



**CARLSBAD FIRE DEPARTMENT**  
**Fire Explorer Application**

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**Explorer Post 2200**

2560 Orion Way

Carlsbad, CA 92010

[fireexplorer@carlsbadca.gov](mailto:fireexplorer@carlsbadca.gov)

Dear Explorer Applicant:

The background investigator will use the information you provide in this packet as a factor in determining your suitability for an Explorer position with the Carlsbad Fire Department Explorer Post 2200. The investigation includes comprehensive checks on driving records, criminal/legal history, academics and drug history. Honesty and integrity are the most important qualities in the fire service. All factors will be fairly evaluated, and applicants will have an opportunity to explain their answers.

**Complete this application thoroughly, accurately and neatly. Please provide copies of the following documents with your application:**

1. Birth Certificate
2. Two most recent middle school or high school report cards
3. High School Diploma (If graduated)
4. California Driver's License (If licensed)

Your application will not be processed without copies of these documents. Also, please ensure you complete the enclosed waivers. **Please submit completed applications electronically to [fireexplorer@carlsbadca.gov](mailto:fireexplorer@carlsbadca.gov) or mail to:**

**Carlsbad Safety Center**  
**Attn: Fire Explorer Post 2200**  
**2560 Orion Way, Carlsbad, CA 92010**

**The information you provide is completely confidential and will not be released to any other party or agency without your signed authorization or by court order.**

**Official Use Only**

Applicant: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Pass  Fail

Comments: \_\_\_\_\_



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**Personal Information**

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

Other names known by (included previous marriages, maiden names and aliases):  
\_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number (include area code): \_\_\_\_\_

Nighttime Phone Number (include area code): \_\_\_\_\_

Cell Phone Number (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Mother's Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Father's Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_



**Residence**

Are you a United States Citizen?       Yes     No

If naturalized, please provide year and state where occurred: \_\_\_\_\_

Permanent resident alien registration number: \_\_\_\_\_

Are you a California resident?       Yes     No

Birthplace (City and State): \_\_\_\_\_

How long have you lived at your current address?      Years: \_\_\_\_\_ Months: \_\_\_\_\_

Please list the names of family members, relatives or roommates currently living with you at your current address:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

Have you had any problems or disputes with your current neighbors?       Yes     No

If yes, please provide a brief explanation: \_\_\_\_\_

Have you had any problems or disputes with your current landlord?       Yes     No

If yes, please provide a brief explanation: \_\_\_\_\_

During the last 5 years, have you had any problems with your neighbors?       Yes     No

If yes, please provide a brief explanation: \_\_\_\_\_

Are you currently living with someone who is committing crimes?       Yes     No

Are you currently living with someone who is on probation or parole?       Yes     No

**References – List four references other than relatives who know your character.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ How many years have they known you? \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ How many years have they known you? \_\_\_\_\_

Occupation: \_\_\_\_\_



References continued

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ How many years have they known you? \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ How many years have they known you? \_\_\_\_\_  
Occupation: \_\_\_\_\_

Education

What is your highest level of education:  High school diploma \_\_\_\_\_ year  
 GED or equivalency \_\_\_\_\_ year  
 College degree \_\_\_\_\_ year  
 Currently attending high school/college/ vocational school

Name of school currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Name of high school, city and state graduated from: \_\_\_\_\_

Name of adult school, city and state for GED: \_\_\_\_\_

Name of college, city and state for degree(s): \_\_\_\_\_

What is your degree? \_\_\_\_\_

What was your major? \_\_\_\_\_

Have you ever been expelled or suspended from any high school, vocational school or college?  Yes  No

If yes, please provide a brief explanation: \_\_\_\_\_

Employment

Have you ever applied to the Carlsbad Fire Department?  Yes  No

If Yes, please list year, position, and the result of your application.

Year	Position	Disposition
		<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only
		<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only
		<input type="checkbox"/> Hired <input type="checkbox"/> Non-select <input type="checkbox"/> Disqualified <input type="checkbox"/> Application only



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**Please list your current and previous employers for the past 5 years. Begin with your current employer and work backward.**

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**Current Employer:**

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number (including area code): \_\_\_\_\_  
Current Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**Employment dates**

Hire date: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Company Name:**

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number (including area code): \_\_\_\_\_  
Current Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**Employment dates**

Hire date: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Company Name:**

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number (including area code): \_\_\_\_\_  
Current Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties or responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**Employment dates**

Hire date: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Employment**

Have you ever been fired, terminated, or asked to resign from any place of employment?  Yes  No  
If yes, please list year and circumstances: \_\_\_\_\_

Would any previous employer decline to rehire you because of your behavior, conduct or attitude?  Yes  No  
If yes, please list year and circumstances: \_\_\_\_\_

Have you ever been in a fistfight, hostile confrontation or loud argument with a supervisor or coworker?  Yes  No  
If yes, please list year and circumstances: \_\_\_\_\_

Have you ever been disciplined, suspended, or fired for lying or being untruthful?  Yes  No  
If yes, please list year and circumstances: \_\_\_\_\_

Within the last five years, have you ever stolen money, property, or equipment from an employer?  Yes  No  
If yes, please list year and circumstances: \_\_\_\_\_

**Military**

Have you complied with draft registration laws?  Yes  No

Have you ever served in the military?  Yes  No Branch of service: \_\_\_\_\_

Highest rank achieved: \_\_\_\_\_ Rank when discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Dates of Service Enlistment date: \_\_\_\_\_ to \_\_\_\_\_

Are you active military reserve or National Guard?  Yes  No

Do you have any military police training or experience?  Yes  No

Have you ever received any judicial or non-judicial disciplinary action, including a court martial, Article 15, Captain's Mast or other form of discipline while in the military?  Yes  No

If yes, please provide a brief explanation. \_\_\_\_\_

Are you eligible to re-enlist?  Yes  No

If not, why? \_\_\_\_\_



**Driving**

Do you possess a California Driver's License?  Yes  No  
California Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
If No, do you possess a California Identification Card?  Yes  No  
California Identification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Have you ever been issued a driver's license issued in another state?  Yes  No  
If Yes, please list state and year: State: \_\_\_\_\_ Year: \_\_\_\_\_

Have you ever been refused a driver's license from any state?  Yes  No  
If Yes, please explain the circumstances including year.

Has your driver's license ever been suspended, restricted, revoked or placed on probation?  Yes  No  
If yes, please provide a brief explanation.

During the last 5 years, have you driven a vehicle under the influence of alcohol or drugs?  Yes  No  
If Yes, please explain the circumstances including year.

Are you currently driving an uninsured vehicle?  Yes  No Insurance provider: \_\_\_\_\_

**Legal**

Have you ever been detained for criminal investigation by a peace officer?  Yes  No  
If Yes, please explain the circumstances including year.

Have you ever been arrested?  Yes  No  
If Yes, please explain the circumstances including year.

Have you ever been taken to a police holding facility or jail?  Yes  No  
If Yes, please explain the circumstances including year.

Have you ever been convicted of a crime?  Yes  No  
If Yes, please explain the circumstances including year.

Have you ever appeared in Juvenile court for any offense that would be a crime if committed as an adult?  Yes  No  
If Yes, please explain the circumstances including year.



Legal continued

Have you ever been involved in a physical confrontation?  Yes  No  
If Yes, please explain the circumstances including year.

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Have you ever committed or aided in the commission of a crime?  Yes  No  
If Yes, please explain the circumstances including year.

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Since the age of 14, have you ever been a gang member or associated with gang member?  Yes  No  
If Yes, please explain the circumstances including year.

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Since the age of 14, have you committed the crime of graffiti, tagging or similar acts of vandalism?  Yes  No  
If Yes, please explain the circumstances including year.

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Do you currently associate with relative, family members; friends or associates you know are committing a crime?  Yes  No  
If Yes, please explain the circumstances including year.

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Have you ever used a prescription drug not prescribed to you?  Yes  No  
If Yes, please explain the circumstances including year.

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Have you ever sold, provided, or given illegal drugs/narcotics to anyone?  Yes  No  
If Yes, please explain the circumstances including year.

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Have you ever grown marijuana or manufactured any type of drug or narcotic?  Yes  No  
If Yes, please explain the circumstances including year.

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Do you associate with any person who uses illegal drugs or narcotics?  Yes  No  
If Yes, please explain the circumstances including year.

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When was the last time you were present while illegal drugs or narcotics were being used?  
Month: \_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_





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Have you ever used, tried, tasted, ingested, inhaled, injected, sniffed, smoked, swallowed, pretended to use, had possession of, simulated use, attempted to use, tested, thought you were using, or experimented with the following?

	No	Yes	How many times?	Month / Year last used	Age last used
Marijuana (grass weed, pot, doobie, mota, joint, refer, ganja)					
Hashish ( <i>hash</i> )					
Cocaine ( <i>crack, rock, smoked, powder</i> )					
Speed					
Meth ( <i>meth-amphetamine, crystal</i> )					
LSD ( <i>acid, sugar cube, tabs, white lightning, microdot</i> )					
PCP ( <i>angel dust, sherm, killer weed, lovely, whack, love boat</i> )					
Heroin ( <i>smack, brown sugar, junk, black tar, "H", mud</i> )					
Opium ( <i>dover's power</i> )					
Mushrooms/Peyote ( <i>buttons, cactus, shrooms, magic</i> )					
Barbiturates ( <i>downers, reds, red devils, pink ladies</i> )					
Amphetamines ( <i>uppers, cross tops, whites, bennies</i> )					
Morphine					
Rave Drugs ( <i>rohypol, ruffies, rocha, liquid X, love drug</i> )					
Ecstasy ( <i>designer drugs, K-hole, E, EXT, GHB, love</i> )					
Amyl Nitrite ( <i>rush, locker room, climax, snappers</i> )					
Steroids					
Glue, paint thinner, paint, solvents, aerosols, etc.					



**Personal Essay**

The ability to communicate effectively is extremely important in the fire service. Please write a thorough essay stating the reasons why you want to become an Explorer with the Carlsbad Fire Department. Include any qualifications, experience and training you feel would benefit the community and department.



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I hereby certify the information I have provided within this personal history statement is true and correct. I understand any omissions or false statements will result in disqualification or immediate dismissal.

**Applicant**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**Authorization to Release Information**

**Full name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Other names used (maiden, prior marriages, adoption, etc.): \_\_\_\_\_

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I, \_\_\_\_\_, understand that relating to the application process, that the  
(PRINT YOUR NAME)

Carlsbad Fire Department may request information from my past employers and/or references, and I also understand that such investigation may include a review of any criminal records. I certify that I have provided complete and truthful information to the Carlsbad Fire Department regarding all sources of information concerning my past employment, education, certification and criminal conviction record, as well as any other information requested in my employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of appointment or immediate discharge.

To assist the Carlsbad Fire Department in obtaining documents and information to confirm my background, I hereby consent to the release of the information as described below.

I request, authorize and consent to the release of information to the Carlsbad Fire Department regarding my previous and current employment, and authorize all employers or agents that they may designate, to respond forthrightly to verbal or written inquiries from the Carlsbad Fire Department regarding my employment record, including but not limited to: positions held, dates of employment, beginning and end pay rates; work performance; disciplinary records, reliability and any incidents of dishonesty; insubordination, violence and/or unsafe behavior; harmful or threatening behavior, including information based upon materials in my personnel files.

Further, I direct you to release such information upon request of any duly accredited representative of the Carlsbad Fire Department, regardless of any agreement, instructions or representations I may have made with your previously to the contrary.

I further request, authorize and consent to the Carlsbad Fire Department's investigation of whether I have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The Carlsbad Fire Department has advised me that any criminal background check will focus on convictions, and that a conviction as such will not necessarily disqualify me from appointment.

I also waive all rights and claims I may have against the Carlsbad Fire Department, its employees, representatives or agents, former educational institutions, or any person listed as a reference, from all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of such information by any person or party, whether such information is favorable or unfavorable to me in compliance with California Civil Code Section 47 as amended. It is with full understanding and consent that I agree that a photocopy of this authorization may be used only for the purposes stated above.



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Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.**



**Carlsbad Fire Explorer Post 2200 Ride-Along Waiver and Release**

I, \_\_\_\_\_, and I, \_\_\_\_\_, and  
Participant Parent(s) / Guardian(s)  
\_\_\_\_\_, hereby assume all risks of Participant's involvement in the  
Parent(s) / Guardian(s)

Carlsbad Fire Department's Explorer program. I recognize that Participant's involvement in the above-described activity is inherently dangerous and I accept those dangers.

I hereby consent to the administering of medical treatment to Participant in the event of injury, accident, and/or illness during this activity.

I agree that Participant shall obey **all** orders, rules, and procedures associated with this activity. I also understand that if during Participant's involvement in this activity, Participant exhibits any misconduct or violates any order, rule, or procedure, Participant shall be dismissed from such activity, and depending on the severity of Participant's actions, Participant may also be dismissed from the Explorer Post. I understand that Participant is responsible for the reasonable care of equipment Participant uses in the conduct of this activity and that any wrongful destruction of such equipment will be charged to Participant and/or Participant's parent(s)/guardian(s) shall be responsible for the replacement costs of such items.

In consideration of my/Participant's being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby:

- (A) **WAIVE, RELEASE AND DISCHARGE FROM LIABILITY** the City of Carlsbad and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers or the death, injury or property loss or damage of Participant or actions of any kind which may accrue to me as a result of Participant's involvement in this activity and
- (B) Agree to **INDEMNIFY AND HOLD HARMLESS** the above-mentioned entities or persons from all liabilities or claims made by other individuals or entities as a result of any Participant's actions during this activity except for those claims arising from the sole negligent or willful conduct of the City of Carlsbad, its employees or agents.

I acknowledge that this waiver, release and indemnity that I have signed will be used by the City of Carlsbad and its employees and agents to protect themselves from liability arising from Participant's involvement in the above-described activity, and that it will govern Participant's actions and responsibilities at said activities. I understand that if Participant is injured this waiver release and indemnity will be used against Participant, Participant's parent(s)/guardian(s), and anyone else claiming damages as a result of such injury in any legal action.

This waiver, release, and indemnity shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content.



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If I am signing this form as a parent or guardian, I further certify that I am the parent or guardian of the above-named Participant that that I will hold each of the above-named individuals and entities harmless and indemnify each in the even of any loss whatsoever due to a defect in my legal capacity.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the Participant is under 18 years of age or legally incapacitated, both parent(s) or guardian(s) must sign.**

**END OF APPLICATION**