



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 EMPLOYER)

- 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
- ALL APPLICANT WILL BE SUBJECT TO A CONTROLLED SUBSTANCE SCREENING
- ALL APPLICATIONS WILL BE KEPT ON FILE FOR 1 YEAR FROM ORIGINAL APPLICATION DATE
- ATTACH A COPY OF YOUR DRIVERS LICENSE
- ATTACH A 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: _____		

AMITYVILLE 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? _____

PERSONAL STATUS: MARRIED _____ DIVORCED _____ SINGLE _____ OTHER _____

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 EXPERIENCE OR TRAINING? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

DO YOU HAVE ANY DISPATCH EXPERIENCE OR TRAINING? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

DO YOU HAVE ANY RADIO EXPERIENCE OR TRAINING? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

DO YOU HAVE ANY KEYBOARD EXPERIENCE OR TRAINING? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

DO YOU HAVE ANY PC EXPERIENCE OR TRAINING? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

DO YOU HAVE ANY COMPUTER AIDED DISPATCH EXPERIENCE OR TRAINING? 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 TO WHICH YOU HAVE:

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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****

ADDITIONAL ORGANIZATIONS YOU CURRENTLY OR PREVIOUSLY HAVE BELONGED TO

NAME OF ORGANIZATION: _____ MEMBERSHIP DATE: ____/____/____
REASONS YOU LEFT OR WERE DISMISSED FROM ORGANIZATION: _____

NAME OF ORGANIZATION: _____ MEMBERSHIP DATE: ____/____/____
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NAME OF ORGANIZATION: _____ MEMBERSHIP DATE: ____/____/____
REASONS YOU LEFT OR WERE DISMISSED FROM ORGANIZATION: _____

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PREVIOUS EMPLOYMENT (MOST CURRENT FIRST)

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

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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 ONE 8 HOUR WEEKEND SHIFT, AS WELL AS HOLIDAYS AND NIGHTS

REFERENCES

NAME	ADDRESS	CITY/ZIP	CONTACT NUMBER

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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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