



**O'Fallon Police Department**

100 N Main O'Fallon MO 63366

636-379-5685

**CERT Training Registration Form**

Instructions: Print Clearly. Answer all questions. Incomplete registration forms will not be accepted.

**NAME:** \_\_\_\_\_  
Last Name First Name Middle Name

**Home Address** \_\_\_\_\_  
Street/Number Street Name Apt.#

\_\_\_\_\_ City State Zip Code

**EMAIL ADDRESS** \_\_\_\_\_

**Home Phone #:** (\_\_\_\_\_) \_\_\_\_\_

**Alternate Contact #** (\_\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
(Month/Day/Year)

**Drivers License #** \_\_\_\_\_ **State** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**WorkAddress:** \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Personal Reference:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Personal Reference:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**Background Questionnaire**

Have any of your relatives, either by blood or marriage, been arrested by the O'Fallon Police Department? **Yes/No**

Have you ever been arrested, convicted, detained or questioned by any law enforcement agency during a criminal investigation? **Yes/ No**

Have you ever been the respondent in an Ex-Parte/ Full Order for Protection or No Contact Order?  
**Yes/ No**

Have you used any illegal drugs, or abused any legal drugs within the past five years? **Yes/No**

Do you have any medical conditions or diagnosis that would inhibit your participation in the CERT Training? **Yes/ No** If yes, please explain what accommodations will be required.

AFFIDAVIT

State of Missouri

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ who, being duly sworn, deposes and says that he/she has read the foregoing application, by those subscribed; that they understand the contents thereof; that the information written by them is true to the best of their knowledge and belief; and that they have been informed and understand that any material misrepresentation of fact given by them shall be cause for rejection before appointment, or dismissal from the CERT program after appointment; and that they authorizes any company or person listed in the foregoing application to give any and all information regarding their employment or any other information, whether personal or otherwise, that may or may not be on their records, and release said company or per son from all liability for any damage whatsoever that may issue from furnishing such information to the O'Fallon Police Department

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(Applicant must sign before a Notary Public)

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Notary Public, State of Missouri

**Please send this to:**

Andrew Stowers- O'Fallon Police Department  
100 N Main O'Fallon MO 63366  
[astowers@ofallon.mo.us](mailto:astowers@ofallon.mo.us)