



Application For Enrollment
SFA Campus Emergency Response Team- CERT
232 East College Street
Nacogdoches, Texas 75962
(936) 468-2608



Name (Last, First, Middle)		Date of Birth:
Street Address/Apt. No.		Place of Birth:
City	State	Zipcode
Are you a student or employee of SFA? <input type="checkbox"/> Yes <input type="checkbox"/> No		(H) Telephone:
Students Only - Local Address:		(M) Telephone
		Drivers License No.:
		Social Security No.:
Email Address:		
Education		
College/Technical School:		Location:
Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Classification:	Degree and Major
Background Information		
Why do you want to be involved in the SFA Emergency Response Team:		
List any leadership positions you have held and skills (Ex. Bilingual, Any Previous Training)		
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on a separate document, giving dates, charges, location and disposition		
Have you received any citations (tickets) for any offense including traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain on a separate document, giving dates, charges, location and disposition		
References		
Present Employer	Supervisor's Name	Your Position
Employer's Address	Telephone Number	Date Employed
Personal Reference:	Address	Telephone Number
Personal Reference:	Address	Telephone Number
Recommendation		
Did someone recommend you or advise you to apply for this academy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom and relationship		
I hereby certify that statements made in this application are true and correct. I understand that any false statement(s) or omission is sufficient cause for the rejection of my application and for dismissal from the Team. I hereby give authorization for verification of any statement in this application that may become necessary or prudent. If I am selected, I pledge the time commitment necessary to complete the certification for the Campus Emergency Response Team.		
Signature		Date
DO NOT WRITE IN THIS SPACE - For staff use only. Application Received On:		
Background Checked By: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		