

**NIAGARA COUNTY FIRE INVESTIGATION TEAM
REQUIRED DOCUMENTATION FOR BACKGROUND CHECKS**

full signed application

email address

Either:

copy of Fire Behavior & Arson Awareness AND Principles of Fire Investigation certificates

Or:

copy of Introduction to Fire Investigation certificate

notarized Erie County Release

copy of birth certificate

copy of driver license (front only)

copy of high school diploma or GED

copy of Selective Service record IF applicable

Please submit all data to Karen Thompson at the Niagara County Fire Coordinator's Office.

Karen M. Thompson
Confidential Secretary
Niagara County Fire Coordinator's Office
5574 Niagara St. Ext.
P.O. Box 496
Lockport, NY 14095-0496
p: 716-438-3171
f: 716-438-3173
e: karen.thompson@niagaracounty.com
website: www.niagaracounty.com/fire

NIAGARA COUNTY ORIGIN AND CAUSE TEAM

The following will be prerequisite for selection on County Origin and Cause Team:

1. Fire Behavior and Arson Awareness and Principles of Fire Investigation **OR** Introduction to Fire Investigation
2. Will also have to demonstrate and be tested for proficiency.
3. Enclosed is an application and release form authorizing us to do a records check.

APPLICATION FOR NIAGARA COUNTY ORIGIN & CAUSE TEAM

NAME: _____

DOB: _____

ADDRESS: _____

PHONE NUMBERS (H) _____ (W) _____ (C) _____

SOCIAL SECURITY # or NYS STUDENT NUMBER _____

FIRE SERVICE EXPERIENCE

REPRESENTING: FIRE COMPANY/OTHER _____

AUTHORIZED BY: FIRE COMPANY CHIEF/OTHER _____

(Signature)

TRAINING (VERIFY) _____

**COUNTY OF NIAGARA
FIRE INVESTIGATION UNIT**

**FIRE COORDINATOR'S OFFICE
5574 Niagara Street Extension
P.O. BOX 496
Lockport, New York 14095-0496**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, DO HEREBY AUTHORIZE A REVIEW OF, AND FULL DISCLOSURE OF, ALL RECORDS CONCERNING MYSELF TO FIRE INVESTIGATIVE UNIT, WHETHER THE RECORDS ARE OF PUBLIC, PRIVATE, OR CONFIDENTIAL NATURE.

THE INTENT OF THIS AUTHORIZATION IS TO GIVE MY CONSENT FOR FULL DISCLOSURE OF ANY CRIMINAL HISTORY RECORDS CONTAINED AT THE NIAGARA COUNTY SHERIFF'S DEPARTMENT. I UNDERSTAND THAT ANY INFORMATION OBTAINED BY A PERSONAL HISTORY BACKGROUND INVESTIGATION WHICH IS DEVELOPED DIRECTLY OR INDIRECTLY, IN WHOLE OR IN PART, UPON THIS AUTHORIZATION FOR RELEASE WILL BE CONSIDERED IN DETERMINING MY SUITABILITY FOR APPOINTMENT TO THE NIAGARA COUNTY ORIGIN AND CAUSE TEAM.

I AGREE TO INDEMNIFY AND SAVE HARMLESS THIS AGENCY, AND ANY OTHER CRIMINAL JUSTICE AGENCY, AS DEFINED BY THE CODE OF FEDERAL REGULATIONS, TITLE 28, CHAPTER I, PART 20, THE ELECTRONIC DATA PROCESSING AGENCIES WITH WHOM THIS AGENCY OR ANY OF THE ABOVE AGENCIES WHO HAVE CONTRACTS TO PROCESS CRIMINAL HISTORY RECORD INFORMATION, AND THE EMPLOYEES OF ANY OF THE ABOVE ENTITIES (1) FROM AND AGAINST ANY AND ALL CAUSES OF ACTION, DEMANDS, SUITS, AND OTHER PROCEEDINGS OF WHATSOEVER NATURE; (2) AGAINST ALL LIABILITY TO OTHERS, INCLUDING ANY LIABILITIES OR DAMAGES BY REASON OF, OR ARISING OUT OF ANY ARREST, OR IMPRISONMENT OR ANY CAUSE OF ACTION WHATSOEVER, AND (3) AGAINST ANY LOSS, COST, EXPENSE AND DAMAGE RESULTING THEREFROM ARISING OUT OF OR INVOLVING ANY NEGLIGENCE ON THE PART OF THE RECIPIENT IN THE EXERCISE OR ENJOYMENT OF THIS AUTHORIZATION.

A PHOTOCOPY OF THIS RELEASE IS CONSIDERED A VALID COPY OF THE ORIGINAL, EVEN THOUGH THE PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION."

DATE: _____

WITNESS: _____

SIGNED: _____

DATE OF BIRTH: _____



**NIAGARA COUNTY
FIRE COORDINATOR &
EMERGENCY SERVICES OFFICE**
5574 Niagara Street Ext.
P.O. Box 496
Lockport, New York 14095-0496

Jonathan Schultz
*Fire Coordinator and Director of
Emergency Services*
e-mail:
jonathan.schultz@niagaracounty.com
(716) 438-3171
(716) 438-3173 Fax
www.niagaracounty.com/fire

NIAGARA COUNTY FIRE INVESTIGATIONS UNIT WAIVER AND AGREEMENT

I, the undersigned, hereby enter into the following agreement with the Niagara County Fire Investigations Unit:

1. I understand that service in the Unit is strictly on a volunteer basis without expectation of financial remuneration.
2. I understand that service in the Unit shall not interfere and/or conflict with any other employment.
3. I acknowledge and agree that insurance coverage for my duties in the Niagara County Fire Investigations Unit shall be underwritten by the fire department of which I am a member.
4. I agree to make myself reasonably available to the Niagara County Fire Investigations Unit for investigative assignments and required training.
5. I agree to complete and file all required reports and related documents in a timely manner.
6. I understand that this waiver/agreement must be filed annually with the Niagara County Fire Investigations Unit.

Applicant Signed _____ Date: _____

Chief Signed _____ Date: _____



**ERIE COUNTY CENTRAL POLICE SERVICES
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I understand that the Erie County Department of Central Police Services is an Administrative Criminal Justice Agency providing support services to all county law enforcement, prosecutorial, judicial and other Criminal Justice Agencies.

This authorization is to give my consent for full and complete disclosure of any and all CRIMINAL HISTORY RECORD INFORMATION or related information that involved a Criminal Justice Agency, stored and/or maintained in the Erie County Department of Central Police Services Arrest/Booking History Subsystem or other Central Police Services Subsystems, the Federal Bureau of Investigation Criminal Record Repository and if necessary, the New York State Division of Criminal Justice Services Criminal Record Repository.

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, whether said records are of a public, private or confidential nature, with the understanding that the information received will directly affect my possible employment with _____.

I agree to indemnify and save harmless this Agency and any other Criminal Justice agency as defined by the Code of Federal Regulations, Title 28, Chapter 1, Part 20, the electronic data processing agencies with whom this agency or any of the above agencies have contracts to process Criminal History Record Information, and the employees of any of the above entities (1) from and against any and all causes of action, demands, suits, and other proceedings of whatsoever nature; (2) against all liability to others including any liability or damage by reason of or arising out of any arrest, or imprisonment, or any cause of action whatsoever, and (3) against any loss, cost, expense and damage resulting there-from, arising out of or involving any negligence on the part of Recipient in the exercise or enjoyment of this authorization.

A PHOTOCOPY OF THIS RELEASE IS CONSIDERED A VALID COPY OF THE ORIGINAL EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I have read and fully understand the contents of the ***“Authorization for Release of Personal Information”***.

Date of Birth: _____ Social Security Number: _____

Include other names known by-if any (ie. Maiden Name, Nickname):

Current Address: _____ Sex: _____

City: _____ State: _____ Race: _____

Previous Address (es) –Include addresses for the past five years:

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Signature of Applicant

ACKNOWLEDGEMENT TO BE COMPLETED BY A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

State of: New York County of: _____ On
this _____ day of _____, _____, before me personally appeared
_____ to me known to be the same person described in and who executed the
foregoing instrument and he duly acknowledged to me that he executed the same.