



EXPLORER APPLICATION

Post 955 Advisor
 475 N. 2nd Avenue
 Upland, CA 91786
 (909) 931-4180

Instructions: This application must be filled out completely and signed to be accepted for review. Applications will be evaluated on the basis of information provided and it is the applicant's responsibility to insure that this information is thorough and complete. Please type or print in ink.

LAST NAME	FIRST	MI
MAILING ADDRESS	NUMBER	STREET
		CITY
		STATE
		ZIP
AREA CODE	HOME TELEPHONE #	WORK OR CELL #

DRIVER'S LICENSE (IF APPLICABLE) _____ EMAIL: _____

NUMBER & STATE _____ BIRTHDATE: _____

CLASS _____

EXPIRATION DATE _____ AGE: _____

PARENT/GUARDIAN LAST NAME	FIRST	MI
MAILING ADDRESS	NUMBER	STREET
		CITY
		STATE
		ZIP
AREA CODE	HOME TELEPHONE #	WORK OR CELL #

In case of emergency please notify: _____ Telephone # _____

1. Have you ever been employed by the City of Upland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever been employed under another name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you related to any current City of Upland employee? If yes, state relationship, name and where employed below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been convicted of a crime? If yes, briefly describe the nature of the crime(s), the date and place of conviction, and the legal disposition of the case below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever been <u>disciplined</u> or <u>discharged</u> for:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Theft, unauthorized removal of employers property, or related offenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Fighting, assault, or related offenses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Insubordination?		
If yes to any of the above please explain below.		

SPECIAL SKILLS

Typing WPM: _____ Office Equipment: _____

Computer Software: _____

List valid licenses/certificates: _____

Language other than English _____ Speak Read Write

Hobbies/Favorite Activities: _____

REFERENCES (List people who would have knowledge of your personality and/or accomplishments. Do not list relatives)

Name	Business or Home Address	Business or Occupation	Telephone #

PRINT NAME HERE	LAST	FIRST	MIDDLE
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