



Complete all questions, print the form. Sign and date. Mail the completed form to:

Onondaga County Fire Investigation Unit
Department of Emergency Management
421 Montgomery Street, sub-level
Syracuse, NY 13202

APPLICANT INFORMATION

NAME First Middle Last Date of Birth
Permanent Address Street Address (ONLY) City/Town/Village County State NY Zip
Contact Telephone Numbers Primary Residential Employment Cell Phone Pager/Other NYS FD Training Number
Emergency Contact Name Relationship Telephone Number
Fire Department Email Address

Fire Investigation Training

Table with 3 columns: Training Topic, Instructor (s), Date Completed. Rows include FIRE BEHAVIOR & ARSON AWARENESS, CAUSE & ORIGIN, FIRE/ARSON INVESTIGATION (80 HR; NYS FIRE ACADEMY), FIRE/ARSON INVESTIGATION (National Fire Academy), FIRE/ARSON INVESTIGATION (Onondaga Community College), and two OTHER rows.

Other practical skills/experience relevant to fire investigation

Large empty rectangular box for additional information.

Availability

Day time Yes No Availability Limitations
Evening Yes No Availability Limitations



Motor Vehicle Information*

Current Valid License	Yes <input type="checkbox"/>	No <input type="checkbox"/>	State <input type="text"/>	Class <input type="text"/>	Expiration <input type="text"/>	Restrictions <input type="text"/>
Own a vehicle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>	VIN/Plate # <input type="text"/>
Additional vehicle(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year <input type="text"/>	Make <input type="text"/>	Model <input type="text"/>	VIN/Plate # <input type="text"/>

Traffic Violations* Date & description of most recent moving vehicle violation within the past five years.

Date & circumstances of most recent traffic accident . This can include driver, pedestrian, passenger, bicycle. Include disposition of any tickets issued or charges levied against you.

Prior Addresses* Please list all former residences for the last ten (10) years.

Start Date <input type="text"/>	Address <input type="text"/>
End Date <input type="text"/>	<input type="text"/>
Start Date <input type="text"/>	Address <input type="text"/>
End Date <input type="text"/>	<input type="text"/>

Start Date <input type="text"/>	Address <input type="text"/>
End Date <input type="text"/>	<input type="text"/>
Start Date <input type="text"/>	Address <input type="text"/>
End Date <input type="text"/>	<input type="text"/>

Criminal Background *

YES NO Explain

Have you been convicted of any offense, in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Have you used or possessed any illegal drugs? (An affirmative answer will not necessarily exclude you from further consideration.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Have you been involved in any lawsuits? Criminal or civil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are you involved in any pending judicial proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Have you been fingerprinted? If yes, state purpose, requesting agency and date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

* Include a separate page if additional explanation is appropriate. Contingent upon acceptance as a FIU Apprentice, all candidates must submit to a criminal history records check by the Onondaga County Sheriff's Office.



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APPRENTICE ACKNOWLEDGEMENT STATEMENT

I understand permission for fire investigation practical field training must be granted by an on-scene fire investigator prior to responding to an incident. As an apprentice, I will follow all operational rules and guidelines of the Onondaga County Fire Investigation Unit.

I further understand that I am only authorized to participate in the Fire Investigation Unit Apprentice program as certified and ordered by and the Chief of my home fire department.

Applicant Signature

Date



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FIRE DEPARTMENT AUTHORIZATION LETTER

Firefighter, _____, a bona fide member of the _____
Fire Department as prescribed by the laws of the State of New York, is hereby
authorized and ordered to accompany County fire investigators to determine cause
and origin. This is for the purpose of receiving practical field training in fire
investigation.

This fire investigation training will be for the benefit of the _____
Fire Department. In addition, this field training will offer assistance to the County Fire
Investigation Unit.

I understand that under the Volunteer Firemen's Benefit Law (VFBL) coverage will be
granted and provided by the _____ Fire Department as outlined
under the provisions of Section 5, Sub-section 1, Sub-division 1 of the VFBL.

CHIEF,

Fire Department

Date