



College Park Fire Rescue Community Emergency Response Team

Fire Station # _____ in your Community

CANDIDATE APPLICATION *Please Print or Type*

Name _____ Date of Birth _____ Age _____

Community _____ Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Work Phone _____ Cell Phone _____ Emergency Contact _____

Contacts Name and Relationship _____ Email _____

Physical Condition: **Excellent Good Fair Poor**

Physical Disabilities requiring special accommodations; Explain: _____

What are you hoping to accomplish by participating in the Community Emergency Response Team?

How did you first hear about us? _____

Why do you wish to participate in the CERT Program? _____

Career Goals _____

Have you ever been convicted of a felony? Yes or No If Yes, Explain: _____

Give name, phone number and address of two character references whom are not related nor co-workers:

1. _____

2. _____

Release Authorization

I _____ would like to participate in the College Park Fire Departments
Name (Please Print)

Community Emergency Response Team Program. I reside or work in the city of College Park. I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized member of the College Park Fire Department, whether such records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of all records.

I understand that any information obtained by a personal history background investigation will be used to determine my suitability for selection as a member of the Community Emergency Response Team.

This does not insure me a position as a full time firefighter with the College Park Fire Department.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain an original signature. I will abide by the rules set forth by the College Park Fire Department staff.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Signature of Applicant _____ Date _____

Approved By _____ Date _____

Please complete and return to: Training Division
3737 College St, College Park GA. 30337
Fax (404) 762-4611 / Phone (404) 766-8248