



ST. LAWRENCE COUNTY OFFICE OF EMERGENCY SERVICES
BUREAU OF FIRE - FIRE INVESTIGATION TEAM
48 Court Street; Fire Investigation Team • Canton, NY 13617 • www.stlawco.gov

Please read this application carefully and in its entirety, as failure to complete as written may result in the rejection of your application.

Thank you for your interest in joining the St. Lawrence County Office of Emergency Services Bureau of Fire – Fire Investigation Team as a Volunteer!

MINIMUM QUALIFICATIONS FOR APPLICATION

- Be an active member of a Fire Department located in St. Lawrence County and have five (5) years of firefighting experience **OR** be an active full-time or part-time law enforcement officer
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- Be willing to attend, within two (2) years of appointment, the appropriate Fire Investigator training and subsequently pass the National Certification exam. For more information regarding this requirement, visit <https://www.dhSES.ny.gov/new-york-state-certifications>

CHECKLIST AND INSTRUCTIONS:

- Attach a resume.
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- (FIRE APPLICANTS ONLY)** Attach your DHSES fire training transcript. Transcripts can be found at <https://lmsportal-dhSES.ny.gov/>. If you need assistance attaining your transcript, contact the Emergency Services Office at 315-379-2240
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- Submit the completed application and requested documentation in person to:
49 ½ Court Street; Emergency Services
Canton, NY 13617
OR
By Email: mdenner@stlawco.gov

Following the receipt of this application, you shall receive correspondence by email or phone within **thirty business days** regarding your application. In the event that there is no communication within this timeframe, please contact the St. Lawrence County Office of Emergency Services at (315) 379-2240



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SECTION ONE: DEMOGRAPHICS			
Full Name:		Date of Birth:	
Address:			
City/Town:	State:	Zip:	Phone:
Email:			
Have you ever been convicted of a crime (Felony or Misdemeanor)? () YES () NO <i>**If yes, explain**</i>			
Are you, or have you ever been, a New York State Fire Investigator? () YES () NO <i>**If yes, explain**</i>			

SECTION TWO: AGENCY INFORMATION	
Agency Name:	Agency Type (Law or Fire):
Agency Leader and Title:	
Agency Leader Phone:	Agency Leader Email:
I, as an official representative of the agency listed above, affirm that the applicant named in SECTION ONE of this form is a member/employee in good standing of the listed agency, and I endorse their application to the St. Lawrence County Office of Emergency Services Bureau of Fire - Fire Investigation Team (SLC-FIT). I also understand that a representative from SLC-FIT may contact me for additional information regarding the applicant.	
_____	_____
Agency Leader's Signature	Date

SECTION THREE: CHARACTER REFERENCE	
Please note that this reference will be considered part of the application for the St. Lawrence County Emergency Services Bureau of Fire – Fire Investigation Team (SLC-FIT) application only, and shall be considered confidential when received. Most reference requests are sent via email unless otherwise specified.	
Reference Name:	
Reference Phone:	Reference Email:
Relationship to Reference:	Years known:

