



City of Cambridge
Police Department
Auxiliary Police

TELEPHONE
(617) 349-9374

TWITTER
twitter.com/CambridgePolice

WEB
www.cambridgepolice.org

Personnel & Administration Unit
Initial Inquiry Information Form

Please fill out the following information to the best of your ability. This information will be used to start your personnel file, and application status if selected to begin the recruit process. If you have any issues or concerns with this form, please let us know. Also, please submit with this inquiry three letters of recommendation from non-family members. Thank you.

Last Name: _____ First Name: _____ M.I. _____ Suffix: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (MM/DD/YYYY) ____/____/____

E-mail address: _____

Driver's License Number: _____ State: _____

Do you currently possess a Firearms ID Card (FID)? Y/N

Do you currently possess a License to Carry (LTC)? Y/N Class: _____ Unrestricted: Y/N

Do you currently have a reliable means of transportation? Y/N

Current Occupation: _____

Current place of employment: _____ Since: _____

Job title: _____

Duties: _____

Supervisor: _____ May we contact your employer: Y/N

Contact info: _____

Highest education level: (High School/GED) (Some College) (2yr College)

(4yr College) (Post Grad)

High School: _____ Completion: _____

City: _____ State: _____

GED: () Completion date: _____

Undergraduate College (if applicable) _____ Completion: _____

Concentration: _____ Minor (if applicable): _____

City: _____ State: _____

Please answer the following questions truthfully, and to the best of your abilities. They will be used as both an assessment of how we might best place you in our program, as well as what you might bring to the table. Please type and attach your answers to this form each page should have your name typed at the top and written at the bottom. Thank you.

1. Why would you like to join a volunteer police organization?
2. What would you like to do as a volunteer officer?
3. What skills and abilities do you feel you can bring to our department?
4. What does “community policing” mean to you?
5. What are your expectations of being an Officer with the Auxiliary?

I _____, swear and affirm that the information contained in this disclosure statement is true and correct to the best of my knowledge, information, and belief.

Signature

Date

For Administrative Purposes Only	
Receiving Officer/ Date	
Reviewing Officer/ Date	