

## QUINCY AUXILIARY POLICE UNIT PROBATIONARY OFFICER

1. Must be a United States Citizen.
2. High School graduate or equivalent.
3. Not less than 18 years old.
4. Must be trustworthy, mature, emotionally stable and dedicated.
5. All applicants must pass ( i ) an initial criminal history check/violations check and approval by Q.P.D; (ii) acceptance of application by the Q.A.P.D. membership committee; (iii) pass an oral interview; and (iv) vote of approval by membership of the unit. An application may be refused or not accepted with or without cause by either the Quincy Police department or the "Unit."
6. All applicants who are approved will enter the unit as an "Q.A.P.D. Probationary Officer." For a period of not less then 6 months. The probationary period may be extended with or without cause at the discretion of the Commander.
7. During the probationary period as Q.A.P.D. probationary officer, the member may be dismissed from the unit at any time with or without cause.
8. An Q.A.P.D. probationary officer must successfully pass all training provided and be recommended by the Commander and the Q.P.D. Liaison Officer, approved by the Chief of Police and appointed by the mayor of Quincy before becoming a Quincy Auxiliary Police Officer.
9. All Q.A.P.D. officers MUST possess a valid Driver's License.

I, \_\_\_\_\_ hereby certify that I have read the above information and fully understand each of the items as set forth. Further, if accepted I agree to comply with all Unit and Quincy Police Department rules, policies and procedures that are currently in force including any future changes, modifications or additions.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Skills and/or Special Training

9. Branch of Military Service:	10. Entry Date:	11. Discharge/Release date:

12. Service Connected Training (that you think applies to this position)

13a. Type of Discharge:	13b. Current Status:

14. Are you a current user of illegal drugs? (Circle correct response)
Yes                      No

15. Are your driving privileges currently suspended or revoked in this or any other state? (Circle correct response)
Yes                      No

16. Have you ever been convicted of a misdemeanor or felony? (Circle Correct response)
Yes                      No

If yes, give date(s) and nature of violation(s):

17. List any city / town and state that you have lived in over the past 20 years.

18. List all jobs you have held for the past five years. Start with your current or most recent job and work backwards. Please include all military service, periods of unemployment and temporary or part-time jobs.

a. Current or Most Recent:

Employer's Name, Address/City/State/Zip:

Dates [to/from] :

Position Held:

Reason for Leaving:

b. 2<sup>nd</sup> Most Recent:

Employer's Name, Address/City/State/Zip:

Dates [to/from] :

Position Held:

Reason for Leaving:

c. 3<sup>rd</sup> Most Recent:

Employer's Name, Address/City/State/Zip:

Dates [to/from] :

Position Held:

Reason for Leaving:

d. 4<sup>th</sup> Most Recent:

Employer's Name, Address/City/State/Zip:

Dates [to/from] :

Position Held:

Reason for Leaving:

e. 5<sup>th</sup> Most Recent:

Employer's Name, Address/City/State/Zip:

Dates [to/from] :

Position Held:

Reason for Leaving:

19. References: Please give us the names of **5 adults** who have known you for a **period of 5 years or more**. These 5 people **should not be relatives or employers** (past or present) and they will be asked to appraise your character, level of maturity and personality.

**a. Name:**

Address/City/State/ZIP:

Home Phone:

Business Phone:

How does this person know you?

**b. Name:**

Address/City/State/ZIP:

Home Phone:

Business Phone:

How does this person know you?

**c. Name:**

Address/City/State/ZIP:

Home Phone:

Business Phone:

How does this person know you?

**d. Name:**

Address/City/State/ZIP:

Home Phone:

Business Phone:

How does this person know you?

**e. Name:**

Address/City/State/ZIP:

Home Phone:

Business Phone:

How does this person know you?

20. Person(s) to be notified in case of an emergency?	
<b>Name:</b>	
Address/City/State/ZIP:	
Home Phone:	Business Phone:
Relationship:	

<b>Name:</b>	
Address/City/State/ZIP:	
Home Phone:	Business Phone:
Relationship:	

<b><u>Certification of Application</u></b>	
I hereby certify that there are no misrepresentations in or falsifications of these statements and answers to questions. I am aware that should investigations disclose such, my application will be disqualified.	
Signature of Applicant: _____	
Date Signed: _____	

<b><u>Authorization</u></b>	
I authorize and empower the Quincy Auxiliary Police organization, the Quincy Police Department, any consumer reporting agency, or other outside service company, now or subsequently to obtain, prepare, use and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends, or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items.	
Upon written request, I understand that I will be provided with information regarding the nature and scope of any investigation, if one is made.	
Signature of Applicant: _____	
Date Signed: _____	

<b>OFFICE USE ONLY</b>
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Name of Applicant	
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<b>LIAISON OFFICER VERIFICATION</b> [Results]
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	NCIC	
	Local Check	
	D/L Check	
	Criminal History Check	
	Reference Letters	
	Other	

Notes/Comments

<b>LIAISON OFFICER SIGNATURE</b>	
Date	

<b>LIAISON OFFICER REFERRAL FOR AUXILIARY STATUS</b>
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I hereby recommend [\_\_\_\_\_ Approval \_\_\_\_\_ Denial] of the applicant as a Quincy Auxiliary Police Officer.

_____
Q.P.D. Liaison Officer
_____
Date

<b>UNIT COMMANDER'S REFERRAL FOR AUXILIARY STATUS</b>
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I hereby recommend [\_\_\_\_\_ Approval \_\_\_\_\_ Denial] of the applicant as a Quincy Auxiliary Police Officer.

_____
Commander Quincy Auxiliary Police/E.S.D.A.
_____
Date

Auxiliary Police Officer Applicant	
<b>QUINCY POLICE CHIEF'S REFERRAL FOR AUXILIARY STATUS</b>	
I hereby recommend [ _____ Approval _____ Denial] of the applicant as a Quincy Auxiliary Police Officer.	
_____	
Chief of Police	
_____	
Date	

<b>APPOINTMENT AS QUINCY AUXILIARY POLICE OFFICER</b>	
I, the Mayor of the City of Quincy, with the advice and consent of the City Council, do hereby approve this applicant's appointment as a Quincy Auxiliary Police Officer.	
_____	
Mayor, City of Quincy	
_____	
Date	

