

Complete this form and return to:

Oshkosh Auxiliary Police  
420 Jackson Street  
Oshkosh, WI 54901



**Oshkosh  
Auxiliary Police**  
*Application For Membership*

Date received: \_\_\_\_\_

Interview date: \_\_\_\_\_

Start date: \_\_\_\_\_

**Name:** \_\_\_\_\_  
First Middle Name (Full) Last

**Home Address:** \_\_\_\_\_  
Street Apartment City State Zip Code

**School Address:** \_\_\_\_\_  
(If Applicable) Street Apartment or Dorm City State Zip Code

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Has your drivers license ever been suspended? No \_\_\_ Yes \_\_\_ If yes, when and for what reason:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of any violation of law or ordinance? No \_\_\_ Yes \_\_\_ If yes, give info:**

\_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Place of employment:** \_\_\_\_\_ **Shift:** \_\_\_\_\_

**Have you any physical limitations or health problems which may effect work performance with us?**

**No \_\_\_ Yes \_\_\_ If yes, give info:** \_\_\_\_\_

**-REFERENCES-**

1. \_\_\_\_\_  
Name Street Address City State Phone

2. \_\_\_\_\_  
Name Street Address City State Phone

3. \_\_\_\_\_  
Name Street Address City State Phone

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief, and understand that falsification may result in disqualification or removal from the position. I understand that, if accepted, my position can be terminated with or without notice at any time, for any reason.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_