



CERT Membership Application

APPLICATION DATE: _____

INSTRUCTIONS: *Please print in ink. All questions must be answered.*

PERSONAL INFORMATION:

NAME: _____

EMAIL: _____ PHONE NUMBER: _____

STREET ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

ARE YOU OVER 18 YEARS OF AGE? _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

MEDICAL INFORMATION:

PREFERRED HOSPITAL: _____ DOCTOR: _____

DRIVER AND VEHICLE INFORMATION:

This information is required prior to Membership.

DRIVERS LICENSE NO. _____ ISSUING STATE: _____

CLASS: _____ VEHICLE TAG: _____ ISSUING STATE: _____ YEAR: _____

MAKE: _____ MODEL: _____ YEAR: _____

PERSONAL REFERENCES:

Please list three persons who are not related to you and who have knowledge of your character and qualifications.

Reference 1

NAME: _____

STREET ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____

Reference 2

NAME: _____

STREET ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____

Reference 3

NAME: _____

STREET ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____

GENERAL INFORMATION:

ARE YOU A CITIZEN OF THE UNITED STATES? _____

IF NOT, ATTACH CERTIFICATE OF ELIGIBILITY TO WORK FROM U.S. DEPT. OF LABOR.

HAVE YOU EVER BEEN ARRESTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, POLICE REGULATION, OR ORDINANCE? _____

IF YES, PROVIDE DETAILS:

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED? _____

IF YES, PROVIDE DETAILS:

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE CITY OF TREASURE ISLAND? _____

IF YES, NAME: _____ RELATIONSHIP: _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF TREASURE ISLAND? _____

IF YES, PROVIDE DATES EMPLOYED: FROM _____ TO _____

POSITION HELD: _____

REASON FOR LEAVING: _____

CERTIFICATION – PLEASE READ CAREFULLY:

I certify that there are no misrepresentations, omissions, or falsifications in the statements and answers on this application and that all foregoing entries are true, complete, and correct to best of my knowledge.

I hereby authorize the Treasure Island CERT to verify all information contained herein, and I am in good physical condition and able to perform the duties of a CERT member. I agree to respond to emergency call-outs when needed and to attend scheduled drills and meetings of the Treasure Island CERT unless otherwise excused.

I agree to abide by the By-laws of the Treasure Island CERT. Upon termination from membership with the department, I agree to return all property of the Treasure Island CERT and the City of Treasure Island property in good condition and within ten (10) days of separation.

I further understand and agree in advance that I may be summarily discharged if any of the information provided by me contains any misrepresentations or falsifications or if any material information has been omitted.

SIGNATURE OF APPLICANT

DATE SIGNED