



YARDLEY BOROUGH POLICE DEPARTMENT
56 SOUTH MAIN STREET
YARDLEY, PENNSYLVANIA 19067

CHIEF OF POLICE
Joseph D. Kelly III

www.yardleypd.org

AUXILIARY POLICE APPLICATION

- REQUIREMENTS:
1. 21 YEARS OF AGE
 2. RESIDENT OF YARDLEY OR ADJACENT MUNICIPALITY

NAME: _____ DOB: _____

ADDRESS: _____ MUNICIPALITY: _____

STATE: _____ ZIP: _____ PHONE: (_____) _____ - _____

DRIVERS LICENSE #: _____ STATE: _____

ANY POLICE EXPERIENCE: YES ____ NO ____ IF YES, DETAILS: _____

EMAIL ADDRESS(ES): _____

APPLICANTS SHALL BE REQUIRED TO COMPLETE AN EXTENSIVE BACKGROUND INVEST.

APPLICANTS SHALL ATTACH:

CERTIFICATE OF BIRTH
DRIVERS LICENSE
SS CARD
MILITARY DISCHARGE PAPERS (DD214)

NOTE: A NOTARY PUBLIC IS AVAILABLE AT BOROUGH HALL. ONLY SIGN THE FINAL PAGE IN THE PRESENCE OF A NOTARY.

COMPLETE ALL QUESTIONS LISTED BELOW:

1. HAVE YOU EVER BEEN A DEFENDANT IN A MILITARY COURT MARTIAL: YES ____ NO ____
2. HAS A JUDGEMENT EVER BEEN ISSUED AGAINST YOU: YES ____ NO ____
3. HAVE YOU EVER BEEN ARRESTED AND CHARGED WITH A CRIME YES ____ NO ____

a. IF YES, PLEASE PROVIDE DETAILS:

DATE: _____ PLACE: _____ AGENCY: _____

CHARGE(s): _____

DETAILS AND DISPOSITION: _____

4. LIST ALL TRAFFIC TICKETS IN LAST 10 YEARS - DO NOT INCLUDE PARKING TICKETS:

DATE: _____ PLACE: _____ AGENCY: _____

CHARGE(s): _____

DETAILS AND DISPOSITION: _____

DATE: _____ PLACE: _____ AGENCY: _____

CHARGE(s): _____

DETAILS AND DISPOSITION: _____

DATE: _____ PLACE: _____ AGENCY: _____

CHARGE(s): _____

DETAILS AND DISPOSITION: _____

DATE: _____ PLACE: _____ AGENCY: _____

CHARGE(s): _____

DETAILS AND DISPOSITION: _____

5. HAVE YOU EVER BEEN FIRED / DISMISSED, ASKED TO RESIGN FROM ANY POSITION OF EMPLOYMENT YOU HAVE HELD? YES _____ NO _____

IF YES, DETAILS: _____

6. HAVE YOU EVER HAD A CERTIFICATE, LICENSE, OR PRIVILEGE REVOKED OR SUSPENDED UNDER LOCAL, STATE, COUNTY OR FEDERAL LAW(S)? YES _____ NO _____

IF YES, DETAILS: _____

7. HAVE YOU EVER MADE APPLICATION TO A LAW ENFORCEMENT AGENCY: YES _____ NO _____

IF YES, DETAILS: _____

8. WHAT, IF ANY, FOREIGN LANGUAGES DO YOU:

SPEAK: _____

READ: _____

WRITE: _____

9. WHAT, IF ANY SPECIAL EXPERIENCE AND SKILLS DO YOU HAVE:

10. HAVE YOU EVER USED OR SOLD ANY ILLEGAL DRUG(S):

IF YES, DETAILS: _____

ORGANIZATIONAL MEMBERSHIPS:

1. LIST ALL CLUBS, ASSOCIATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER OR HAVE BEEN A MEMBER. PLEASE INCLUDE ANY POSITIONS HELD WITHIN THE ORGANIZATION:

2. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAVE ADOPTED OR SHOWN A POLICY ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS OF THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES OF AMERICA BY UNCONSTITUTIONAL MEANS? YES ____ NO ____ IF YES, PLEASE EXPLAIN TO INCLUDE THE DATES, ORGANIZATIONS AND LOCATIONS

MILITARY INFORMATION:

1. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES ____ NO ____

IF YES, PLEASE COMPLETE THE FOLLOWING:

BRANCH OF MILITARY SERVICE: _____ HIGHEST RANK: _____

DATES OF SERVICE: FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

WERE YOU SUBJECT TO MILITARY DISCIPLINARY ACTION: YES ____ NO ____

IF YES, PLEASE PROVIDE DETAILS:

DATE: _____ PLACE: _____ CHARGE(S): _____

EDUCATION:

1. HIGH SCHOOL ATTENDED: _____

a. GRADUATE: YES ____ YR ____ / NO ____ LAST YR ATTENDED ____

b. GED YES ____ NO ____ YEAR _____

2. COLLEGE ATTENDED: _____

a. GRADUATE: YES ____ YR ____ / NO ____ NUMBER OF CREDITS _____

b. MAJOR: _____ MINOR: _____

3. TECHNICAL / SPECIALTY TRAINING:

EMPLOYMENT HISTORY

1. LIST CHRONOLOGICALLY ALL EMPLOYMENT BEGINNING WITH THE PRESENT AND GOING BACK A PERIOD OF 10 YEARS. INCLUDE TEMPORARY AND PART-TIME EMPLOYERS:

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMPLOYED FROM: _____ TO _____ POSITION: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMPLOYED FROM: _____ TO _____ POSITION: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMPLOYED FROM: _____ TO _____ POSITION: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMPLOYED FROM: _____ TO _____ POSITION: _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES:

1. LIST TWO REFERENCES (NOT RELATIVES OR FORMER EMPLOYERS) WHO ARE RESPONSIBLE PERSONS OF REPUTABLE STANDING IN THE COMMUNITY. THE PERSON CHOSSES SHOULD HAVE KNOWN YOU FOR AT LEAST FIVE YEARS:

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

OCCUPATION: _____ YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

OCCUPATION: _____ YEARS KNOWN: _____

RESIDENCES:

1. LIST CHRONOLOGICALLY ALL OF YOUR RESIDENCES FOR THE PAST TEN YEARS. INCLUDE ADDRESSES WHILE ATTENDING SCHOOL OR SERVING IN THE ARMED FORCES.

ADDRESS: _____ CITY: _____ STATE: _____

DATES: FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATES: FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATES: FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATES: FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATES: FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATES: FROM: _____ TO: _____

POLICE DEPARTMENT
YARDLEY BOROUGH, PA

AUTHORIZATION TO RELEASE INFORMATION:

I, _____, authorize the release of all records to the Yardley Borough Police Department, its agents, officers and personnel, to include criminal history and police contacts for the purposes of determining my eligibility for the Auxiliary Police Unit. I agree not to hold liable the Yardley Borough Police Department, its agents, officers or employees or persons of organizations, agencies, or corporations for the release of truthful and accurate information to the Yardley Borough Police Department. I further agree to allow the Yardley Borough Police Department to conduct a background check prior to participating in the Auxiliary Police Program.

I, _____, further certify this application is completed truthfully to the best of my knowledge, subject to the penalties of 18 Pa. C.S.A. § 4904 relating to the unsworn falsifications to authorities.

BY SIGNING BELOW, I AGREE TO THE ABOVE TERMS AND CONDITIONS SET FORTH BY THE

YARDLEY BOROUGH POLICE DEPARTMENT, THIS _____ DAY OF _____, 20_____.

SIGNATURE:_____ PRINT NAME:_____

GIVEN UNDER MY HAND AND SEAL OF OFFICE,

this the _____ day of _____, 20_____.

Notary Public in and for the State of _____

My Commission Expires:

Printed or Typed Name of Notary

NOTARY

Signature of Notary

STAMP

REVIEWED: _____ DATE: _____

Chief of Police

