** FREDERICKTOWN FIRE DEPARTMENT CERT APP**

**INSTRUCTIONS\*:** READ EACH QUESTION CAREFULLY AND ANSWER EACH QUESTION ACCURATELY. AN APPLICANT MAY BE DISQUALIFIED FROM ATTENDING CERT IF HE/SHE INTENTIONALLY MAKES A FALSE STATEMENT, PRACTICES OR ATTEMPTS TO PRACTICE ANY DECEPTION OR FRAUD IN THIS APPLICATION. PRINT OR TYPE THIS APPLICATION AND SIGN WHERE INDICATED.

|  |
| --- |
|  |
| Last Name | First Name | Middle Name |
| List all other names you have used, including maiden, nicknames or aliases: | E-Mail Address: |
| Present Address: | City: | Zip Code: |
| Business Name & Address: | Occupation: |
| Home Telephone: | Business Telephone: | Cell Phone: |
| Date of Birth: | Age: | Sex: | Social Security No: | Marital Status: |

Training involves active participation and photographs may be used for public relations publications/postings promoting the city’s volunteer programs; the Community Emergency Response Team (CERT) newsletter; news publications/postings, which are reporting on volunteer training programs and/or the posting of photographs on the City’s website describing and promoting volunteer involvement.

Are you willing to sign a photo release form authorizing the use of any photograph taken in connection with your participation in the program without compensation? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

- Failure to provide release may result in rejection of application.

Indicate below all arrests and traffic violations (do not include parking violations.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Violation | City/State | Disposition | Agency |
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| Date | Violation | City/State | Disposition | Agency |

Why do you desire to attend CERT?

List any prior law enforcement experience, include any military law enforcement.

**I** **certify** **that** **I** **have** **answered** **each** **question** **accurately** **and** **truthfully,** **to** **the** **best** **of** **my** **knowledge** **and** **ability.** **I** **hereby** **authorize** **the** **Fredericktown Fire**  **Department** **to** **conduct** **an** **investigation** **into** **my** **background,** **realizing** **that** **the** **results** **of** **this** **investigation** **may** **affect** **the** **approval** **or** **denial** **of** **this** **application.**

Signature

**\*** **RETURN** **COMPLETED** **APPLICATION** **TO: DATE**

**FREDERICKTOWN FIRE DEPARTMENT**

**202 WEST COLLEGE FREDERICKTOWN MO 63645**

**DO** **NOT** **WRITE** **BELOW** **THIS** **LINE** **–** **FOR** **DEPARTMENTAL** **USE** **ONLY.**

Date application received:

Background Investigator:

Background Approved:?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date applicant notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_