



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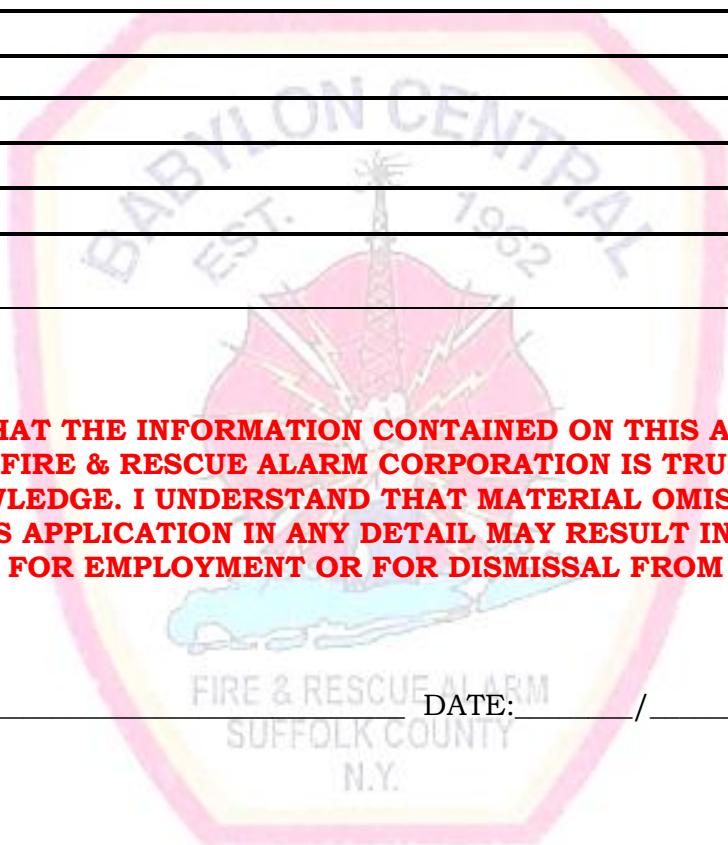
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PLEASE WRITE A BRIEF PARAGRAPH ON HOW YOU WILL BE AN ASSET TO BABYLON CENTRAL FIRE AND RESCUE ALARM CORPORATION: _____



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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