



1260 Hancock Road  
 Bullhead City, AZ 86442  
 PHONE (928) 758-3971 FAX (928) 763-3297

# Explorer Application

**Explorer applications must be properly completed in order for further consideration. 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 LEGIBLE! A typed application is acceptable.**

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

## Education and Training

School Level	Name	Address (full address , including name of city)	Did You Graduate?
Grammar School			
High School			
College/University			
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 the Bullhead City 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.

<b>Dates of Employment</b>	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:				

<b>Dates of Employment</b>	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	Address	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: \_\_\_\_\_