APPLICATION

HILLSBORO AUXILIARY POLICE DEPARTMENT

FULL NAME_____
(PRINT) LAST FIRST MIDDLE INTIAL

ADDRESS_____

TELEPHONE NO. _____

WEIGHT_____ HEIGHT_____ AGE _____ MARRIED_____SINGLE_____

NUMBER OF CHILDREN_____ EDUCATION_____YEARS

DATE OF BIRTH_____ DRIVER LIC. NO._____

PLACE OF EMPLOYMENT_____

ADDRESS_____

PHONE NO._____

NORMAL WORKING DAYS AND HOURS _____

_____

IF ACCEPTED TO THE HILLSBORO AUXILIARY POLICE DEPARTMENT, I AGREE TO ABIDE BY THE RULES, REGULATIONS, AND BY-LAWS THAT GOVERN THE ORGANIZATION AND TO HELP IN ANY OTHER WAY THAT COULD HELP TO MAKE IT A BETTER ON FOR MY BEING A MEMBER.

SIGNATURE_____

DATE_____

DO NOT WRITE BELOW THIS LINE

ACCEPTED BY_____ DATE_____

ACCEPTED BY_____ DATE_____

REASON FOR DISMISAL_____

GO TO BACK SIDE

REFERENCES

REFERENCE 1_____

PHONE #_____

ADDRESS_____

REFERENCE 2_____

PHONE 3_____

ADDRESS_____