



# APPLE VALLEY FIRE PROTECTION DISTRICT

22400 Headquarters Drive, Apple Valley, CA 92307  
(760) 247-7618

## EXPLORER POST #257 APPLICATION

*"A Commitment to  
Service Excellence"*

**GENERAL INSTRUCTIONS:** Print legibly or type. Answer all questions accurately and completely. Complete all sections. False or incomplete statements are cause for rejection of application. Notify us of change of address and/or phone number.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

### EDUCATION AND TRAINING

Schools Attended	Address		Phone Number
Current School			
Previous School			
Previous School			
Previous School			
Circle Highest Grade Completed	Current Grade Point Average	If you have graduated high school:	
6 7 8 9 10 11 12		Year Graduated:	High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Use space below to list any other special training, skills, certifications, licenses or extracurricular activities that reflect on your abilities, talents, or interests.

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<b>OFFICIAL USE ONLY</b>	
Meets min. qualifications	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Application accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Written Test Score:	_____
Oral Board Score:	_____
*Comments:	

**Application Continues On Reverse**

## **EMPLOYMENT/VOLUNTEER EXPERIENCE**

**INSTRUCTIONS:** If you are/were employed or do/did volunteer work, please complete the information below. If not, please mark "N/A".

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Name of Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Title of Your Position: \_\_\_\_\_  
(Month / Year) (Month / Year)

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Title of Your Position: \_\_\_\_\_  
(Month / Year) (Month / Year)

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## **REFERENCES**

List three references of people we can contact other than relatives. Example: Teacher, counselor, pastor, family friend.

\_\_\_\_\_  
Name Relationship to You Phone Number

\_\_\_\_\_  
Name Relationship to You Phone Number

\_\_\_\_\_  
Name Relationship to You Phone Number

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## **CERTIFICATION OF APPLICANT**

*Please Read Carefully Before Signing*

I certify that all statements made in the application are true and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions of material facts shall be cause for rejection of my application

\_\_\_\_\_  
Print Full Name Signature (Required for application to be considered) Date

**If applicant is under age 18, parent/guardian signature is required below:**

\_\_\_\_\_  
Print Full Name of Parent/Guardian Parent/Guardian Signature Date