



Joseph Pannullo  
Mayor

Office of Emergency Management  
Township of East Hanover  
411 Ridgedale Avenue  
East Hanover, NJ 07936  
Deputy Coordinators  
Marc A. Curcio  
Vito Pascarella  
Maria Bronzino  
Craig Perrelli  
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 ELIGIBILITY 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 ELIGIBILITY AS A CITIZEN CORPS MEMBER WHICH IS FINAL.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## 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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\_\_\_\_\_

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GROUNDS FOR REJECTION OR TERMINATION.

Signature: \_\_\_\_\_ Dater: \_\_\_\_/\_\_\_\_/\_\_\_\_