



AUX. CHIEF KELAN MAGEE

1000 MAIN STREET, SAYREVILLE NJ 08872

May 28, 2025

Dear Applicant:

Thank you for your interest in joining the Sayreville Police Auxiliary. Our organization has been proudly serving the residents of Sayreville since 1941. While some join us as a stepping stone to enter a career in law enforcement, others join simply to serve their community. Whatever your goals may be, we appreciate your time.

Each year, our organization receives many applications from very qualified individuals. While each application receives careful consideration, we are limited by the number of new members we can accept. So, with this in mind, I urge you to follow all instructions and submit your application as early as possible.

Your application will be processed in the order it was received. Depending on when your application was received, you can expect to hear from us within approximately 2-3 months. If you have any questions, please contact us by email at: esmith@sayreville.com.

Sincerely,

Captain Ed Smith
Sayreville Police Auxiliary

*** Do NOT submit this page with your application ***



The Borough of Sayreville
Police Auxiliary

SAYREVILLE AUXILIARY POLICE
BACKGROUND APPLICATION

APPLICATION INSTRUCTIONS:

APPLICATION INSTRUCTIONS:

These instructions are provided as a guide to assist you in properly completing your application. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for the auxiliary police. Failure to follow these instructions may result in disqualification from the selection process.

1. Fill out the entire application. You are required to answer every question. Leave no space blank. If the question does not apply to you, enter 'N/A'.
2. Arrests and convictions that have been expunged or sealed must be included. Expungements are not effective when applying for a position in law enforcement. See NJSA 2C:52-27(c). Failure to include expungement or sealed arrest and / or conviction will result in immediate removal from the selection process.
3. All completed applications must be submitted no later than the date posted on the Job Announcement to be considered for the academy class as posted.

By checking "Yes," I acknowledge that I have read and fully understand the application instructions. Failure to follow these instructions will result in immediate removal from the selection process. Yes No



The Borough of Sayreville
Police Auxiliary

Membership Application

Last Name: _____ First: _____ MI.: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone #: _____ Wireless #: _____

Email: _____

Alternate Email: _____

Age: _____ D.O.B: _____



The Borough of Sayreville
Police Auxiliary

OTHER VOLUNTEER SERVICE:

Are you presently a volunteer member of any Fire Dept. and/or First Aid Squad

Township: _____

OTHER POLICE AGENCY'S:

Are you presently in the hiring process for any police dept. or other agency: Yes: No:

If yes, which dept. / agency: _____

Approximate date of hire (if any): _____

Have you ever been employed as a Special Class I, Class II or Auxiliary officer? Yes No

If yes, where / when: _____

Why did you leave?: _____

Why do you want to join the Sayreville Police Auxiliary?



The Borough of Sayreville
Police Auxiliary
EDUCATION

HIGH SCHOOL:

School City State
Attended from _____ to _____ Grade reached _____ Graduate? Yes: No:

COLLEGE / UNIVERSITY / TECHNICAL SCHOOLING:

School City State
Attended From _____ To _____ Degree: _____ Graduate? Yes: No:
Full / Part-time _____ Major: _____

School City State
Attended From _____ To _____ Degree: _____ Graduate? Yes: No:
Full / Part-time _____ Major: _____

School City State
Attended From _____ To _____ Degree: _____ Graduate? Yes: No:
Full / Part-time _____ Major: _____

Any special skills / training (towing, self-defense, EMT, etc.): _____



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Police Auxiliary

MILITARY EXPERIENCE:

Have you ever served in the Armed Forces of the United States? Yes No

Highest rank obtained: _____ Date commissioned (if applicable) _____

If ever classified 1-Y (registrant qualified for military service only in time of war or national emergency) or 4-F (registrant not qualified for any military service), FURNISH REASONS:

Branch of Service: _____ Serial Number: _____

DATE OF SERVICE: From: _____ To: _____

Type of discharge: _____ Job Specialty (MOS) _____

Were you ever discharged for other than honorable reasons? Yes No

If yes, explain: _____

Have you ever received any disciplinary action while in military service? Yes No

Are you now serving in the active reserves: Yes: No:

Unit: _____

Are you obligated to attend summer camps? Yes No Duration _____

FOREIGN LANGUAGES:

Speak: _____ Write: _____

Speak: _____ Write: _____

Speak: _____ Write: _____



The Borough of Sayreville
Police Auxiliary
CRIMINAL HISTORY:

Have you ever been charged with a crime, juvenile offense, disorderly persons offense, or were under investigation by any agency or subpoenaed by any grand jury or investigative body?

YES: NO:

If yes, please state:

Date	Place and Police Agency	Charge / Offense	Final Disposition

For more charges, please attach a separate sheet of paper.



The Borough of Sayreville
Police Auxiliary

DRIVING HISTORY:

Have you ever received a motor vehicle violation?

YES: NO:

If yes, please state:

Date	Place and Police Agency	Charge / Offense	Final Disposition

For more charges, please attach a separate sheet of paper.

Was your motor vehicle registration certificate or drivers license ever revoked? YES NO

Suspended? YES NO If yes when: _____ Where? _____

Why? _____

If the answer to the previous question is "YES", was such registration or drivers license ever restored? YES NO When _____ Where? _____



The Borough of Sayreville
Police Auxiliary
MOTOR VEHICLES

New Jersey Drivers License #: _____

Has your driving privilege ever been revoked IN ANY jurisdiction? Yes No

If yes, explain: _____

Do you possess any other type of driver's license / special endorsements? Yes No

If yes, describe type of license: _____

List all motor vehicles registered in your name or your spouse's name (include the primary vehicle you drive even if it's not registered to you):

Make: _____ Model: _____ Year: _____ Color: _____

Plate #: _____ State: _____ Registered to: _____

Make: _____ Model: _____ Year: _____ Color: _____

Plate #: _____ State: _____ Registered to: _____

Make: _____ Model: _____ Year: _____ Color: _____

Plate #: _____ State: _____ Registered to: _____

Have you ever been refused insurance and/or had insurance cancelled on your motor vehicle or drivers license? Yes No

If yes, explain _____



The Borough of Sayreville
Police Auxiliary
MEDICAL HISTORY

Fill in yes or no to each question. In the area designed “Remarks”, explain briefly, giving reference number to number involved giving dates or other applicable information.

HAVE YOU EVER:

1. Been a patient in a sanitarium, mental hospital or institution? _____
2. Been seriously injured? _____
3. Been refused employment for health reasons? _____
4. Been forced to give up a job because of health reasons? _____
5. Received Workmen’s Compensation? _____
6. Received temporary disability? _____
7. Been rejected for military service for health reasons? _____
8. Received discharged from military service for health reasons? _____
9. Received a pension for disability? _____
10. Been refused life insurance? _____
11. Been made ill by your work? _____
12. Been refused a driver’s license for health reasons? _____
13. Injured your back? _____
14. Worn a back brace? _____
15. Worn a knee brace? _____
16. Had a hernia or rupture? _____
17. Do you ever wear a truss? _____
18. Had fits or convulsions? _____
19. Do you take medicine regularly? _____
20. Had Diabetes? _____



The Borough of Sayreville
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- 21. Had High Blood Pressure? _____
- 22. Had Fainting Spells or Dizziness? _____
- 23. Tuberculosis? _____
- 24. Headaches on a regular basis? _____
- 25. Paralysis? _____
- 26. Heart Trouble? _____
- 27. Asthma or shortness of breath? _____
- 28. Epilepsy? _____
- 29. Broken Bones? _____
- 30. Physical Handicaps? _____
- 31. Diagnosed with cancer? _____
- 32. Are you presently without medical insurance? _____

REMARKS: _____



The Borough of Sayreville
Police Auxiliary
SOCIAL HISTORY

The words “subversive organization” as used in questions “b” through “g” inclusive, shall mean any group or organization which supports, follows, or which is in sympathy with the principles of any subversive doctrine that advocates the overthrow of the government of the United States or any State or of any political subdivision thereof, by force, violence or other unlawful means.

Answer “Yes” or “No” to each question. If the answer given is “Yes”, explain details on signed separate affidavit to be attached to this form.

a... Have you ever, by word of mouth, or in writing, advocated, advised, or taught the doctrine that the government of the United States of America, or of any state, or of any political subdivision thereof, should be overthrown or overturned by force, violence, or any unlawful means? _____

b... Are you now, or have you ever been, a member of any subversive organization? _____

c... Have you ever been connected or affiliated in any manner with or have you ever attended any meeting of any subversive organization? _____

d... Have you ever paid, collected or solicited any money, dues or contributions to, for, or on behalf of any subversive organization? _____

e... Have you ever participated in any parade, picket line, delegation or demonstration sponsored or organized by any subversive organization? _____

f... Have you ever been a member of or attended any school, camp, class, or forum sponsored by any subversive organization? _____

g... Have you ever signed or solicited others to sign any petition sponsored or issued by any subversive organization, or any petition which has as its purpose the aiding of any person, cause, or program connected with any subversive organization? _____



The Borough of Sayreville
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ADDITIONAL INFORMATION

DO YOU HAVE ANY KNOWLEDGE OR INFORMATION, IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PRECEDING, WHICH IS OR WHICH MAY BE RELEVANT, DIRECTLY OR INDIRECTLY, IN CONJUNCTION WITH AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS FOR SELECTION TO THE SAYREVILLE POLICE AUXILIARY INCLUDING, BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, PHYSICAL OR MENTAL CONDITION, TEMPERANCE, HABITS, EMPLOYMENT, EDUCATION, SUBVERSIVE ACTIVITIES, FAMILY, ASSOCIATIONS, CRIMINAL RECORD, TRAFFIC VIOLATIONS RESIDENCE OR OTHERWISE?

If yes, explain: _____

Do you drink alcoholic beverages? Yes No

If yes, explain: _____

Have you ever used marijuana? Yes No

If yes, explain _____

Have you ever used any other illegal drugs? Yes No

If yes, explain: _____

Do you have any visible tattoos on your face, neck, lower arms or hands? Yes No

If yes, explain: _____



The Borough of Sayreville
Police Auxiliary

The Sayreville Auxiliary is committed to perform Sunday traffic details about once monthly at St. Stans and O.L.V churches. Do you have any other obligations which may interfere with your participation?

Yes: No: If yes, explain: _____

The Sayreville Auxiliary Police also meet every second Tuesday of each month for training meetings at 7:00pm. Are there any other commitments which may interfere with your attendance?

Yes: No: If yes, explain: _____

During your first year, as part of your initial training, members are expected to complete one patrol detail per month. These are performed at night, generally on the weekends. Do you have any other obligations which may interfere with your participation?

Yes: No: If yes, explain: _____

Specify how you first heard about this opportunity:

Newspaper / TV (specify paper / channel): _____

Word of mouth (enter name if known): _____

Recruitment event (carnival, fireworks, etc.) _____

Social media (Facebook/ Twitter/Craigslist) _____

Internet (please specify website) _____

Other: _____



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Police Auxiliary

REFERENCES:

Please supply two employer references:

Name: _____ Address: _____

City, state, zip: _____

Phone #: _____ Relation: _____

Name: _____ Address: _____

City, state, zip: _____

Phone #: _____ Relation: _____

Please list 2 non-family references:

Name: _____ Address: _____

City, state, zip: _____

Phone #: _____ Relation: _____

Name: _____ Address: _____

City, state, zip: _____

Phone #: _____ Relation: _____

Please list one reference from a romantic relationship (past or current):

Name: _____ Address: _____

City, state, zip: _____

Phone #: _____ Relation: _____



The Borough of Sayreville
Police Auxiliary

DO NOT SEND THIS PAGE.

**THIS PAGE IS TO BE
REPLACED WITH A COPY
OF YOUR VALID DRIVERS
LICENSE.**



The Borough of Sayreville
Police Auxiliary

AFFIRMATION

In order for us to process your application, please read, then check the following boxes to indicate you have a completed application. Then sign and date where indicated and submit your application. This page **MUST** be properly completed or your application will **NOT BE PROCESSED**.

I have read the application instructions on page 1 of this application and I agree that failure to follow these instructions may result in my removal from the selection process.

I have fully disclosed my legal history on pages 7 & 8 of this application, attaching additional pages as necessary (this includes all of my traffic violations).

I have included a photocopy of my driver's license with my application.

Upon signing this application, I affirm that I understand all of the questions asked in this application and that all the answers and attachments are true to the best of my knowledge. I further state that I understand any falsification of records, misstatement of fact or omission of facts in this application or attachments are grounds for disqualification or future termination. I expressly authorize the Sayreville Police Department to perform a full background check on myself without reservation to verify all information that I have submitted is correct as well as verify the integrity of my personal character. Further, I acknowledge that submission of this application does not guarantee that I will receive an interview.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT:

Signature of Applicant

Date

Please return this completed application, along with copy of a current ID to:
esmith@sayreville.com or by mail:

Sayreville Police Department
Attn: Auxiliary Police
1000 Main St.
Sayreville, NJ 08872