TOWNSHIP OF WASHINGTON
POLICE DEPARTMENT
OFFICE OF EMERGENCY MANAGEMENT
350 HUDSON AVENUE
TOWNSHIP OF WASHINGTON, NJ 07676
Headquarters: (201) 664-1140
Fax: (201) 664-2959
E-mail: oem@twpofwashington.us
www.washtwppolice.org

Glenn Hooper   *William J. Cicchetti*
Chief of Police   *Director*

COMMUNITY EMERGENCY RESPONSE TEAM APPLICATION
(CERT)

NAME:_____

STREET ADDRESS:_____

MUNICIPALITY:_____**ZIP CODE:**_____

HOME PHONE:_____**WORK PHONE:**_____

CELLULAR:_____**DATE OF BIRTH:**_____
                                                                                                    (MUST BE AT LEAST 18 YEARS OLD)

EMAIL:_____

DRIVERS LICENSE NUMBER & STATE:_____**SSN:**_____

SIGNATURE:_____**DATE:**_____

Mail completed applications to: **Township of Washington Police Department**
                                                                   350 Hudson Ave.
                                                                   Township of Washington, New Jersey 07676
                                                                   Attn: Cpl. Saverio V. Fasciano / 0119

Fax completed applications to: **(201) 664-2959**

Email completed applications to: **oem@twpofwashington.us**

Call with any questions: **(201) 664-1140 ext. 125**

Applicants will be notified of training dates, times and location.

All applicants are subject to a driver's history check, criminal history background check and fingerprinting. Driver's history check, criminal history background check and fingerprinting will be conducted by the Township of Washington Police Department.

I hereby authorize the Township of Washington Police Department to conduct a driver's history check, a complete criminal history check and fingerprinting, in order to be qualified for a position within the Township of Washington, NJ 07676.

I hereby declare the information provided by me in this application for a position within the Township of Washington CERT program is true, correct and complete to the best of my knowledge. I understand that it is at the complete discretion of the Township of Washington Police Department to reject my application for any reason they deem just without explanation.

Please include with your application a photocopy of a valid government issued form of photographic identification (New Jersey Drivers License, United States Passport, etc…).

SIGNATURE: _____ DATE: _____