

FLORISSANT POLICE DEPARTMENT

1700 North Highway 67, Florissant MO 63033

www.florissantmo.com/police

Application for Community Emergency Response Team Training

Carefully answer each question accurately. An applicant may be disqualified from attending the C.E.R.T. Training if he/she intentionally makes a false statement of material fact or practices or attempts to practice any deception or fraud in this application.

Last Name		First Name			МІ	
List all other names you have	used, includ	ing maiden names	, nickna	ames and alia	ses:	
Home Address		City		State	Zip	
Home Telephone Number	r Cell Number					
Occupation						
Employer		Employer Telephone Number				
Employer Address		City		State	Zip	
Date of Birth	Age	Sex	_ Are y	ou a U.S. Citi	zen	
Email address						
Social Security Number		Do you have a	valid D	river License	YES NO	
Driver License #		State Issued	d E	Expiration Da	te	
Whom should we contact in c	ase of an em	ergency? Name				
Address		Telephone				
Have you ever been arrested military, or any other entity explain: Indicate the date, vio and report (case) number of in	for any rea	ason at all?			If yes, please	

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