

CORAL SPRINGS FIRE DEPARTMENT
Community Emergency Response Team
Application
(Please Print Legibly)

First Name _____ M.I. _____ Last Name _____

Address _____
(Street) (City) (Zip)

Home Phone _____ Cell Phone _____

Email Address _____

Social Security # _____ - _____ - _____ Driver's License # _____

Place of Employment _____ Since _____

Please explain briefly why you want to be enrolled in the Coral Springs CERT _____

Have you ever been arrested, received a Notice to Appear, been charged, convicted, pleaded Nollo Contedere, or pleaded guilty to any criminal violation, regardless if the record was sealed or expunged? Yes ___ No ___ If yes, please explain: _____

Have you been accused in a civil action of wrongful injury, assault and/or battery? Yes ___ No ___ If yes, please explain: _____

Please list two character references.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Please review your answers carefully and read the statement below before signing this application:

I hereby certify that all statements made in this application are true and complete. Further, I understand that misrepresentation, or omission of information by me shall serve as a basis for termination of my status on the CERT team with the City of Coral Springs. Permission is granted to the City of Coral Springs to investigate and verify any information provided on this and successive documents completed for the purposes of my status on the CERT team. In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions. I understand that if I am given status on the CERT team that some potential employer may in the future contact the City concerning my work record and performance on the CERT team. I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine or a potential employer of mine with respect to my volunteer record and the performance of my volunteer work at the City of Coral Springs.

(Applicant)

(Date)

Return by mail to: Coral Springs Fire Department; Attn CERT; Coral Springs Public Safety Building; 2801 Coral Springs Drive; Coral Springs, FL 33065 or fax to 954-346-1387