



EDISON

Thomas Lankey, *MAYOR*

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE
THOMAS BRYAN, *Chief of Police*

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Edison, New Jersey 08817
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Contact: Lt. Robert J. Dudash Jr.
P.I.O. 732-248-6442
For Immediate Release
September 9, 2016

EDISON POLICE ACCEPTING APPLICATIONS FOR AUXILIARY POLICE OFFICERS

EDISON – The Edison Police Department is seeking applicants to serve as auxiliary police officers.

Auxiliary police officers are unpaid volunteer positions open to U.S. citizen, age (18) eighteen or older, with a high school diploma or a G.E.D and a valid N.J. driver's license. Applicants must be in good physical condition and able to pass a criminal background check and interview. The applicants should be Edison residents, or live in towns near Edison that do not have auxiliary police officers of their own.

The auxiliary police officers augment the Edison Police Department by assisting with traffic control functions, crowd control and security, road closures, extra patrols in parks and public properties, and may be dispatch to emergency or disaster situations.

All applicants if selected will be required to attend the Middlesex County Auxiliary Police Academy which starts in early March 2017 and extends until Mid-June 2017. The training will occur on most Tuesday, Wednesday and Thursday evenings and some Saturdays during that period of time.

Applicants for auxiliary police officer should contact Lt. Robert J. Dudash Jr., Auxiliary Police Liaison at (732) 248-6442 or via e-mail to rdudash@edisonpd.org. Applications can be downloaded from the Edison Township Website: www.edisonnj.org or from www.edisonpoliceaux.com

Completed applications must be mailed or dropped off to the Edison Police Department, Operation's Bureau, 100 Municipal Blvd. Edison, NJ. 08817, Attention: Lt. Robert J. Dudash Jr. Applications must be submitted no later than Friday, Oct. 28, 2016 at 4:00 pm to be considered for the 2017 appointment process.

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Let there be Light

Edison Police Auxiliary

100 MUNICIPAL BLVD, EDISON, NJ 08817

AUXILIARY RECRUIT APPLICATION

NAME:

PERSONAL DATA

PLEASE COMPLETE IN INK.

A. Name: Last: _____ First: _____ Middle: _____

B. Address: Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

C. Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

D. How did you learn of the position? Internet Referral Other

Other (Please Specify) _____

E. Have you ever applied to the Edison Police Auxiliary before? Yes No

If yes, when? _____

F. Have you ever served on an Auxiliary Police Department before? Yes No

If yes, when? _____ Which Town? _____

G. Have you ever been convicted of a crime (other than minor traffic violations)?* Yes No

If yes, provide: Charge: _____ Place: _____

Date: _____ Disposition: _____

H. Are there any charges/indictments now pending against you? * Yes No

If yes, explain: _____

*NOTE: A "YES" answer to the two questions above will not necessarily bar you from employment. The nature, severity and date of the offense in relation to the position for which you are applying are considered.

J. Do you have a valid driver's license? Yes No DL Number: _____

Date of Birth: _____ Social Security Number: _____

K. Are you a citizen of the United States of America? Yes No

L. Have you ever been denied a license, permit or privilege to operate a motor vehicle or has this license, permit or privilege ever been revoked? Yes No

If yes, provide details: _____

EMAIL:

DATE:

EDUCATION

	NAME	CITY/STATE	Choose Highest Year Completed	Did you Graduate?		DEGREE/MAJOR
				Yes	No	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	N/A
COLLEGE				<input type="checkbox"/>	<input type="checkbox"/>	
TECHNICAL				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

AVAILABILITY DATA

- A. Would you be available for:
- Emergency Callouts: Yes No
- Holiday Events: Yes No
- Weekend Events: Yes No

- B. The second Tuesday of the month there is a mandatory meeting held at 1930 hours at Auxiliary Headquarters. Will you be available to attend this meeting every month? : Yes No

- C. Please indicate days/hours that you are available to volunteer for the Edison Police Auxiliary:

Monday Hours: _____ Tuesday Hours: _____

Wednesday Hours: _____ Thursday Hours: _____

Friday Hours: _____ Saturday Hours: _____

Sunday Hours: _____

- D. Please list any other pertinent experience, skills, training or volunteer experience that you have which are related to the position for which you are applying:

- E. Date you are available to start: _____

EMPLOYMENT HISTORY

A. Are you presently employed? Yes No May we contact you at work? Yes No

B. Have you ever been discharged or forced to resign from any position? Yes No

If yes, please explain: _____

C. INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION.

1. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
2. List all employment including military service, part-time and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
3. Start with the most recent position and work back to first position you held.
4. If space is limited for listing all your employment record, you may use an additional sheet of paper following the same format used on the next page. Sign/print your name and include with this application.

(1) (Current or most recent position)

Description of specific duties

Employer's Name: _____

City: _____ State: _____

Telephone Number: (____) _____ Ext: _____

Position Title: _____

May we contact? Yes No

Supervisor's Name: _____

Dates employed in this position:

Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____

Starting Salary: _____ Last Salary: _____

Name on employment records if different from present name: _____

Reason for leaving: _____

(2) (Current or most recent position)

Description of specific duties

Employer's Name: _____

City: _____ State: _____

Telephone Number: (____) _____ Ext: _____

Position Title: _____

May we contact? Yes No

Supervisor's Name: _____

Dates employed in this position:

Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____

Starting Salary: _____ Last Salary: _____

Name on employment records if different from present name: _____

Reason for leaving: _____

(3) (Current or most recent position)

Description of specific duties

Employer's Name: _____

City: _____ State: _____

Telephone Number: (____) _____ Ext: _____

Position Title: _____

May we contact? Yes No

Supervisor's Name: _____

Dates employed in this position:

Mo: _____ Yr: _____ ~~-TO-~~ Mo: _____ Yr: _____

Starting Salary: _____ Last Salary: _____

Name on employment records if different from present name: _____

Reason for leaving: _____

REFERENCES

List three (3) social references. Do not include current or past employers, relatives or past/present employees of the Edison Township. Provide full name, address (city & state) and phone number.

NAME	ADDRESS	PHONE NO.
1.		
2.		
3.		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN

- This application must be filled out in detail. Failure to complete all sections, or to sign this form, may result in its being returned for completion, causing delay or possible disqualification.
- As an applicant for recruitment with the Edison Police Auxiliary, I have furnished information for use in determining my qualifications for acceptance. I hereby authorize Edison Township to conduct a thorough background investigation to further support the statements contained herein.
- I agree to submit to a urine drug screen if required for the position.
- I agree to undergo a physical and/or a psychological examination (township paid) as required for my position and understand that any offer of recruitment is contingent upon my passing this physical examination.
- I understand that the Edison Police Auxiliary is a voluntary organization and that the position I have applied for is an unpaid, volunteer's position.
- If recruited, I agree to abide by all present and subsequently issued personnel policies and rules established by the Edison Police Auxiliary, the Edison Police Department, and Edison Township.
- I hereby affirm that all statements made herein are true and correct to the best of my knowledge and understand that any misrepresentation may result in my being disqualified from further consideration. or terminated.
- My signature conveys that I have read, understand and agree to all the statements listed above.

Signature: _____

Date: _____

ADDITIONAL INSTRUCTIONS:

You have 3 options for submitting a completed and signed application:

1. Drop it off at Police Headquarters located at 100 Municipal Boulevard, Edison, NJ 08817
2. Mail the application to Auxiliary Liaison, Edison Police Department, 100 Municipal Boulevard, Edison, NJ 08817
3. E-mail the application to AuxChief@EdisonPD.org