Complete Full name)

2. Other Names Used

3. Current Home Address (Street, City, State, Zip Code)

4. Home Phone Number

5. Work Phone Number

6. Cell Phone Number

7. Email Address

APPLICANT INFORMATION

8. Date of Birth (MM/DD/YYYY)	9. Place of Birth (City, State)
10. Gender (Optional)	11. Ethnicity (Optional)
12. Citizenship	
12a. Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	12b. If Naturalized: Certificate #: _____ Date: _____
12c. Country of Birth	
13. Emergency Contact Information	
13a. Emergency Contact Name	13b. Emergency Contact Relationship To Applicant
13c. Emergency Contact Phone Number	
14. Previous Address Information (Last 5 Years)	
14a. Address (Street, City, State, Zip Code) <div style="text-align: right;">From: _____ To: _____</div>	
14b. Address (Street, City, State, Zip Code) <div style="text-align: right;">From: _____ To: _____</div>	
14c. Address (Street, City, State, Zip Code) <div style="text-align: right;">From: _____ To: _____</div>	
14d. Address (Street, City, State, Zip Code) <div style="text-align: right;">From: _____ To: _____</div>	
14e. Address (Street, City, State, Zip Code) <div style="text-align: right;">From: _____ To: _____</div>	
15. Driver's License Information	
15a. Do You Possess A Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15b. Driver's License Number	15c. Driver's License State of Issue
15d. Driver's License Expiration Date (MM/DD/YYYY)	
15e. Do you now have or ever had a Driver's License in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please list below	

15f. Other Driver's License Number	15g. Other Driver's License State of Issue
15h. Other Driver's License Number	15i. Other Driver's License State of Issue
15j. Other Driver's License Number	15k. Other Driver's License State of Issue
16. Vehicle Information (Current daily use vehicle)	
16a. Make	16b. Model
16c. License Plate #	16d. License Plate State
17. Education Background	
17a. What is your highest level of Education? Check One <input type="checkbox"/> HS Diploma or GED <input type="checkbox"/> AA Degree <input type="checkbox"/> BA/BS Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD <input type="checkbox"/> Other:	
17b. Name of School and Location	17c. Degree or units completed
17d. Name of School and Location	17e. Degree or units completed
17f. Name of School and Location	17g. Degree or units completed
17h. Name of School and Location	17i. Degree or units completed
17j. List any additional Training, Certificates, and/or Licensing You Possess. Please attach certificates to this document.	
18. Military Background	
18a. Have you ever served in the armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please complete below	
18b. Branch of Service / Location Last Served	18c. Rank
18d. Speciality	18e. Time Served
18f. Date Discharged / Type of Discharge	

19. Skills Background	
19a. Do you speak and/or read a foreign language? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please complete 19b-19d	
19b. Language	19c. Rate your Language Speaking Ability
19d. Rate your Language Writing Ability	
19e. Do you possess any computer skills? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please list	
19f. Do you possess any vehicle maintenance skills? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please list	
19g. Do you possess any other special skills? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please list	
20. Current Employment	
20a. What is your current employment status? <input type="checkbox"/> Unemployed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Student	
20b. Current Employer Company Name	
20c. Current Employer Address (Street, City, State, Zip Code)	
20d. Current Employer Phone Number	20e. Job Title/Occupation
20f. Current Supervisor Name	20g. Current Supervisor Phone Number
21. Employment History (Last 5 Years. If more space is required, please fill out a continuation sheet)	
21a. Previous Employer Company Name	21b. Date of Employment (MM/YYYY) From: _____ To: _____
21c. Previous Employer Address (Street, City, State, Zip Code)	
21d. Previous Employer Supervisor Name	21e. Previous Employer Supervisor Phone Number
21f. Previous Employer Company Name	21g. Date of Employment (MM/YYYY) From: _____ To: _____
21h. Previous Employer Address (Street, City, State, Zip Code)	

21i. Previous Employer Supervisor Name	21j. Previous Employer Supervisor Phone Number
21k. Previous Employer Company Name	21l. Date of Employment (MM/YYYY) From: _____ To: _____
21m. Previous Employer Address (Street, City, State, Zip Code)	
21n. Previous Employer Supervisor Name	21o. Previous Employer Supervisor Phone Number
21p. Previous Employer Company Name	21q. Date of Employment (MM/YYYY) From: _____ To: _____
21r. Previous Employer Address (Street, City, State, Zip Code)	
21s. Previous Employer Supervisor Name	21t. Previous Employer Supervisor Phone Number
21u. Previous Employer Company Name	21v. Date of Employment (MM/YYYY) From: _____ To: _____
21w. Previous Employer Address (Street, City, State, Zip Code)	
21x. Previous Employer Supervisor Name	21y. Previous Employer Supervisor Phone Number
22. Volunteer Experience	
22a. Do you have any previous Volunteer or Intern experience? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide a brief description (Ex. School, Church, Fire Department, etc.)	
22b. Are you currently Volunteering anywhere else? To include Fire, EMS, other Auxiliary etc. Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please list where and contact details below.	

23. References

List reference information of three (3) individuals you have known for at least 5 years. DO NOT use family members as a reference.

23a. Reference Name

23b. Reference Relationship to Applicant

23c. Reference Address (Street, City, State, Zip Code)

23d. Reference Phone Number

23e. Reference Email Address

23f. Reference Name

23g. Reference Relationship to Applicant

23h. Reference Address (Street, City, State, Zip Code)

23i. Reference Phone Number

23j. Reference Email Address

23k. Reference Name

23l. Reference Relationship to Applicant

23m. Reference Address (Street, City, State, Zip Code)

23n. Reference Phone Number

23e. Reference Email Address

24. Interests / Additional Comments

24a. Why are you interested in being an Auxiliary Officer with the Sykesville Police Department?

24b. How did you learn about this position?

24c. Provide any additional comments or continuation from any section above.