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:

APPLICATION FOR QUINCY AUXILIARY POLICE

Instructions: This application must be filled out completely by the applicant only. Type or print neatly and accurately. All statements made in your application are subject to verification. Incorrect statement(s) will result in your application being rejected.

1. Name:								
Last	First			Midd	lle		Suffix	
						(Suffix is	s Jr, Sr MD etc.	
Additional Names I have	used (Maiden, etc)					(Dullix 13	isi, bi wib etc.	
Last	First				Middle			
[Use an additional sheet of	of paper to provide any addit	tional	names vou hav	e usedl				
2. Mailing Address:	11 1 7		,					
Street (House Number, B	uilding number Apt number,	, RR n	number PO Box	x Number)				
City						State	ZIP	
3. Telephone Number(s):								
Home Number:			Work Number	r:				
()			()					
4 Data of Distle			F Carial Carre					
4. Date of Birth:			5. Social Security Number:					
6. Are you a US Citizen?	(Circle compat magnense)		7 Can (Cinala	Compat Da		`		
Yes	No	- I)			
		•						
8. Education								
Name of School	Address			From	То	Leve	l of Attainment	
[High School]								
[College]								
[Other Training]								

[Rev 052800] Page 2

Skills and/or Special Training			
9. Branch of Military Service:	10. Entry Date:		11. Discharge/Release date:
12. Service Connected Training (tha	t you think applies to	this position)	
13a. Type of Discharge:		13b. Current Statu	IS:
14. Are you a current user of illegal Yes	drugs? (Circle o	orrect response)	
15. Are your driving privileges curr	ently suspended or re	voked in this or any	other state? (Circle correct response)
Yes	No		
16. Have you ever been convicted of Yes	f a misdemeanor or f	elony? (Circle Corre	ct response)
If yes, give date(s) and nature of violation	lation(s):		
if yes, give date(s) and nature of viol	iation(s).		
17. List any city / town and state th	at you have lived in o	over the past 20 years	S.
1			

18. List all jobs you have held for the past five years. Start v backwards. Please include all military service, periods of unconstant.	
a. Current or Most Recent:	employment and temporary of part-time joos.
Employer's Name, Address/City/State/Zip:	
D . F. (C . 1	D 12 11 11
Dates [to/from]:	Position Held:
Reason for Leaving:	
β	
1 and 1 c	
b. 2 nd Most Recent:	
Employer's Name, Address/City/State/Zip:	
Dates [to/from]:	Position Held:
_ = 3,000 [10, 10, 10, 10, 10]	
Reason for Leaving:	
Reason for Leaving.	
T ed	
c. 3 rd Most Recent:	
Employer's Name, Address/City/State/Zip:	
Dates [to/from]:	Position Held:
Batto [to/from]	1 osition field.
Passan for Lagying	
Reason for Leaving:	
d. 4 th Most Recent:	
Employer's Name, Address/City/State/Zip:	
Dates [to/from]:	Position Held:
Butes [to/ffori].	1 osition field.
Decree for Leaving	
Reason for Leaving:	
e. 5 th . Most Recent:	
Employer's Name, Address/City/State/Zip:	
, p.	
Dates [to/from] :	Position Held:
Dates [to/Hom].	i osition ficia.
D C I	
Reason for Leaving:	

19. References: Please give us the names of 5 adults who	o have known you for a period of 5 years or more .
These 5 people should not be relatives or employers (pas	
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:	
TT W	D . N
Home Phone:	Business Phone:
II 1 1 1 0	
How does this person know you?	
NT.	
c. Name:	
A 11/Cit/Ctat/7ID.	
Address/City/State/ZIP:	
Home Phone:	Business Phone:
nome Phone:	business Phone:
How does this person know you?	
flow does this person know you?	
d. Name:	
u. I tuile.	
Address/City/State/ZIP:	
11001035, 610, 6100, 211	
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?
Name:
Address/City/State/ZIP:
Home Phone: Business Phone:
Relationship:
Name:
Address/City/State/ZIP:
Home Phone: Business Phone:
Relationship:
Certification of Application
<u>certification of Application</u>
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:
<u>Authorization</u>
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:

	OF	FFICE U	SE C	NLY			
Name of Applicant							
_	LATGON	OFFICE	D X/IDI		MT (A)	<u> </u>	
J	LIAISON			RIFICA	ATION		
		[Res	ults				
NCIC							
Local Check							
D/L Check							
Criminal Histor	y Check						
Reference Lette	ers						
Other							
Notes/Comments							
LIAISON OFFI	CER SIGN	ATURE					
		Date					
	!						

LIAISON OFFIC	CER REFERRAL FOR AU	JXILIARY STATUS
I hereby recommend [Approval	Denial] of the applicant
as a Quincy Auxiliary Pol		
		Q.P.D. Liaison Officer
	<u>-</u>	
		Date
UNIT COMMAND	DER'S REFERRAL FOR A	AUXILIARY STATUS
I hereby recommend [Approval	Denial] of the applicant
as a Quincy Auxiliary Pol	ice Officer.	
	Commander Quir	acy Auxiliary Police/E.S.D.A.
		Date

[Rev 052800] Page 7

Auxiliary Police Officer Applicant
QUINCY POLICE CHIEF'S REFERRAL FOR AUXILIARY STATUS
I hereby recommend [Approval Denial] of the applicant
as a Quincy Auxiliary Police Officer.
Chief of Police
Date
APPOINTMENT AS QUINCY AUXILIARY POLICE OFFICER
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
Date
PHOTOGRAPH OF APPLICANT
[TO BE TAKEN BY Q.P.D.]