



Connellsville Police Auxillary



P.O. Box 499
Connellsville, PA 15425

MEMBERSHIP APPLICATION

Date _____

Name _____ Address _____

City _____ State _____ Zip _____

S. S. # _____ Phone _____ D.O.B. _____ Age _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Do you have a valid PA driver's license? _____ O.L.N. _____ How long at above address? _____

If less than 7 years, please give previous address _____

Have you ever been convicted of any criminal offense? Yes _____ No _____ If yes, please give details.

Occupation _____ Employer Name _____

Employer address _____ City _____ State _____ Zip _____

Employer phone _____

Emergency contact _____ Relationship _____ Phone _____

High School _____ Any college _____ Yrs completed _____

Military Yes _____ No _____ Branch _____ Yrs service _____ Discharge rank _____

Date of military service from _____ to _____ Any special training _____

Any police related training Yes _____ No _____ Course(s) _____

Where did training occur _____

Any police related employment Yes _____ No _____ With whom _____

Phone # _____ # of years _____

Position(s) held _____

References (not related to you, and acquainted with you for at least one year)

(name)	(address)	(phone)	(occupation)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Do you have any medical problems that could or would affect your performance as a member of the Connellsville Police Auxiliary? Yes _____ No _____ If yes, please give details.

All of the information I have supplied in this application is true and correct to the best of my knowledge. I understand that any incorrect information supplied by me will be grounds for my dismissal from the Connellsville Police Auxiliary. I further understand that upon approval, I will be placed on a six month probationary period, and my performance will be reviewed following that probation period.

(applicant signature)

Recommended by: _____ Date _____
(auxiliary member signature)

Approved Yes _____ No _____ Chief of Police _____ Date _____

If not approved, reason disallowed _____

Approved by membership Yes _____ No _____ Chief of Auxiliary _____ Date _____

If not approved, reason disallowed _____

FOR QUESTIONS:
CONTACT

AUXILIARY CHIEF YOUNKIN
724-550-3683

AUTHORIZATION TO OBTAIN INFORMATION / WAIVER

I, _____, HAVING MADE APPLICATION TO JOIN THE CONNELLSVILLE POLICE AUXILIARY, UNDERSTAND THAT THE CONNELLSVILLE CITY POLICE DEPARTMENT WHICH THE AUXILIARY IS PART OF DESIRES TO OBTAIN INFORMATION CONCERNING MY BACKGROUND, AND CHARACTER IN ORDER TO BETTER ASCERTAIN MY QUALIFICATIONS FOR MEMBERSHIP IN THE POLICE AUXILIARY.

I HEREBY AUTHORIZE THE CHIEF OF POLICE OF THE CONNELLSVILLE CITY POLICE DEPARTMENT TO INVESTIGATE AND ASCERTAIN ANY AND ALL INFORMATION CONCERNING MY BACKGROUND, AND CHARACTER WHICH MAY BE PERTINENT TO MY QUALIFICATIONS FOR MEMBERSHIP IN THE POLICE AUXILIARY.

I HEREBY RELEASE ALL PERSONS AND THE CONNELLSVILLE CITY POLICE DEPARTMENT FROM ANY LIABILITY WHICH MIGHT OTHERWISE RESULT FROM THE RELEASE OF SAID INFORMATION TO THE CHIEF OF POLICE AND THE POLICE AUXILIARY.

IN CONSIDERATION OF THIS RELEASE, THE CONNELLSVILLE AUXILIARY POLICE, AND THE CONNELLSVILLE CITY POLICE DEPARTMENT SHALL REGARD ALL THE INFORMATION OBTAINED AS CONFIDENTIAL. I UNDERSTAND THAT THE SAME SHALL NOT BE RELEASED TO ANY INDIVIDUAL, INCLUDING MYSELF, OR ORGANIZATION, ABSENT GOOD CAUSE.

I AGREE THAT THE CONNELLSVILLE POLICE AUXILIARY MAY ADMIT THIS INFORMATION INTO EVIDENCE TO DEFEND ANY ADMINISTRATIVE OR COURT PROCEEDING WHICH IS INITIATED ON MY BEHALF. I RETAIN THE RIGHT TO CHALLENGE THE ACCURACY OF SUCH INFORMATION, IN SUCH A PROCEEDING, BUT WAIVE ALL OBJECTIONS AS TO THE ADMISSIBILITY OF THE INFORMATION. I UNDERSTAND THAT I AM NOT COMPELLED TO SIGN THIS SITUATION.

APPLICANT'S SIGNATURE

DATE

ADDRESS

WITNESS

CITY, STATE, ZIP CODE

I, _____, HAVING MADE APPLICATION TO JOIN THE POLICE AUXILIARY, DO NOT DESIRE TO SIGN THE AUTHORIZATION STATED ABOVE. I UNDERSTAND THAT IF CONNELLSVILLE CITY POLICE DEPARTMENT IS UNABLE THROUGH THE EXERCISE OF REASONABLY DILIGENT INVESTIGATIVE METHODS, TO OBTAIN INFORMATION CONCERNING MY BACKGROUND, TO EVALUATE MY QUALIFICATIONS TO BE ACCEPTED BY THE CONNELLSVILLE POLICE AUXILIARY, I MAY BE PASSED OVER FOR SUCH MEMBERSHIP.

APPLICANT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

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