

City of Tonawanda Police

200 Niagara Street
Tonawanda, New York
(716) 692-2121

Auxiliary Police Application

Date: _____ Social Security Number: _____ - _____ - _____

Name: _____ DOB: _____ - _____ - _____
Last, First, MI

Address: _____ Phone # _____ - _____ - _____
Number Street City State Zip Code

E-Mail Address: _____ Cell # _____ - _____ - _____

Height: _____ Weight: _____ Glasses: _____ Corrected to: _____

Home many years at the above address: _____

Previous address, if less than 5 years: _____

Present Employer, Address, Phone Number, & Contact Person: _____

Previous Employer, Address, Phone Number, & Contact Person – if less than 5 years:

Driver's ID: _____ State and Class of License: _____

Have you ever been arrested: _____
If so, list location, dates, and dispositions:

Have you ever been a member of any Police / Auxiliary Agency: _____
If so, list Agency Name, Contact Person, and Phone Number: _____

Have you ever belonged to any Volunteer Agency: _____
If so, list Agency Name, Contact Person, and Phone Number: _____

Are you a United States Citizen: _____ Citizenship: _____

Level of Education Completed: _____

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Name: _____
Last, First, MI

Position applying for: (circle one) Patrol Underwater Recovery Team Both

If interested in the Underwater Recovery Team,

Are you a certified diver: _____

If certified, list Organization and Level: _____

List Equipment owned _____

List any special skills or training that you believe may be beneficial to this organization:

**City of Tonawanda Police Auxiliary Police
Authorization to obtain Background Information / Criminal History**

I authorize the City of Tonawanda Police Department to perform a background investigation in connection with my application to join the City of Tonawanda Auxiliary Police. This investigation may include information as to my financial status, credit, school history, criminal arrests and convictions, Department of Motor Vehicle records, references, previous employers, medical history, and any other relevant personal records the Police Department deems necessary.

I authorize the release of any information to the City of Tonawanda Police Department that the City of Tonawanda Police may request from any and all of the above sources. A copy of this release shall be valid as the original document. I also understand and agree that all information received by the City of Tonawanda Police as a result of this investigation connected with my application is confidential and shall NOT be disclosed to me.

Applicant's Signature

_____/_____/_____
Date

Print Name

State of New York, County of Erie
On this ____ Day of _____, 20__

Applicant's Signature

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made under oath that statements made in the said instrument are true.

Notary Public

_____/_____/_____
Date