

Springfield Office of Emergency Management
200 Mountain Avenue
Springfield, NJ 07081
(973)376-1058

Application - Springfield Community Emergency Response Team

Name: _____

Address: _____

If less than 2 years, previous address: _____

Home Telephone: _____ Business Telephone: _____

Cell Phone: _____ Email Address: _____

Date of Birth: _____ Place of Birth: _____

Employed By: _____

Employer Address: _____

Title/Position: _____ Years Employed: _____

Education: _____

Children: _____

Military Service: From: _____ To: _____ Branch: _____

Type of Discharge: _____ Specialized Training: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

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

License Plate: _____ State: _____

Specialized Training: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Blood Type: _____ Do you have a valid First Aid Card? _____ Expiration Date: _____

Have you ever been adjudged a juvenile delinquent or disorderly person? _ _____

Have you ever been convicted of a crime that has not been expunged or sealed? _ _____

Have you ever had an application for a firearm ID card or an application to purchase a handgun denied?

Are there any factors not otherwise covered in this application that might disqualify you for service in the CERT? (Y/N):

If yes, explain: _____

The Applicant may be required to undergo a drug test as a condition of employment.

I certify that I have read each question of this application and have answered each question truthfully, to the best of my knowledge or belief. I understand that any false statement(s) or misleading answer(s) to any part of this application will constitute cause for disqualification.

Signature: _____ Date: _____