



TOWN OF NORTH SMITHFIELD EMERGENCY MANAGEMENT  
AGENCY AND DEPARTMENT OF HOMELAND SECURITY  
**CERT APPLICATION**

SEASON \_\_\_\_\_ YEAR \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE \_\_\_/\_\_\_/\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_ - \_\_\_\_\_ E-MAIL \_\_\_\_\_

1. PLEASE TELL US BRIEFLY WHY YOUR ARE INTERESTED IN THE CERT PROGRAM.

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2. PAST TRAINING (Circle All That Apply):

CPR

FIRST AID

AED

Exp \_\_\_/\_\_\_/\_\_\_

Exp \_\_\_/\_\_\_/\_\_\_

Exp \_\_\_/\_\_\_/\_\_\_

4. HOW DID YOU FIND OUT ABOUT THE CERT PROGRAM?

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FOR OUR SAFETY, WE MAY RUN A BACKGROUND SCREENING FOR APPLICANTS. BY  
SUBMITTING THIS APPLICATION, YOU CONSENT TO SUCH SCREENING.

D.O.B: \_\_\_/\_\_\_/\_\_\_

E-MAIL, FAX OR RETURN BY MAIL TO: PETER BRANCONNIER, DIRECTOR  
TOWN OF NORTH SMITHFIELD EMERGENCY MANAGEMENT  
805 POUND HILL ROAD, NORTH SMITHFIELD, RI 02896

(FAX:401-762-5282) (OFFICE: 401-767-2206) (E-Mail: NSEMA@COX.NET)