Reading Fire Department
Explorer Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Education

School: _____ Grade: _____

References

Please list one school related and one personal reference.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Current or Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title &
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Disclaimer and Signature

I certify that information contained in this application is true and complete. I authorize the verification of any or all information listed above.

Signature: _____ Date: _____

Parent
Signature: _____ Date: _____

Essay: Attach a short essay on why you want to be a fire explorer with the Reading Fire Department (1 page max)

Mail to: City of Reading Fire Department, Attn: Fire Explorer
1000 Market St., Reading, OH 45215