



# 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 1 YEAR FROM ORIGINAL APPLICATION DATE\*\*\***  
**\*\*\*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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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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**\*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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