

An ISO Class 1 rated Fire Department



APPLICATION FOR FIRE EXPLORER
All Questions Must Be Answered Completely and Accurately (Please Print)

Name (Last) (First) (Middle)

Present Address (No & Street) (City) (County) (State) (Zip)

Cellphone # Home Phone # Date of Birth

Are you a citizen of the United States? Yes No Are you a resident of the City of Apopka?* Yes No

- If you are not a citizen of the U. S., do you have the following: Green Card (Alien Registration), Unexpired Temporary Work Permit, Unexpired Temporary Resident Card, Permanent Resident Alien Card, Unexpired Employment Authorization Card

Note: If accepted as an explorer, you will be required to submit appropriate documents.

*Residency preference given to applicants living within the City limits of Apopka.

Have you ever been convicted of, pled nolo contendere (no contest to), had adjudication withheld, been placed on probation for, or entered a pre-trial diversion program for the commission of a crime? (Include any and all instances of the foregoing, even if adjudication was withheld.)

Note: A conviction record will not necessarily prevent you from being selected. Background checks will be processed in Florida and nationally by fingerprint records. If not answered honestly you will be automatically disqualified.

Yes No If yes, furnish the date of arrest, arresting agency and disposition of case.

Have you ever been fined for a traffic violation, pled nolo contendere (no contest), or found guilty of a traffic violation (DUI, speeding violation, failure to obey traffic signs, etc.)? (Include any and all instances of the foregoing, even if adjudication was withheld.)

Yes No If yes, furnish details:

Notice to applicants: Pursuant to our commitment to equal employment opportunity, the City of Apopka does not discriminate in employment on the basis of race, color, religion, national origin, sex, age, citizenship, disability, marital status, or any other legally protected status.

PAPER APPLICATIONS (ORIGINAL/NO COPIES) MUST BE SUBMITTED TO:

CITY OF APOPKA
FIRE DEPARTMENT
175 E 5TH STREET
APOPKA, FL 32703

EQUAL OPPORTUNITY EMPLOYER - DRUG TESTING REQUIRED
QUALIFIED INDIVIDUALS WITH DISABILITIES MAY APPLY AND MAY BE REASONABLY ACCOMMODATED
APPLICATIONS SUBJECT TO PUBLIC RECORDS LAW, FLORIDA STATUTES, CHAPTER 119

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Have you ever been employed by the City of Apopka? Yes _____ No _____ When? _____
List any friends or relatives working for the City. _____

RECORD OF EDUCATION

Name of School: _____ Highest grade completed _____

***A copy of the most recent report card, including attendance record, must be attached to the application in order to be considered for a fire explorer position with the Apopka Fire Dept.**

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name & Occupation	Address	Phone Number
1) _____ _____	_____	_____
2) _____ _____	_____	_____
3) _____ _____	_____	_____

EMERGENCY INFORMATION

Person to notify in case of emergency. _____ **(Relationship)** _____

Address _____ **Telephone #** _____

REFERRAL SOURCE

- ___ Summer Youth Academy
- ___ Apopka High School Academy Day
- ___ City of Apopka Website
- ___ Friend (Name) _____
- ___ Relative (Name) _____
- ___ City Employee (Name) _____
- ___ Other _____

Why do you want to join our Program? _____

What are your goals as an Explorer? _____

Do you have an interest in becoming a firefighter? _____

Why should we choose you to become a member? _____

IMPORTANT
Read, Date and Sign

As a part of the normal procedure of processing an application, an investigation may be made to provide applicable information concerning character, general reputation, personal characteristics and mode of living. As prescribed by Public Law 91.508, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided.

Have you ever been known by any other name? ___ Yes ___ No If yes, list all names used in the past, locations and circumstances (i.e. adoption, legal name changes, alias, etc.):

Name	Date: From - To	City & State	Circumstances
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PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS.

_____ I hereby authorize investigation of all statements contained in this application, including criminal background and/or fingerprint checks. I authorize all previous references to release any information relating to my past history and release them from any liability arising from disclosure of these facts. I understand that I am expected to answer questions honestly and will be disqualified from further consideration if I do not.

_____ I understand that the misrepresentation, omission or incorrect statement of facts called for in this application is cause for a refusal to accept me or my termination if I am accepted. I agree, if accepted, to abide by all City rules and regulations, either published or in effect by usage.

_____ If and when accepted as an explorer with the Apopka Fire Department, I hereby agree and understand I am an explorer and have no recourse to any grievance if discharged. I further understand by completing this application and being appointed as an explorer it in no way binds the appointee and City in a contractual employment agreement.

_____ Additionally, if I am accepted as an explorer within the department, I understand I must maintain a G.P.A. of 2.0 on a 4.0 scale and I must present a copy of my report card to the explorer coordinator within 7 days of receipt of such report card. Failure to maintain a minimum of a 2.0 shall cause my suspension from the program until such time as my grade point average is 2.0 or greater.

Applicant's Signature _____
Date

Parent/Guardian Signature _____
Date

Parent/Guardian Name (print) _____
Date

State of Florida, County of Orange

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____ to me known to be the person described in and who executed the foregoing instrument, and acknowledged before me that he/she executed the same.

Witness my hand and official seal in the County aforesaid this ____ day of _____, 20____.

(NOTARY SEAL)

Notary Public

My Commission Expires:

Explorer Coordinator

Date

Statement of Confidentiality

I understand that I will be working with the City of Apopka, Fire and Emergency Medical Services Department and will be exposed to confidential medical, legal, and possibly criminal justice information. I understand that Florida Statutes prohibit the unauthorized disclosure of information from particular medical and police records that include, but are not limited to Baker Act cases and juvenile cases. Specifically, criminal and civil liability may arise from the unauthorized disclosure of Health Information as described in the Health Insurance Portability and Accountability Act of 1996 and others.

As an explorer with the City of Apopka, I understand that I will be held accountable under law for the disclosure of any information related to police, fire or emergency medical services matters regarding confidential cases. Immediate dismissal may result from violations.

In addition, I understand personal information regarding police officers and firefighters and their families, including home addresses and phone numbers, is exempt from public record and shall be held in confidentiality.

Any breach of city or state rules, ordinances, or laws will immediately disqualify me from further participation in the program and may result in prosecution as authorized by law.

Applicant's Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Name (print)

Date

State of Florida, County of Orange

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(NOTARY SEAL)

Notary Public

My Commission Expires:

Explorer Coordinator

Date

EXPLORER APPLICANT CONSENT, WAIVER AND HOLD HARMLESS AGREEMENT

In consideration of _____'s (minor's name) participation in the Apopka Fire Department Explorer Program, I _____ (parent's name), a parent or legal guardian, agree to assume all liabilities and risks associated with my child's participation in this program. As a part of the program, my child will be allowed to ride with authorized agents of the City of Apopka Fire Department as they perform the regular duties of their occupation and I agree to this.

I hereby release and waive any claims or cause of action now or hereafter against the City of Apopka, its officers, employees and/or agents arising out of, or resulting from any damages, injuries, or illnesses which may be attributed to my child's participation in this program. I further agree to indemnify and hold harmless the City of Apopka from and against any claims, damages, injuries, losses and expenses including reasonable attorneys' fees and cost resulting from my child's participation in this program.

In addition, I understand the above named minor will be at a working fire station and will be in and around emergency vehicles, and inherently dangerous activity. I also understand this learning activity may include my son/daughter riding upon emergency vehicles and participating in limited medical activities. In the event my child sustains any injury while participating in this program, I hereby authorize the administration, or cause to be administered, such first aid or treatment necessary including treatment by a hospital and/or physician.

I understand explorers are only allowed at the fire station during specific hours and that explorer meetings are Tuesday nights between the hours of 7:00 p.m. and 9:00 p.m. I am responsible for my child and transportation for my child. The City of Apopka will not be held liable for notifying parents of any attendance or lack-thereof. At any time the explorer fails to participate, fails to follow any safety directions, or behaves in less than a professional, businesslike manner, the department reserves the right to contact the parent or guardian to remove the child from City property. The parent or guardian is obligated to retrieve his or her child immediately and without recourse.

I further approve of any and all medical treatment for my child in the event of an accident, injury, or illness.

This agreement shall be binding upon me and my heirs, personal representatives, successors and assigns.

***If the child is covered under health insurance, a copy of the most recent policy or insurance card including the policy # and child's name must be attached to this application.**

Applicant's Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Name (print)

Date

State of Florida, County of Orange

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