



# APOPKA

## FIRE DEPARTMENT

### Apopka Fire Department CERT Background/Criminal History Consent Form

This background check can be done by appointment only.  
Contact the Apopka Police Department Records Department at 407-703-1771 for scheduling.

All Sections Must Be Read, Completed Accurately, Signed and Dated

(Please Print)

As a part of the normal procedure of processing an applicant or volunteer, an investigation may be made to provide applicable information concerning character, general reputation, personal characteristics and mode of living. As prescribed by Public law 91.508, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided.

**(Name must be entered as it appears on Social Security Card)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

\*\* Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Number and Street Name) (City) (County) (Zip)

Have you ever been known by any other name? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, list all names used in the past, locations and circumstances (i.e. Maiden Name, Divorce, Adoption, legal name changes, alias, etc.)

Name	Date: From- To	City& State	Circumstances

I hereby authorize investigation of all statements contained on this form, including criminal background and/or finger print checks. I authorize the City of Apopka to conduct periodic investigations related to physical, driving history or any other matter deemed necessary by the city during my volunteer status. I understand that information obtained in the report may affect whether I am chosen to participate in the City of Apopka's program.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

(DO NOT COMPLETE BELOW THIS LINE (FOR ADMINISTRATIVE PURPOSES ONLY))

Date Fingerprint Results Returned: \_\_\_\_\_ Date Background check Completed: \_\_\_\_\_

Applicant status: cleared to participate Yes: \_\_\_\_\_ No: \_\_\_\_\_

City ID Printed: Yes: \_\_\_\_\_ No: \_\_\_\_\_