NAPERVILLE FIRE DEPARTMENT EXPLORING DIVISION
APPLICATION TO FIRE EXPLORER POST 911

PERSONAL DATA:

Name: _____
      (Last)   (First)   (MI)

Address: _____ City: _____

Home Phone:_____ Alternate or Cellular:_____

Email:_____

Date of Birth: ___/___/___ Sex: _____ Weight: _____ Height: _____

Age (last birthday): _____ Social Security Number: _____-_____-_____

Fathers Name: _____ Mothers Name: _____

Parents address if different from above: _____

# of brothers: _____ Ages: _____ # of sisters: _____ Ages: _____

Drivers license?: ____ Yes ____ No

If yes, Driver's license #: _____ State: _____

Any convictions?: _____ Yes _____ No

In what occupation do you plan to earn your living after you have completed your education?:

_____

Will you be willing to work weekends? _____ Yes _____ No

Exceptions: _____

EXPLORER APPLICATION (continued)

Please describe any serious injuries or physical limitations for your Explorer duties:

Have you had any police contacts?: _____ Yes _____ No

If yes, describe: _____

Name of your present school: _____

Current Grade Point Average: _____

Are you presently employed?: _____ Yes _____ No   How long? _____

If yes, Employer's name, address and telephone number:

Job title/description: _____

May we contact your employer, if necessary? ____ Yes ____ No

LIST 3 REFERENCES:

Name	Address	Phone

EXPLORER APPLICATION (continued)

APPLICANT AGREEMENT:
I understand that this is an application for membership in the Naperville Fire Explorer post. If I am selected, I will obey all the rules and procedures in the Explorer Manual and I will follow all post procedures. I understand that if I do not purchase a uniform within the first six (6) months of my membership, I will be subject to removal from the post. I hereby give my permission for the leaders of the Naperville Fire Explorer Post to conduct a background search into my past. I understand that if I give any false information on the application, I will be automatically eliminated from further consideration for membership.

Applicants Signature: _____Date_____