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| **Applicant Information** |
| First Name:  | Last Name:  |
| Social Security Number (required by FDNY):  |
| Email:  | Phone:  |
| Date of Birth (mm/dd/yyyy):  | Gender: | [ ]  Male [ ]  Female  |
| Weight (pounds):  | Height (ft. /ins.): |  /  |
| **Applicant Mailing (Home) Address:**Phone: |
| Street:  | Apt No:  |
| City:  | State:  | Zip Code:  |
| Borough: [ ] Bronx [ ] Brooklyn [ ] Manhattan [ ] Queens [ ] Staten Island [ ] Outside NYC:  |
| **Work Address (Location where C14 COF holder will be working):** |
| Street: 160 Convent Avenue | Building:  | Lab Room #:  |
| City : New York | State: NY | Zip Code: 10031 |
| Borough: Bronx Brooklyn ✔ Manhattan Queens Staten Island Outside NYC |
| **Applicant Education and Training Qualifications:** |
| *(please select the most appropriate choice and provide copy of license, degree, or other proof of qualifications)* |
| [ ]  *Clinical Laboratory Director license issued by the New York State Department of Health* |
| [ ]  *Doctor of Medicine (MD) OR Doctor of Dental Surgery (DDS)* |
| [ ]  *Master's or Doctoral degree in Chemistry, Biology, Biochemistry, Environmental or Health Sciences, Medical Technology, Chemical or Environmental Engineering, or related field* |
| [ ]  *Bachelor’s degree in Chemistry, Biology, Biochemistry, Environmental or Health Sciences, Medical Technology, Chemical or Environmental Engineering, or related field AND two years of* ***Post-Baccalaureate*** *experience in an operating chemical laboratory* |
|  ***Experience:***  *Months* | *Years*  |  *Months*  |
|  ***Select Safety Training Completed:***[ ]  *Certificate of Fitness C-14 Fire Safety* [ ]  *OSHA Lab Safety Standards* [ ]  *Hazardous Waste Management*  |
|  **Confirmation:** |
| [ ]  *I affirm that the above information is true and correct to the best of my knowledge*  |
|  ***Applicant’s Name - Print (above) Signature Date*** |
|  ***Supervisor’s Name - Print (above) Signature Date*** |

