

Roswell Fire Department CERT Application

Basic Information			
First Name	Last Name		
Street Address		State	Zip Code
E-mail Address	Home Phone		
Work Phone	Mobile Phone		
ID Information			
GA Driver's License Number			
Date of Birth			
Employment Information			
Current Employer			
Current Position			

Arrest Information			
Have you ever been arrested? Yes No	If yes, please explain:		
References			
List Two References - Exclud	ding Relatives		
First Name		Last Name	
E-mail Address		Phone	
First Name		Last Name	
E-mail Address		Phone	
Local Information			
Briefly describe your reason(s) for applying		
Brieffy describe your reason(
Have you ever had any contact with the Roswell Fire Department?	If yes, please explain:		
Yes			
No			

Agreement

By submitting this application, you (the applicant) hereby certify that there are no willful misrepresentations, omissions, or falsifications in the following statements and answers to questions. You understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the RFD CERT Program.

You understand, if selected for enrollment, you will pledge the time commitment to attend all classes. You further understand that the Roswell Fire Department CERT Program will be conducting a background investigation that may include, but not limited to, any criminal history, driving record, and/or other personal references.

The order in which completed applications are received determines the order of acceptance.

E-mail completed application to ebotts@roswellgov.com or mail the application to:

Roswell Fire Station 7 Attn: Ed Botts 8025 Holcomb Bridge Road Alpharetta, GA 30022

Your signature below certifies that you have read and understand these completed pages and agree to the terms and conditions outlined in this application.

Applicant's Signature and Date.



Revision 201508