



# KARNS VOLUNTEER FIRE DEPARTMENT



P.O. BOX 7184 \* KNOXVILLE, TN \* 37921  
BUSINESS # (865) 691-1333 \* BUSINESS FAX (865) 691-1039  
KARNS \* HARDIN VALLEY \* SOLWAY \* BALL CAMP

## APPLICATION FOR EXPLORER PROGRAM

PLEASE PRINT

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### APPLICANT INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Current Age \_\_\_\_\_

### EMERGENCY NOTIFICATION

In Case of Emergency, Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
If above cannot be reached, Notify \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone Number \_\_\_\_\_

### EDUCATIONAL INFORMATION

What school do you attend? \_\_\_\_\_ Year expected to graduate \_\_\_\_\_  
How important are your grades to you? (1 low - 10 high circle one) 1 2 3 4 5 6 7 8 9 10

### EMPLOYMENT HISTORY

Current Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employment Dates \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ May we contact this employer  Yes  No

Do you hold licenses or certifications in any of the following?

CPR \_\_\_\_\_ 1ST RESPONDER \_\_\_\_\_

Continue on next page

**INTEREST / SKILLS**

There are many operations and personal skills that make an organization successful. Listed below are some of those skills. *Check all that applies that you may be interested in pursuing:*

Apparatus Maintenance \_\_\_\_\_ Equipment Maintenance \_\_\_\_\_ Public Education \_\_\_\_\_ Fire Investigation \_\_\_\_\_  
Photography \_\_\_\_\_ Finances \_\_\_\_\_ Training \_\_\_\_\_ Record Keeping \_\_\_\_\_  
Administration \_\_\_\_\_ Pre-planning \_\_\_\_\_ Station Work \_\_\_\_\_ Computer \_\_\_\_\_  
Other \_\_\_\_\_ Explain \_\_\_\_\_

**REFERENCE INFORMATION**

Please provide the names of individuals, other than relatives, that can vouch for your character.

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Yrs. Known \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Yrs. Known \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_ Yrs. Known \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a felony or misdemeanor? YES NO. **If yes**, list crime(s) for which convicted, date, and location.

\_\_\_\_\_

Have you ever received a traffic citation, other than a parking citation? YES NO. **If yes**, give offense, disposition, date, & location.

\_\_\_\_\_

The Karns Volunteer Fire Department is an Equal Opportunity Employer and does not discriminate due to race, sex, orientation, national origin, age, disability, or religion in regards to hiring, promoting, or duty assignment practices. By signing this explorer application, you are affirming that the information provided is true and correct to the best of your knowledge. The omission or falsification of any information in this application is grounds for immediate disqualification for this program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date Signed

**DO NOT WRITE BELOW THIS LINE ----- FOR DEPARTMENT USE ONLY**

Date Application received \_\_\_\_\_ Received by \_\_\_\_\_

Approved for Explorer Program \_\_\_\_\_ (signature required)