

MASON POLICE AND FIRE DEPARTMENTS

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Mason, Ohio 45040
513.229.8540 (FIRE)
513.229.8560 (POLICE)
www.imaginemason.org



COMMUNITY EMERGENCY RESPONSE TEAM (CERT) APPLICATION (Applicant must be at least 18 years of age)

NAME: _____ DATE: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

CONTACT: _____
Home Phone Cell Phone E-mail

EMERGENCY INFORMATION

In case of emergency, please contact:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
Street City State Zip Code

CONTACT: _____
Home Phone Cell Phone E-mail

BACKGROUND INFORMATION

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE/I.D. #: _____ CLASS: _____ STATE ISSUED: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS: Yes No

ARE YOU CURRENTLY AWAITING TRIAL, ON PROBATION, OR ON PAROLE: Yes No

NAME OF CURRENT OR MOST RECENT EMPLOYER: _____

ADDRESS: _____
Street City State Zip Code

SUPERVISOR'S NAME: _____ PHONE: _____

DATES: From _____ To _____ REASON FOR LEAVING: _____

PERSONAL REFERENCE: _____ RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____
Street City State Zip Code

Explain briefly why you are interested in joining the CERT Team and what skills or background you have that might benefit our team:

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification. I understand that a background check will be done on me as part of the application process and do hereby give my consent for such check.

APPLICANT SIGNATURE: _____ DATE: _____