



Livingston Auxiliary Police Unit

MEMBERSHIP APPLICATION INSTRUCTIONS

The Livingston Auxiliary Police was formed to supplement the resources of the Livingston Police Department during an emergency. We are on call 24 hours a day / 7 days a week to respond to requests for emergency assistance.

Candidates for appointment to the Auxiliary Police must successfully complete an interview, background investigation, and a physical and psychological examination. Once selected, a candidate must successfully complete the Police Academy's Basic Police Auxiliary Training Class. After graduation, new officers must complete in-service training by Livingston Police Department instructors to become qualified to carry firearms and other weapons.

Fill out the entire application using a black or blue ballpoint pen. You must answer each question. If a question does not apply to you, write "N/A."

Along with your application, attach a photocopy of your driver's license or a current photo ID. This should indicate your current address.

The application requires information on any arrests or convictions. Convictions which have been expunged or sealed must also be included, pursuant to N.J.S.A. § 2C:52-27(c).

To be eligible for appointment to the Auxiliary Police, you must:

- Be at least 21 years old;
- A United States citizen;
- A resident of Livingston (or live within five miles of the town border if your town has no auxiliary police unit);
- Have a high school diploma or GED;
- Possess a valid New Jersey driver's license;
- Have good moral character and have not been convicted of any disqualifying criminal offenses; and
- Be able to read, write and speak English fluently.

Selections for the Auxiliary Police depend on when the Essex County Office of Emergency Management schedules a Basic Police Auxiliary Training Class. If you submit an application when a training class has not yet been scheduled, your application will be retained until a later time.

If you have questions regarding your application or the selection process, please contact Captain Gary Marshuetz at (973) 992-3000, ext. 3193.



Livingston Auxiliary Police Unit

MEMBERSHIP APPLICATION

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____

Home Phone #: _____ Cell #: _____

Email address: _____ SSN: _____

Date of birth: _____ Height: _____ Weight: _____

Race: _____ Eye color: _____ Hair color: _____

Residences

List all past residences in reverse order for the past five years, beginning with your current address:

Street address: _____

City: _____ State: _____ Zip: _____

From (MM/YY) _____ to (MM/YY) _____

Street address: _____

City: _____ State: _____ Zip: _____

From (MM/YY) _____ to (MM/YY) _____



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Street address: _____

City: _____ State: _____ Zip: _____

From (MM/YY) _____ to (MM/YY) _____

Work experience

List below chronologically for the past five years, with your present employer first.

Employer name: _____

Street address: _____

City: _____ State: _____ Zip: _____

From (MM/YY) _____ to (MM/YY) _____

Job title or duties: _____

Employer name: _____

Street address: _____

City: _____ State: _____ Zip: _____

From (MM/YY) _____ to (MM/YY) _____

Job title or duties: _____

Employer name: _____

Street address: _____

City: _____ State: _____ Zip: _____

From (MM/YY) _____ to (MM/YY) _____

Job title or duties: _____



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Have you ever been professionally licensed or certified? Yes No

If yes, please list: _____

Has your license or certification ever been revoked, cancelled or suspended?
Yes No

If yes, please explain: _____

Education

High school:

School City State

College / technical schooling:

School City State

Attended from _____ to _____ Did you graduate? _____

Degree _____

School City State

Attended from _____ to _____ Did you graduate? _____

Degree _____



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Do you have any special skills or training (foreign languages, self-defense, CPR, firearms training, etc?) Yes No If yes, please specify:

Other volunteer service

Are you presently a member of any Fire Department? Yes No and/or First Aid Squad? Yes No

If so, what municipality: _____

Other police agencies

Are you presently in the hiring process for any law-enforcement agency?
Yes No

If so, specify the agency: _____

Approximate date of hire (if any): _____

Have you ever been appointed as a regular, special or auxiliary police officer?
Yes No

If so, where and when: _____

Reason for leaving: _____

Have you ever been rejected or have you ever withdrawn from the selection process of any other law-enforcement agency? Yes No

If so, what agency and when: _____

Reason for leaving: _____



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Do you seek appointment to the Auxiliary Police to assist you to become a full-time police officer? Yes No

Military experience

Have you ever served in the armed forces of the United States? Yes No
If yes, please specify:

Branch: _____ Highest rank: _____

Service dates: _____ Honorable discharge? Yes No

Legal history

Have you ever been arrested or charged with any crime, juvenile offense, disorderly persons offense or other violation (including traffic but not parking tickets)? Yes: No:

If yes, please state:

Police agency / city: _____

Charge / offense: _____

Date: _____ Final disposition: _____

Police agency / city: _____

Charge / offense: _____

Date: _____ Final disposition: _____



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Have you ever been the defendant in a civil court action? Yes No

If yes, please explain: _____

Driving history

NJ driver's license number: _____

Has your motor-vehicle registration or driver's license ever been suspended or revoked? Yes No If yes, please specify where and when:

Do you possess any other type of driver's license / special endorsements?
Yes No If yes, please specify:

Social history

The term "subversive organization" means any group or organization which supports, follows, or which sympathizes with the principles of any subversive doctrine which advocates the overthrow of the United States government or any State or local government by force, violence or other unlawful means.

a. Have you ever advocated, advised or taught the doctrine that the United States government or any State or local government should be overthrown by force, violence or other unlawful means? Yes No

b. Are you now, or have you ever been, a member of any subversive organization? Yes No

c. Have you ever paid, collected or solicited any money, dues or contributions to, for, or on behalf of any subversive organization? Yes No

d. Have you ever participated in any demonstration sponsored or organized by any subversive organization? Yes No



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e. Have you ever attended any school, camp, class or forum sponsored by any subversive organization? Yes No

f. Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which has its purpose the aiding of any person, cause, or program connected with any subversive organization? Yes No

Additional questions

The Livingston Auxiliary Police Unit is committed to performing weekend traffic details about once monthly at local temples and churches. Do you have any obligations which may interfere with your participation? Yes No

If yes, explain: _____.

The Livingston Auxiliary Police Unit meets on the fourth Monday of each month for training. Do you have any obligations which may interfere with your participation? Yes No

If yes, explain: _____.

Do you now have or have you had any chronic or serious illnesses which you believe may affect your ability to perform any of the duties of an Auxiliary Police officer? Yes No

If yes, explain: _____.

Over the past ten years, have you been a member of any social, professional or fraternal organizations? Yes No

If yes, specify: _____.



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The Auxiliary Police is an armed unit. After training and qualification, you will be required to carry a department-issued firearm while on duty. Do you have any objections to carrying a firearm or any physical condition which may affect your ability to complete firearms training? Yes No

If yes, explain: _____.

References

Please furnish two references:

Name: _____ Address: _____

City, state, zip: _____

Phone number: _____ Relation: _____

Name: _____ Address: _____

City, state, zip: _____

Phone number: _____ Relation: _____

Give each person a copy of the reference letter attached to this application. Ask them to complete the letter and return it to the address indicated.



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DO NOT SEND THIS PAGE.

**THIS PAGE IS TO BE REPLACED WITH A COPY
OF YOUR DRIVER'S LICENSE
OR OTHER PHOTO IDENTIFICATION.**



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Affirmation

In order to consider your application, read and then check the following boxes to indicate you have a completed application. Then sign and date where indicated.

I have read the application instructions, and I agree that my failure to follow these instructions may result in my removal from the selection process.

I have read the eligibility requirements, and I represent that I meet the minimum requirements. I acknowledge that my failure to meet these requirements will result in my removal from the selection process.

I have attached a photocopy of my driver's license or valid photo identification with my application.

Upon signing this application, I affirm that I understand all the questions asked in this application and that all the answers and attachments are true to the best of my knowledge. I further state that I understand that any falsification of records, misstatement of fact or omission of facts in this application or attachments is grounds for disqualification or future termination. I authorize the Livingston Police Department to conduct a full background check to verify all information that I have submitted is accurate. I also understand that submitting an application does not guarantee that I will be selected for an interview.

Signature of applicant

Date



Livingston Auxiliary Police Unit

Date: _____

To: Captain Gary Marshuetz
Livingston Police Department
333 South Livingston Avenue
Livingston, New Jersey 07039

Reference on behalf of: _____ (applicant)

How long have you known the applicant? _____

Do you know the applicant professionally or personally? _____

Please describe the applicant's reputation in the community? _____

Do you know any reason why the applicant should not be considered for appointment to the Auxiliary Police? Yes No

If yes, explain: _____.

Your name: _____

Your address: _____

(Signature) (Date)



Livingston Auxiliary Police Unit

Date: _____

To: Captain Gary Marshuetz
Livingston Police Department
333 South Livingston Avenue
Livingston, New Jersey 07039

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Your name: _____

Your address: _____

(Signature) (Date)