

CITY of CLOVIS FIRE DEPARTMENT EXPLORER PROGRAM APPLICATION FOR MEMBERSHIP (POST LEVEL) EXP-5

Name: _____
Last
First
Middle

Address _____
Number
Street
City
Zip

Home Phone: () - _____ Cell Phone: () - _____

Age _____ Date of birth: / / Sex _____ SOC. SEC. # _____ - _____ - _____
Day / Month / Year
(Voluntary)

Email Address _____ Shirt Size _____

In Emergency Contact: _____
Last
First

Address: _____ Phone () - _____
Number
Street
City/Zip

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Explorer. Inquiries will be confined to Explorer relevant matters.

Please supply the appropriate information in the spaces below. If a category is not applicable, write in "N/A"

<i>If living, name of your:</i>	<i>Address: (Include city, state and zip)</i>	<i>Telephone Number at which the person can be contacted</i>
Father:		
Mother		
Step-Father		
Step-Mother		

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Relatives and References con't

<i>If living, name of your:</i>	<i>Address: (Include city, state and zip)</i>	<i>Telephone Number at which the person can be contacted</i>
Brother(s):		
Sister(s)		
Step-Brother(s)		
Step-Sister(s)		

<i>Other relatives with whom you have a close personal relationship:</i>			
Name:	Relationship:	Address:	Telephone number:

<i>Below, please list those individuals with whom you have resided in the last 10 years. Exclude relatives</i>		
<i>Name::</i>	<i>Address: (Include city, state and zip)</i>	<i>Telephone Number at which the person can be contacted</i>

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In the spaces below, please list as references 3 to 5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name::	Address: (Include city, state and zip)	Telephone Number at which the person can be contacted

Education

Please indicate below all the schools you have attended beginning with grammar school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City and State)	Dates Attended		School References (Counselors, Teachers, etc)
		From	To	

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Education (continued)

Have you ever been suspended or expelled from any school or college?

Yes _____ No _____

If "yes", please explain (include school, date, and circumstances, add attachment if needed):

You must maintain a 2.5 GPA in school. What was your last grade point average: _____

What are your College plans: _____

Is any member of your family associated with the fire service, retired or currently employed?

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Name

Agency

Position

Legal

You may attach an explanation all "yes" answers to the questions to this section

Have you ever been arrested or convicted for any crime (excluding traffic citations)? Yes _____ No _____ *Please give the following information:*

Approx. Date	Police Agency	Circumstances

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Have you ever been placed on probation as a juvenile or adult? Yes _____ No _____ If "yes" give details below:

Were you ever required to appear before a juvenile court judge or any diversion officer for any crime? Yes _____ No _____ If "yes" give details below:

Have you ever been reported to any law enforcement agency as a runaway? Yes _____ No _____ If "yes" give details below:

Are you now, or have you ever been involved as a plaintiff or defendant in any civil court action? Yes _____ No _____ If "yes" give details below:

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Experience/Employment

Beginning with your most current employment, please list all jobs (including part-time, full-time, temporary and voluntary positions) you have held.

Dates of employment	Name, address, and telephone of employer	Name of Supervisor
From To Mo./Yr. Mo./Yr. ___/___ ___/___	Name/Address	
		Name of Co-Workers
<input type="checkbox"/> Fulltime	Telephone	
<input type="checkbox"/> Part time	Title and duties	
<input type="checkbox"/> Temporary		
<input type="checkbox"/> Voluntary		
Reason for leaving:		
Dates of employment	Name, address, and telephone of employer	Name of Supervisor
From To Mo./Yr. Mo./Yr. ___/___ ___/___	Name/Address	
		Name of Co-Workers
<input type="checkbox"/> Fulltime	Telephone	
<input type="checkbox"/> Part time	Title and duties	
<input type="checkbox"/> Temporary		
<input type="checkbox"/> Voluntary		
Reason for leaving:		
Dates of employment	Name, address, and telephone of employer	Name of Supervisor
From To Mo./Yr. Mo./Yr. ___/___ ___/___	Name/Address	
		Name of Co-Workers
<input type="checkbox"/> Fulltime	Telephone	
<input type="checkbox"/> Part time	Title and duties	
<input type="checkbox"/> Temporary		
<input type="checkbox"/> Voluntary		
Reason for leaving:		

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Would any problem result if your present or past employers(s) were contacted during the course of the background investigation? Yes _____ No _____

Experience/Employment (con')

*Have you ever had any extended work absences for reasons other than earned vacations or school?
Yes _____ No _____ If "yes" give details below:*

*Have you ever been fired, or asked to resign from any place of employment?
Yes _____ No _____ If "yes" give details below:*

Motor Vehicle Operation

Please supply the following information. A copy of your driving record may be requested at a later date.

<i>California Driver's License Number:</i>	<i>Expiration Date:</i>
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<i>Name under which this license was granted:</i>

Have you ever been granted a driver's license in another state ? Yes _____ No _____ If "yes" please list each state, driver's license number and name which it was granted under below:

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Have you ever been refused a driver's license in another state ? Yes _____ No _____ If "yes" please explain below:

Motor Vehicle Operation (con')

Please list all traffic citations (excluding parking tickets) you have received:

Nature of Violation	Location (city)	Approx Date	Indicate whether fined or action was taken on driver's license

Have you ever been involved as a driver in a motor vehicle accident? Yes _____ No _____
If "yes" please explain details for each accident below:

Date:	Location:	___ Injury ___ Non Injury
Was a police report taken Yes _____ No _____ If "yes" which police agency?		
Date:	Location:	___ Injury ___ Non Injury
Was a police report taken Yes _____ No _____ If "yes" which police agency?		
Date:	Location:	___ Injury ___ Non Injury
Was a police report taken Yes _____ No _____ If "yes" which police agency?		

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<i>Date:</i>	<i>Location:</i>	<input type="checkbox"/> <i>Injury</i> <input type="checkbox"/> <i>Non Injury</i>
<i>Was a police report taken Yes _____ No _____ If "yes" which police agency?</i>		

Is there anything you wish to explain or state about your driving record? If so please use the space provided below

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I, _____, understand that this application is subject to examination by the City of Clovis Fire Department. I understand that all information herein will be used solely for the Explorer Program. All information contained in this application is correct to the best of my knowledge and I understand that nay misstatements of material facts will subject me to disqualification or dismissal.

Date

Signature of Applicant

Date

Signature of Parent or Guardian (if applicant is under 18)