

TOWN OF NORTH BRANFORD, CT

**COMMUNITY EMERGENCY
RESPONSE TEAM**



MEMBERSHIP APPLICATION

**909 FOXON ROAD
NORTH BRANFORD, CONNECTICUT 06471**

www.townofnorthbranfordct.com



NORTH BRANFORD COMMUNITY EMERGENCY RESPONSE TEAM

Instructions: This application shall be used to apply for North Branford CERT membership. Please read all instructions carefully. Fill out this application completely, accurately and legibly. All statements in this application are subject to verification. Any applicant giving false information will be subject to disqualification. Failure to provide all information requested may delay the application process. All information provided will be held in the strictest confidence.

APPLYING FOR MEMBERSHIP TO:	
<input type="checkbox"/> North Branford Community Emergency Response Team	DATE

PERSONAL INFORMATION		
NAME (Last, First, MI)	DOB	
ADDRESS	SSN	
CITY, STATE, ZIP	PHONE	
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	DATE OF TOWN RESIDENCE

ADDITIONAL CONTACT INFORMATION	
WORK PHONE	EMAIL ADDRESS
PAGER	CELLULAR PHONE

EMPLOYMENT INFORMATION		
EMPLOYER		
ADDRESS	CITY	STATE
POSITION	WORK HOURS	

FOR OFFICIAL USE ONLY		
Accepted as a North Branford CERT member on: ____/____/____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
Date CERT Training completed: ____/____/____		

CONNECTICUT STATE DRIVER'S LICENSE INFORMATION

LICENSE NUMBER	CLASS	EXPIRATION
ENDORSEMENTS		RESTRICTIONS

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	PHONE
ADDRESS		CELLULAR PHONE / PAGER
CITY, STATE, ZIP		
EMPLOYER		WORK PHONE

PERSONAL DEMOGRAPHICS

EYE COLOR	HAIR COLOR	HEIGHT _____ ft _____ in	WEIGHT
LIST ANY KNOWN ALLERGIES			

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? [] YES [] NO	IF YES, LIST YEAR, SCHOOL AND LOCATION			
IF NO, CIRCLE HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12	IF NO, YEAR AND LOCATION GED COMPLETED			
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)				
Name of School	City / State	Dates Attended	Major	Degree

Please read before answering the following question: (1) You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to Section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to Section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the General Statutes with respect to the proceeding so erased and may so swear under oath.

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 If Yes, give detailed information and disposition below or attach an additional sheet.

ARMED FORCES EXPERIENCE

BRANCH	RANK
TYPE OF DISCHARGE & DATE	SERVICE DATES

PREVIOUS FIREFIGHTING or EMERGENCY MEDICAL SERVICE EXPERIENCE

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF ANOTHER FIRE DEPARTMENT? YES NO
 IF YES, PLEASE GIVE LOCATION AND LIST APPROXIMATE DATES

HAVE YOU EVER BEEN AN APPLICANT OR MEMBER OF ANY EMERGENCY SERVICE? YES NO
 IF YES, PLEASE LIST ORGANIZATION NAME, ADDRESS AND DATES OF SERVICE

PREVIOUS FIRE / EMS CERTIFICATIONS

ENTER BELOW ALL FIREFIGHTER, EMS, OR OTHER APPLICABLE TRAINING (Use extra page if necessary)

Type of Certification	Date Received	Expiration	Jurisdiction in which received
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-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

SPECIALIZED SKILLS

LIST YOUR SKILLS THAT CERT MAY NEED

REFERENCES

RECOMMENDED BY

IF NOT RECOMMENDED BY A Nbfd MEMBER, PLEASE PROVIDE PERSONAL REFERENCES

The North Branford Fire Department will contact each of these references by telephone. These persons should not be related to you, but should be able to comment on your education, work experience, character, and / or community service involvement.

NAME	TELEPHONE NUMBER	OCCUPATION / TITLE
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ATTACHMENTS

Please attach to the back of this application photocopies of the following:

- Your Driver’s License
- Any Certification Cards or Certificates
- Any other requested information
- All other forms as required

**FAILURE TO PROVIDE THE REQUESTED INFORMATION WILL
RESULT IN REJECTION OF YOUR APPLICATION**

REASON FOR JOINING

PLEASE INDICATE WHY YOU WISH TO JOIN THE NORTH BRANFORD CERT

SIGNATURE

I affirm that the attached application contains no misrepresentations, or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentations, falsifications, omissions or concealment of material fact, my application may be rejected, or if already appointed, I may be dismissed.

Signature _____ Date _____

****** PLEASE COMPLETE THE FOLLOWING ADDITIONAL FORMS ******



RELEASE OF INFORMATION

I _____, am making application to the North Branford COMMUNITY EMERGENCY RESPONSE TEAM.

As a result, I hereby waive the privilege of confidentiality and authorize the release of those records about or concerning me as may be in possession of others, which are required as a condition of this application to the Town of North Branford CERT. I agree to release such records to its agencies to conduct any necessary inquiries and collect any necessary information as to my character, reputation, and the ability to perform in the position I am applying for, including but not limited to: review of my educational references and background, medical history and treatment records, criminal conviction history check, fingerprint records and driving history check. I release from any liability any and all former educators or personal or other references who supply the Town of North Branford and/or its agencies with information about my background and education history. I also authorize the release of copies of any such aforementioned records to the Fire Chief of the Town of North Branford.

I have read, understand and agree to the foregoing.

Signature _____ Date _____

Social Security No. _____ D.O.B. _____

Witness _____
Signature Printed

Records checked and approved applicant for membership

RECORD CHECK SEAL FROM LAW ENFORCEMENT AGENCY TO BE PLACED HERE

William Seward, III, Fire Chief

Dated

HEPATITIS B VACCINE FORM (IF APPLICABLE)

Please check one of the following: (If you have received the hepatitis vaccine series please fill in the appropriate dates)

_____ I have previously received the complete hepatitis B vaccine: Date of 1st Immunization: _____
Date of 2nd Immunization: _____
Date of 3rd Immunization: _____

_____ I have previously received the hepatitis B vaccine and request the titer determination test done.
Date of 1st Immunization : _____
Date of 2nd Immunization _____
Date of 3rd Immunization: _____

_____ I wish to undergo the complete hepatitis B vaccine series.

_____ I wish to decline to participate at this time from the hepatitis B vaccine program.

I understand that due to my occupation and potential exposure to blood and other potentially infectious material, I may be at risk acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to receive the HBV immunization and blood titer, at no cost to myself. However, I decline to participate at this time. I understand that by declining, I continue to be potentially at risk of acquiring HBV, a serious disease. If, in the future, I continue to have occupational exposure to blood or potentially infectious material and wish to receive the hepatitis B vaccine, I can do so at no cost to me.

I have read, understand and agree to the foregoing.

Name: _____
Signature Printed

Social Security No. _____ Date _____

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