

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			
[]	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.			
[]	(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			
	Submit the completed application and requested documentation in person to: 49 ½ Court Street; Emergency Services			

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

By Email: mdenner@stlawco.gov



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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 **If yes, explain**					
Are you, or have you ever been, a New York State Fire Investigator? () YES () NO **If yes, explain**					
SECTION TWO: AGENCY INFORMATION					
Agency Name:	WO: AGE	INCTINFORM/	ATION Agency Type (Law or Fire):		
Agency Name.		Agency Type (Law of File).			
Agency Leader and Title:					
Agency Leader Phone:	Agency Leade	r 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 Sign	nature		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:			



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SECTION FOUR: ADDITIONAL INFOR	MATION			
In a few sentences, please explain why you wish to join the St. Emergency Services Bureau of Fire – Fire Investigation Team:				
SECTION FIVE: ATTESTATION				
I,, understand that I am applying for the St. Lawrence County Emergency Services Bureau of Fire – Fire Investigation Team (SLC-FIT) and that all the information provided is truthful and accurate. I have read and understand this application in its entirety, and understand that this application must be reviewed and approved by St. Lawrence County Office of Emergency Services staff, and that any agency affiliations I list may be contacted for a character reference. I understand that the reference listed in SECTION THREE will be contacted for a character reference, and such character reference will be considered confidential. I understand that failure to meet the guidelines as stated in this section may result in removal of consideration.				
Applicant Signature	Date			
SECTION SIX: EMERGENCY SERVICES STAFF USE ONLY				
I,, have reviewed this application, have reviewed this application.	n in its entirety, and hereby			
Staff Signature & Title	 Date			