

LACY LAKEVIEW POLICE DEPARTMENT
COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
APPLICATION

Date: _____

Name: _____
Last First Middle

Home Number: _____ Work Number: _____

Cell Number: _____

Address: _____

Date of Birth: _____ Place of Birth _____

Gender: Male Female

Email address: _____

SS# _____ Driver's License # _____

Physical Condition: Excellent Good Fair Poor

Why do you wish to attend the CERT Program?

How did you hear about the CERT Program?

Give the name and address of two character references:

1. _____

2. _____

Application may be mailed or delivered to:

Lacy Lakeview Police Department
P.O. Box 154549
Waco, Texas 76715-4549
Attention: Fire Chief Patricia Byars-Faulkner
Office: (254) 799-2479 Fax: (254) 799-8790
Website: www.lacy-lakeview.org
Email: patty_faulkner@lacy-lakeview.org

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	