

**Drop-off or mail completed form to:**

# City of Mason **CERT**

4420 Mason Montgomery Rd  
Mason, OHIO 45040  
c/o Mason Fire Department



## COMMUNITY EMERGENCY RESPONSE TEAM (CERT) APPLICATION

(Applicant must be at least 18 years of age)

NAME: \_\_\_\_\_  
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 (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

HAVE YOU HAD A FEDERAL AND STATE BACKGROUND CHECK IN THE PAST 12 MONTHS: Yes No

BACKGROUND CHECK PERFORMED BY: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF OHIO: \_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF WARREN COUNTY: \_\_\_\_\_

DO YOU HAVE AN AMATEUR RADIO LICENSE: Yes No

WHAT IS YOUR LICENSE NUMBER: \_\_\_\_\_

NAME OF CURRENT OR MOST RECENT EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATES: From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

PERSONAL REFERENCE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOW DID YOU HEAR ABOUT CITY OF MASON CERT: \_\_\_\_\_

Explain why you are interested in joining City of Mason CERT and what skills and/or equipment you have that could benefit the 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 or termination of membership. I understand that a criminal back-ground check will be performed as part of the application process and do hereby give my consent for such check.

**Furthermore, I authorize the release of my background check results to City of Mason CERT for their review.**

APPLICANT NAME: \_\_\_\_\_ DATE: (MM/DD/YYYY) \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_