

**APPLICATION**

**HILLSBORO AUXILIARY POLICE DEPARTMENT**

FULL NAME \_\_\_\_\_  
(PRINT) LAST FIRST MIDDLE INITIAL

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 \_\_\_\_\_

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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 \_\_\_\_\_