

Cortland County
FIRE INVESTIGATION TEAM

54 Greenbush Street
Cortland, NY 13045

(607) 753-5064

APPLICATION FOR MEMBERSHIP

Full Member _____ Apprentice Member _____

Date ____/____/____

Name _____

Address _____

Date of Birth _____ Social Security Number ____-____-____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Employer _____

Employer Address _____

Employer Phone () _____ - _____ How Long Employed _____

Name of Supervisor _____

May We Contact Supervisor? Yes No

Letter of Recommendation from Chief: Yes No

Education:

High School _____ Year Graduated _____

College _____ Year Graduated _____

Fire Service Experience:

Name of Department _____

Date Joined _____

Current Rank _____ Rank/Offices Held _____

Fire Investigation Courses Completed _____

Other Fire Training: _____

Why Do You Want to be a Fire Investigator? _____

What is Your Availability to Respond to Calls?

| | Days | Nights | Weekends |
|---|--------------------------------|--------|----------|
| Will Your Employer Release You From Work? | Yes | No | |
| Do You Have a Valid Operator's License? | Yes | No | |
| License Number _____ | Expiration Date ____/____/____ | | |

Please provide the names of three references. One must be a Chief Officer of your fire department.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Have you ever been charged, found guilty of, or convicted of any crime other than a motor vehicle violation?

Yes

No

If Yes, please explain: _____

What special skill or field of knowledge do you have that may benefit the Fire Investigation Team?

Signature of Applicant

Date

Status of Application: Approved _____ Not Approved _____ Date _____