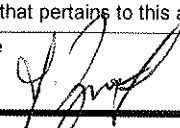



## FIRE INVESTIGATION TRAINING APPLICATION

**Authority:** 1935 PA 59; **Compliance:** Voluntary.

Please refer to the Fire Investigation Training Criteria on the previous pages for eligibility determination, application guidelines, selection criteria, and equivalency information. Course schedules, descriptions, criteria, and additional information may be obtained by emailing the Fire Investigation Training Unit at [MSP-Training@michigan.gov](mailto:MSP-Training@michigan.gov).

<b>I. Applicant Information: Type or neatly print answers to all fields.</b>					
Social Security Number, Last Four Digits [REDACTED]		Last Name Zernick		First Name and Job Title/Rank Jordan, Fire Inspector	
Middle Initial C		Date of Birth [REDACTED]		Sex [REDACTED]	
Driver's License Number [REDACTED]		Applicant Email Address & Cell Phone Number jzernick@hamburg.mi.us [REDACTED]			
Agency Name Hamburg Township Fire Department		Agency Street Address 10100 Veterans Memorial Dr. PO Box 157		City Hamburg	
State MI		ZIP Code 48139		County Livingston	
Work Telephone Number 810.222.1100		Employment Status <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Paid <input type="checkbox"/> Volunteer			
Number of Years in Fire/Police Service 7		Number of Years in Present Position 2	FDID - Fire ID (Fire Service) 4703	MCOLES Number (Law Enforcement)	ORI Number (Law Enforcement)
<b>II. Fire Investigation School: Describe the Fire Investigation School you are applying for admission to.</b>					
Name of School Fire Investigation I			Dates of School October 17th-28th, 2016		
<b>III. Agency Information: Describe the agency you represent.</b>					
Agency Head/Designee Title/Rank Fire Chief		Agency Head/Designee First Name Mark		Agency Head/Designee Last Name Hogrebe	
Agency Head/Designee Email Address mhogrebe@hamburg.mi.us			Type of Agency <input type="checkbox"/> Police <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Public Safety <input type="checkbox"/> Other		
Number of Fires Agency Responded to in Prior Calendar Year 36		Number of Agency Arson-Related Arrests for Prior Calendar Year 0		If Fire Department Applicant, Number of Arson Fires Agency Turned Over to Law Enforcement in Prior Calendar Year, 0	
Total Active Fire Investigators in Agency 1		Has applicant completed hazmat awareness training? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is fire investigation applicant's primary responsibility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Applicant's Time Spent on Fire Investigation %
Total Number of Fires Applicant has Investigated 40		Number of Fires Applicant Investigated in Prior Calendar Year 20		Fire Department Applicant - Is your department in compliance with NFIRS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IV. Team Information: Describe the team you are a member of.</b>					
Is applicant a member of an arson task force or fire investigation team? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Name of Team	
<b>V. Applicant Criteria</b>					
Is applicant age 18 or older? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Does applicant possess a high school diploma or GED equivalent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Can applicant read, speak, and understand English? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Has applicant ever been arrested for a crime that could have resulted in jail time? If yes, do not provide details. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>VI. Authorization and Certification: The applicant and agency head or designee must sign below.</b>					
<b>Applicant Certification:</b> I certify that the information provided is true and accurate to the best of my knowledge. I authorize the release of all criminal history information that pertains to this application.					
Applicant Signature 				Date 3-3-14	
<b>Agency Certification:</b> I have reviewed this application and attest the information to be true and accurate. I also certify that the applicant will be utilized as a fire investigator upon completion of this school.					
Agency Head/Designee Signature 				Date 3-5-16	



# HAMBURG TOWNSHIP FIRE DEPARTMENT

## *FIRE PREVENTION BUREAU*

*FIRE INSPECTOR JORDAN ZERNICK*

*10100 VETERANS MEMORIAL DR.  
HAMBURG, MI 48139 PO BOX 157  
810.222.1100  
JZERNICK@HAMBURG.MI.US*

**To:** Whom It May Concern

**From:** Fire Inspector, Jordan Zernick

**Subject:** Letter of Interest

**Date:** July 12<sup>th</sup>, 2016

This letter is in interest for the 2016 Fall Fire Investigation 1 Course. I am currently the Fire Inspector for the Hamburg Township Fire Department. I have been with the organization for 8 years as inspector for 2. I have grown very fond of fire investigation and scene reconstruction and would like to take this opportunity to further my knowledge base by obtaining this certification.

This certification is also a requirement for my current position. In Livingston County fire investigations fall on the local municipality unless other agencies are requested. With this being said it is important that I complete this course.

If you require any additional information I would gladly supply it at any time. Please contact me with any questions.

Respectfully,

Jordan Zernick  
Hamburg Township Fire Dept.  
Captain/Fire Inspector