



# MANCHESTER POLICE DEPARTMENT COMMUNITY EMERGENCY RESPONSE TEAM (CERT) APPLICATION



**INSTRUCTIONS\*:** READ EACH QUESTION CAREFULLY AND ANSWER EACH QUESTION ACCURATELY. AN APPLICANT MAY BE DISQUALIFIED FROM ATTENDING CERT IF HE/SHE INTENTIONALLY MAKES A FALSE STATEMENT, PRACTICES OR ATTEMPTS TO PRACTICE ANY DECEPTION OR FRAUD IN THIS APPLICATION. PRINT OR TYPE THIS APPLICATION AND SIGN WHERE INDICATED.

Last Name		First Name		Middle Name	
List all other names you have used, including maiden, nicknames or aliases:					
Present Address				City	Zp
Business Name & Address:				Occupation	
Home Phone	Business Phone		Cell Phone	E-Mail Address:	
Date of Birth	Age	Sex	Social Security Number:	Marital Status:	

Training involves active participation and photographs may be used for public relations publications/postings promoting the city's volunteer programs; the Community Emergency Response Team (CERT) newsletter; news publications/postings, which are reporting on volunteer training programs and/or the posting of photographs on the City's website describing and promoting volunteer involvement.

Are you willing to sign a photo release form authorizing the use of any photograph taken in connection with your participation in the program without compensation? Yes \_\_\_\_\_ No \_\_\_\_\_

*-Failure to provide release may result in rejection of application.*

Indicate below all arrests and traffic violations (do not include parking violations.)

Date	Violation	City/State	Disposition	Agency

Why do you desire to attend CERT?

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

List any prior law enforcement experience, include any military law enforcement.

I certify that I have answered each question accurately and truthfully, to the best of my knowledge and ability. I hereby authorize the Manchester Police Department to conduct an investigation into my background, realizing that the results of this investigation may affect the approval or denial of this application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\* RETURN COMPLETED APPLICATION TO:**

POLICE SECRETARY, MANCHESTER POLICE DEPT  
200 HIGHLANDS BLVD. DR., MANCHESTER, MISSOURI 63011

**DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENTAL USE ONLY.**

Date application received: \_\_\_\_\_ Received by: \_\_\_\_\_

Background Investigator: \_\_\_\_\_ Unit: \_\_\_\_\_

Background Approved: \_\_\_\_\_ Applicant Approved: \_\_\_\_\_

Date applicant notified: \_\_\_\_\_ CERT Class Start date: \_\_\_\_\_