



## TOWN OF SOUTHINGTON COMMUNITY EMERGENCY RESPONSE TEAM

Dear Concerned Citizen,

Thank you for your interest in the Citizens Corp Program (CERT).

When you have completed your application, please return/mail to Southington Fire Department, 310 North Main Street, Southington, CT 06489, in a sealed envelope.

Your application will be approved after a mandatory background check is performed following state guidelines.

The program begins with a 20-hour class following FEMA guidelines. You will be contacted with exact dates and times of next class.

If you have any further questions contact me at [fire\\_department@southington.org](mailto:fire_department@southington.org).

Sincerely,

Fire Department Liaison



TOWN OF SOUTHINGTON  
COMMUNITY EMERGENCY RESPONSE TEAM  
ENROLLMENT FORM

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

Email Address:  
\_\_\_\_\_

Are you bi-lingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what languages:  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

( ) \_\_\_\_\_  
Phone

**BACKGROUND INFORMATION**

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver License/ID # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ 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 parole? Yes / No

Name of current or most recent employer: \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

1. Personal Reference:

\_\_\_\_\_

Name Relationship

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

2. Personal Reference:

\_\_\_\_\_

Name Relationship

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

**Training**

Have you completed CERT training? Yes / No

If yes date and where training was given: \_\_\_\_\_

Any Special Training and what type:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies of all training certificates? Yes / No

I declare under penalty of perjury that all statements on this enrollment form attachments are true and complete to the best of knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification. I also authorize the town of Southington or its authorized agents to perform a background check if deemed necessary.

\_\_\_\_\_  
Signature