



**FLOYD COUNTY EMERGENCY MANAGEMENT AGENCY
APPLICATION FOR MEMBERSHIP OF C.E.R.T.S. TEAM
CITIZENS EMERGENCY RESPONSE TEAM SYSTEM**

Applicants Full Name: _____

Applicants Date of Birth: _____

Applicants Place of Birth: _____

Applicants Social Security Number: _____

Applicants Operator License State: _____

Applicants Maiden Name if Applicable: _____

Applicants Current Address: _____

Applicants Address For the Last Ten Years: _____

Please Use Separate Sheet of Paper:

Have you ever served in the United States Military? _____ Yes _____ No

If so please attach a copy of your D.D. 214 :

List (5) references who have known you for at least five years.

Please give their name, address, telephone number, and list this on a separate sheet of paper.

Where are you currently employed? _____

Telephone Number of your employer: _____

Can we contact your current employer about your character, and work ethics?

_____yes _____no



List any and all criminal convictions, include misdemeanors and felonies:
(Please include, state, county, city or town where incident occurred)

The following is a waiver to conduct a criminal background check on you the applicant, please sign in front of a notary public;

I _____do hereby grant to the Floyd County Sheriffs Department the permission to conduct a background investigation on me to determine if I am a proper person to serve on the CEMA CERTS Team.

I further understand that this information shall be kept in a confidential manner by said agency. I agree not to hold the Sheriff or any of his deputies liable for any violation of my civil rights that may accidentally occur during said investigation

Applicants Signature _____Date_____

Notary Signature_____Date_____

Notaries Commission Expires_____

Please bring this information to the following location between Monday and Friday from 8am-4pm.

Floyd County Emergency Management Agency
1613 East Spring Street Suite #4
New Albany, IN 47150