



Explorer Application

Explorer applications need to be emailed to Explorer Post #58. Please submit to MVFD@moval.org. Information not included on the application will not be considered. Resumes are welcome, but will not be accepted in lieu of a signed and completed Explorer Application. MAKE SURE ALL INFORMATION IS COMPLETED IN BLACK INK!

Position Applied for: <i>Fire Explorer</i>				
Last Name	First Name	M.I.	Home Phone	
Address (include apt. no.)	City	State	Zip Code	Applicants cell phone #
E-Mail Address				Date of Birth
Parent(s) Name				Parent cell #

Education and Training

School Level	Name	Address (full address , including name of city)	Current Grade Level
Middle School			
High School			
College/University			
Current G.P.A:			
Licenses or Certificates:			
Other: Special training or skills related to position:			

Personal Information

	Yes	No
Are you under 18 years of age?		
Have you been convicted of a misdemeanor or felony within the last 5 years? (If yes, please use a separate sheet of paper to explain. This will not necessarily exclude you from consideration.)		
Are you related to anyone who works for CAL-Fire/Riverside County Fire Department? (If yes, please list their name: _____)		

Experience

Please give complete information – a resume may be attached, but cannot be substituted for this section. You may also include any relevant volunteer experience. Please use the space provided.

Dates of Employment	Name of Employer	Address	City	State
From (mm/yy) _____				
To (mm/yy) _____	Title of Your Position	Supervisor's Name and Phone No.		
Hours Per Week:	Type of Work Performed (Be Specific):			
Reason For Leaving:				

Dates of Employment	Name of Employer	Address	City	State
From (mm/yy) _____				
To (mm/yy) _____	Title of Your Position	Supervisor's Name and Phone No.		
Hours Per Week:	Type of Work Performed (Be Specific):			
Reason For Leaving:				

References

Give the names and addresses of three people, not relatives, with whom you have known at least one year. You may use past employers, teachers or counselors.

Name	Relation	Phone No.

Other

Use this space for additional information about your qualifications or responses to questions:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal”.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the department from all liability for any damage that may result from utilization of such information.”

Signature: _____

Date: _____