



Babylon Central Fire & Rescue Alarm Corporation

200 East Sunrise Highway
North Lindenhurst, NY 11757
631-226-1216
FAX: 631-957-3193

APPLICATION FOR EMPLOYMENT (EQUAL OPPORTUNITY)

*****ANY FALSE OR MISLEADING STATEMENTS WILL BE GROUNDS FOR DISMISSAL*****
*****CONSIDERATION OF YOUR APPLICATION WILL BE DETERMINED BY AVAILABILITY*****
*****ALL APPLICANTS WILL BE SUBJECT TO A BACKGROUND CHECK*****
*****IF CHOSEN FOR HIRE, APPLICANT WILL BE SUBJECT TO A CONTROLLED SUBSTANCE SCREENING*****
*****IF CHOSEN FOR HIRE, IT WILL BE ON A TRAINING BASIS, YOU MUST PASS THE 3 MONTH TRAINING PROGRAM AND 3 MONTH PROBATION PERIOD TO BE CONSIDERED FOR PERMANENT EMPLOYMENT*****
*****ALL APPLICATIONS WILL BE KEPT ON FILE FOR 3 CALENDAR YEARS*****
*****PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE ALONG WITH A VALID COPY OF YOUR CPR CARD IF APPLICABLE*****
*****APPLICATIONS MUST BE COMPLETED IN FULL TO BE CONSIDERED*****
*****APPLICANTS ARE TO REFRAIN FROM CALLING IN OR EMAILING TO CHECK STATUS OF APPLICATION*****

APPLICANT INFORMATION

DATE OF APPLICATION: ____/____/____

| | |
|------------------------------------------|------------------------------------------------|
| FULL NAME: _____ | DATE OF BIRTH: ____/____/____ |
| SOCIAL SECURITY #: ____-____-____ | EMAIL: _____ |
| ADDRESS: _____ | CITY: _____ STATE: _____ ZIP: _____ |
| HOME PHONE: _____ | CELL PHONE: _____ |
| PREVIOUS ADDRESS IF UNDER 5 YEARS: _____ | |
| DRIVERS LICENSE NUMBER: _____ | STATE ISSUED: _____ EXPIRATION: ____/____/____ |

EMERGENCY CONTACT

| | | |
|----------------|---------------------|----------------|
| NAME: _____ | RELATIONSHIP: _____ | PHONE #: _____ |
| ADDRESS: _____ | | |

BABYLON COPIAGUE DEER PARK LINDENHURST WYANDANCH NORTH AMITYVILLE
NORTH BABYLON WEST BABYLON WYANDANCH WHEATLEY HEIGHTS NORTH LINDENHURST

SERVING FAITHFULLY TO OUR TOWN SINCE 1962



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PERSONAL INFORMATION

HAVE YOU EVER APPLIED TO OR WORKED FOR BCFA IN THE PAST? YES _____ NO _____

IF YES, WHEN? _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____

ARE YOU A U.S. CITIZEN OR APPROVED TO WORK IN THE UNITED STATES? YES _____ NO _____

WHAT DOCUMENT CAN YOU PROVIDE AS PROOF OF CITIZENSHIP OR LEGAL STATUS? _____

WILL YOU CONSENT TO A MANDATORY CONTROLLED SUBSTANCE TEST? YES _____ NO _____

DO YOU HAVE ANY CONDITION WHICH WOULD REQUIRE JOB ACCOMODATIONS? YES _____ NO _____

IF YES PLEASE DESCRIBE: _____

ARE YOU COLOR BLIND? YES _____ NO _____

PLEASE LIST ANY TRAFFIC VIOLATIONS IN THE PAST 3 YEARS (DATE & VIOLATION TYPE) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? YES _____ NO _____

IF YES, PLEASE STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND THE DISPOSITION OF THE CASE:

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JOB SKILLS/QUALIFICATIONS

DO YOU HAVE ANY EMD, DISPATCH OR RADIO EXPERIENCE/TRAINING? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

DO YOU HAVE ANY KEYBOARD, PC OR COMPUTER AIDED DISPATCH EXPERIENCE? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

DO YOU KNOW HOW TO OPERATE A TTY/TDD? _____ ARE YOU CPR CERTIFIED? YES _____ NO _____

PLEASE LIST ANY OTHER JOB SKILLS AND/OR QUALIFICATIONS THAT YOU POSSESS THAT ARE RELEVANT TO THIS POSITION:

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EDUCATION AND TRAINING

HIGH SCHOOL

| NAME | LOCATION | YEAR GRADUATED | DEGREE EARNED |
|------|----------|----------------|---------------|
| | | | |

COLLEGE/UNIVERSITY

| NAME | LOCATION | YEAR GRADUATED | DEGREE EARNED |
|------|----------|----------------|---------------|
| | | | |

VOCATIONAL SCHOOL/SPECIALIZED TRAINING

| NAME | LOCATION | YEAR GRADUATED | DEGREE EARNED |
|------|----------|----------------|---------------|
| | | | |

EDUCATION AND TRAINING CONT.

PLEASE LIST ANY OTHER EDUCATION AND OR ORGANIZATIONS TO WHICH YOU BELONG:

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MILITARY

ARE OR WERE YOU A MEMBER OF THE ARMED FORCES? YES _____ NO _____ ENLIST DATE: ____/____/____

WHICH BRANCH DID YOU ENLIST? _____

WHAT WAS YOUR MILITARY RANK WHEN DISCHARGED? _____ DATE DISCHARGED: ____/____/____

DISCHARGE STATUS: _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES _____ NO _____

ARE YOU CURRENTLY MILITARY RESERVE? YES _____ NO _____

PLEASE PROVIDE A COPY OF YOUR DD214

PREVIOUS EMPLOYMENT (MOST CURRENT FIRST)

| BUSINESS NAME, ADDRESS & NUMBER | SUPERVISOR NAME | DATES EMPLOYED | JOB TITLE | REASON FOR LEAVING |
|------------------------------------|--------------------|----------------|-----------|--------------------|
| | | | | |

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|------------------------------------|-----------------|----------------|-----------|--------------------|
| | | | | |

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PREVIOUS EMPLOYMENT CONT.

| BUSINESS NAME, ADDRESS & NUMBER | SUPERVISOR NAME | DATES EMPLOYED | JOB TITLE | REASON FOR LEAVING |
|------------------------------------|-----------------|----------------|-----------|--------------------|
| | | | | |

AVAILABILITY

****PLEASE LIST YOUR AVAILABLE HOURS UNDER THE DAY OF THE WEEK****

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

****ALL PART TIME DISPATCHERS ARE REQUIRED TO WORK A MINIMUM OF AN 8 HOUR WEEKEND SHIFT AS WELL AS HOLIDAYS AND NIGHTS****

REFERENCES

| NAME | ADDRESS | CITY/ZIP | CONTACT NUMBER |
|------|---------|----------|----------------|
| | | | |

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| | | | |

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PLEASE WRITE A BRIEF PARAGRAPH ON HOW YOU WILL BE AN ASSET TO BABYLON CENTRAL FIRE AND RESCUE ALARM CORPORATION: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION I SUBMIT TO BABYLON CENTRAL FIRE & RESCUE ALARM CORPORATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MATERIAL OMISSIONS OR FALSIFICATION OF THIS APPLICATION IN ANY DETAIL MAY RESULT IN MY DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR FOR DISMISSAL FROM EMPLOYMENT

SIGNATURE: _____ DATE: ____/____/____

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