



☐ Firefighter ☐ FF-EMS ☐ College Program

Company: _____

Full name: _____

Present address: _____

City: _____ Zip code: _____

Length of time resided there: _____

Previous address: _____

City: _____ Zip code: _____

Date of birth: ____/____/____

Social Security #: ____-____-____

Home phone #: _____

Cell phone #: _____

Email address: _____

Driver's license #: _____ (attach 3 copies)

Are you a U.S. citizen? ☐ YES ☐ NO

Occupation: _____

Employer: _____

Employer's address: _____

Employer's telephone #: _____

Length of employment: _____

Have you ever been a member of a Fire Department or

Ambulance Company before? ☐ YES ☐ NO

If yes, when and where? _____

Number of years of service: _____

Reason for leaving? _____

THE BABYLON FIRE DEPARTMENT WILL BE REQUESTING A COPY OF YOUR SERVICE RECORD FROM ALL FIRE DEPARTMENTS OR AMBULANCE COMPANIES THAT YOU HAVE PREVIOUSLY SERVED IN.

Were you ever convicted of any crime or traffic violation?

(Excluding parking) ☐ YES ☐ NO

If yes, when and where? _____

Disposition or conviction(s)? _____

Have you served in the armed forces? ☐ YES ☐ NO

If yes, what branch of service? _____

Number of years: _____

A COPY OF YOUR DD214/DISCHARGE PAPERS MUST ACCOMPANY THIS APPLICATION.

In case of accident or death, who is the person you would like notified and what is their relationship to you?

Name: _____

Relationship: _____

Phone number: _____

List three unrelated references:

Name: _____

Phone #: _____

Address: _____

Name: _____

Phone #: _____

Address: _____

Name: _____

Phone #: _____

Address: _____

I CERTIFY THAT THE FORGOING STATEMENTS ARE TRUE AND CORRECT. IF CHOSEN FOR MEMBERSHIP, I SHALL OBEY THE RULES AND REGULATIONS GOVERNING THE BABYLON FIRE DEPARTMENT, THE COMPANY TO WHICH I AM APPLYING AND TO TAKE CARE OF EQUIPMENT ISSUED TO ME AND RETURN SAME UPON TERMINATION OF MY SERVICE IN GOOD CONDITION LESS REASONABLE WEAR. I FURTHER UNDERSTAND THAT ANY WILLFUL FALSE STATEMENTS MADE BY ME ARE GROUNDS FOR MY IMMEDIATE TERMINATION OF MEMBERSHIP FROM THE BABYLON FIRE DEPARTMENT. I FURTHER AUTHORIZE THE BABYLON FIRE DEPARTMENT, ITS AGENTS OR REPRESENTATIVE TO CONTACT ANY EMPLOYER, REFERENCE OR THIRD PARTY IN ORDER TO COMPLETE ITS INVESTIGATION INTO MY BACKGROUND AND HOLD THEM HARMLESS FROM SUCH INQUIRY. I CERTIFY I HAVE READ THE BY-LAWS OF THE BABYLON FIRE DEPARTMENT.

(SIGNATURE OF APPLICANT) Date: _____

I CERTIFY THAT I HAVE RECEIVED AND READ THE DRUG ABUSE AND ANTI-HARASSMENT POLICIES OF THE BABYLON FIRE DEPARTMENT.

(SIGNATURE OF APPLICANT) Date: _____

INQUIRIES MAY BE MADE AS TO CHARACTER, JOB, AND ABILITY. ALL STATEMENTS MADE BY CANDIDATES ARE SUBJECT TO VERIFICATION. CANDIDATES MAY BE FINGERPRINTED AT TIME OF EXAMINATION FOR BACKGROUND INQUIRY.

(SIGNATURE OF APPLICANT) Date: _____

INVESTIGATION COMMITTEE:

(SIGNATURES OF MEMBERS)

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Rescue Rep: _____ Signature: _____

OFFICER (Print Name) _____

OFFICER'S SIGNATURE: _____ Date: _____

**ALL CANDIDATES FOR MEMBERSHIP ARE TO BE
FULLY INVESTIGATED AND ACCEPTED BY THE
COMPANY PRIOR TO TAKING THE MEDICAL
EXAMINATION.**

APPROVED BY FIRE COUNCIL: _____

Updated 4/17/22



APPLICATION FOR MEMBERSHIP

BABYLON FIRE DEPARTMENT