



Joseph Pannullo
Mayor

Office of Emergency Management
Township of East Hanover
411 Ridgedale Avenue
East Hanover, NJ 07936
Deputy Coordinators
Maria Bronzino
Mark Curcio
John Sarrecchia
Ron Davis
Stanley Hansen
Carlo DiLizia



John G. Centanni
Coordinator

Community Emergency Response Team
CERT
APPLICATION FORM

Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

D.O.B _____ / _____ / _____ Drivers License #: _____

Employer/School

Name: _____

Address: _____

Immediate Supervisor: _____ Normal Working Hours _____

Special Skills

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> EMT | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Computer |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Firefighter | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Clerical | <input type="checkbox"/> Clerical |

I (print name) _____ HAVE UNDERSTOOD THE QUESTIONS I HAVE BEEN ASKED AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATION MAY BE GROUNDS FOR REJECTION OR TERMINATION. I PROMISE TO UPHOLD THE RULES AND REGULATIONS. BY SIGNING THIS APPLICATION I FURTHER AGREE TO RELEASE MY INFORMATION TO THE EAST HANOVER POLICE DEPARTMENT AND TO THE OFFICE OF EMERGENCY MANAGEMENT TO HAVE MY MOTOR VEHICLE RECORD AND CRIMINAL BACKGROUND CHECK DONE FOR THE PURPOSES OF ESTABLISHING MY GOOD CHARACTER TO DETERMINE MY ELIGABILITY AS AN EAST HANOVER CITIZENS CORPS MEMBER. IT IS ALSO UNDERSTOOD THAT THE COORDINATOR OF THE OFFICE OF EMERGENCY MANAGEMENT HAS THE RIGHT TO MAKE A FINAL DECISION OF DETERMINING MY ELIGABILITY AS A CITIZEN CORPS MEMBER WHICH IS FINAL.

Signature: _____ Date: _____ / _____ / _____



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Coordinator

ID card Form

Date: ____/____/____

Agency/Department: _____

Name (print): _____

Official Title: _____

Home Address: _____

Town: _____ Zip code: _____

State: _____ Home Phone :(_____) - _____ - _____

Cell Phone: :(_____) - _____ - _____ Work Phone :(_____) - _____ - _____

Email: _____

Birth Date: ____/____/____ Height: _____

Hair Color: _____ Eye Color: _____

PANDEMIC EMERGENCY PILL DISTRIBUTION INFORMATION

Either Ciprofloxacin Or Doxycyline	Only Ciprofloxacin	Only Doxycyline	Neither ciprofloxacin or Doxycyline	Household members Under age 13
_____	_____	_____	_____	_____

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Signature: _____

Dater: ____/____/____