LONG HILL TOWNSHIP CERT APPLICATION FORM

NAME _____ _____ _____
(First) (MI) (Last)

ADDRESS _____
(Street / apartment number)

_____ _____ _____
(City) (State) (Zip code)

Please list phone numbers in order of preference for emergency activations, and indicate **H**ome/**W**ork/**C**ell (Mark your work number N/A if you should not receive calls at work)

PHONE _____ _____ _____

EMAIL _____

_____

Do you possess a DRIVER'S LICENSE Yes _____ No _____
A COMMERCIAL DRIVER'S LICENSE Yes _____ No _____

EMERGENCY CONTACTS:

Name:_____Phone:_____

Address:_____

Relationship:_____

Name:_____Phone:_____

Address:_____

Relationship:_____

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EMPLOYMENT INFORMATION Are you presently employed? (Check as many as apply)
_____Full-time _____Part-time _____Unemployed _____Retired _____Student
If retired or unemployed, provide information for most recent position.

Current Employer : _____

Address:_____
(Street) (City) (State) (Zip Code)
Phone:_____

Job Title : _____

Prior Employer : _____

Address:_____
(Street) (City) (State) (Zip Code)
Phone:_____

Job Title : _____

REFERENCES: Please list two people to be contacted for references:

_____
Name Address Phone

_____
Name Address Phone

How did you hear about the CERT program?

_____

_____

Why do you want to become a member of the CERT team?

_____

_____

_____

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BACKGROUND/SPECIAL SKILLS

Prior Volunteer Experience:_____

_____

Special Skills/Training:_____

_____

Are you a licensed amateur radio operator?_____Call sign:_____Class:_____

Are you a licensed: Medical Dr_____ DVM_____ RN_____ LPN_____ Paramedic_____

EMT_____ Fire Fighter_____ Other _____

Fluent Languages (other than English):

Language _____ Language _____

Please describe any other education, skills or experiences that are relevant to your interest in volunteer service as well as any specialized education, training and/or credentials. Include military and other technical training (CERT, CPR, first aid, disaster response, military medic, bioterrorism, incident command, SEMS, epidemiology, etc.) (Continue on the back if necessary.)

_____

_____

_____

Signature: _____ Date _____

PLEASE RETURN TO:
Long Hill Township CERT
915 Valley Road
Gillette, NJ 07933
sdaly@longhillpolice.us

OFFICE USE ONLY:
Date Rcvd_____ Interview_____
References_____ Background_____
Approvals:
CERT MGR _____ OEM_____
Data Entry_____
Orientation_____