



Cranbury Township Police Department

One Logan Drive
Cranbury, NJ 08512



EDWARD L. KAHLER, III
Chief of Police

PHONE: (609) 395-0031
FAX: (609) 395-9216

CERT Training Application

Please print clearly, or type

Full Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

Employer Name _____

Employer Address _____

Title / Job Description _____

Driver License # _____

Date of Birth _____ Social Security # _____

Name and phone numbers of a person to contact in the event of an emergency

Please indicate the hours you are most available for training, i.e. weekends, weekday mornings, weekday nights, etc. Please be specific inasmuch as we are trying to be as accommodating as possible. _____

I understand that a background check will be conducted on all applicants. I authorize a background check on me based on this application. All the information on the above application is true.

Signature _____ Date _____