



Macomb County Clerk Civil Service Commission

Anthony G. Forlini
Macomb County Clerk
Register of Deeds

Commissioners
Robert Stanley, Chairman
Patrick Maceroni, Vice Chair
Charles Missig, Commissioner

-- Our Vision --
One Team, Great Service

CORRECTIONS DEPUTY / DISPATCH APPLICATION

QUALIFICATIONS

United States citizenship • at least 18 years of age • possess a high school diploma or GED from an accredited school. • Driver's License

TESTING

FOR CORRECTIONS DEPUTY: Completion of the Corrections Deputy **EMPCO** written with a passing score of 70% or more, and the **LCOPAT** physical is needed before applying.

FOR DISPATCHER: Passing score for Critical test (minimum of 30 wpm for typing and minimum of 70% for remainder of test). Tests are scheduled when the application is turned in.

If you are selected for hire, you will be required to complete a physical, a drug screen, and a psychological evaluation.

INSTRUCTIONS

Download the application to your computer and open it in Acrobat Reader (Download [Acrobat Reader](#)). Read and answer every question completely and accurately—mark all fields and enter "N/A" if something doesn't apply. Use the Tab key to move between fields. If you are completing the application by hand, **print clearly in black ink**. Use the checklist to gather the required documents needed for the position.

Provide truthful information; false statements or any attempt at deception may disqualify you. Complete the form clearly in black ink or by typing. If you need more space, attach additional sheets of the same size and label them to match the question numbers.

SIGNING

If using a computer, click on the pen looking tool in Acrobat reader and create a signature. Place it on the signature line. Or print the application and sign where stated.

SUBMISSION

You can submit your application and required documents in person or by email. To submit in person, go to 120 N. Main Street, Mt. Clemens 48043 between the hours of 8:30-4:00 pm. To submit by email, scan your documents and attached the application and documents to your email. Send it to civilservice@macombgov.org.

*****IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE WRITTEN UPDATED INFORMATION TO THE CIVIL SERVICE SECRETARY AS TO CONTACT INFORMATION, EDUCATION, EMPLOYMENT, REFERENCES, ETC., DURING THE TWO-YEAR PERIOD THAT THE APPLICANT REMAINS ON THE ELGIBILITY LIST. FAILURE TO MAINTAIN UPDATED CONTACT INFORMATION COULD RESULT IN YOUR FAILURE TO BE CONSIDERED FOR EMPLOYMENT*****

*****THE CIVIL SERVICE COMMISSION RESERVES THE RIGHT UNDER P.A. 298 TO REQUIRE ADDITIONAL WRITTEN, ORAL AND/OR PHYSICAL TESTING*****

EDUCATION AND TRAINING

10. List all schools, colleges, and business schools in the order attended, excluding elementary and middle school:

DID YOU GRADUATE		NAME OF SCHOOL	DAY OR EVENING	ADDRESS	LAST GRADE OR TERM ATTENDED
YES	NO				

11. Did you graduate and receive a High School Diploma? Yes No GPA: _____
 If no, do you have a High School Equivalent Certificate? Yes No
 If yes, who issued the certificate? _____ Date Issued _____

12. If you attended college, what was your major _____ minor _____
 What Degree, if any, was conferred? _____

13. Were you ever dismissed from a school or college, or was any other disciplinary action, including scholastic probation, ever taken against you? Yes No If yes, indicate below:

_____ (School or College) _____ (Date) _____ (Type of Action)

_____ (School or College) _____ (Date) _____ (Type of Action)

14. Have you had any training in law enforcement? Yes No
 If yes, give details: _____

15. List any foreign languages you speak. _____
 Read? _____
 Write? _____

PERSONAL HISTORY AND RESIDENCY DATA

16. List all prior home addresses within the last 3 years, excluding your present address, beginning with the most recent:

<u>MONTH AND YEAR</u>		<u>ADDRESS</u>		
(From)	(To)	(Street)	(City)	(State)

TRAFFIC AND CRIMINAL OFFENSE HISTORY DATE

17. Indicate below every traffic ticket received in this State, or elsewhere within the last three years, excluding parking violations:

(Date)	(Offense)	(Police Agency)	(Court Disposition or Fine)
(Date)	(Offense)	(Police Agency)	(Court Disposition or Fine)
(Date)	(Offense)	(Police Agency)	(Court Disposition or Fine)
(Date)	(Offense)	(Police Agency)	(Court Disposition or Fine)

18. Has your driver's license ever been suspended or revoked? Yes No

If yes, explain in detail:

19. Have you ever been arrested, detained, or taken into custody by a Federal, State or Local Law Enforcement Agency in the United States of America or any other foreign land as a juvenile, or as an adult for any criminal charges or civil law-related offense? Yes No

If yes, explain, listing date(s), Agency(s) involved, charge, disposition, sentence:

20. Have you ever been, or think you may have been, investigated by a Federal, State, or Local Law Enforcement Agency in the United States of America or any other foreign land? Yes No

If yes, explain, listing date(s), Agency(s) involved, circumstances:

21. Have you ever been convicted of, pled guilty to, or pled NOLO Contendere to any criminal charge in any court in any county? Yes No

If yes, explain, listing date(s), Agency(s) involved, circumstances:

22. Candidates: Expunged criminal records are subject to scrutiny consistent with Michigan Act No. 11 Public Acts of 1988; therefore, you are required to make known any criminal record you have that has been expunged or legally sealed. You must report your expunged or legally sealed charge(s) or record, even if an attorney has told you otherwise.

23. Has any Federal, State or Local Court in the United States of America or any County ever placed you on probation for any criminal matter? Yes No

If yes, explain in detail, listing court location, charge, and disposition:

24. Have police or any other law enforcement agency ever questioned you, anywhere, anytime? Yes No

If yes, please explain in detail:

EMPLOYMENT

25. What is your present occupation? _____

26. If you are currently a law enforcement officer, who can be contacted at your agency to obtain your personnel file?

(Agency) (Name/Rank) (Telephone Number) (E-mail)

27. Are you now involved in any business as an owner or partner (active or silent)? Yes No

If yes, give details:

28. Have you ever applied for employment with the Macomb County Sheriff's Office, or any other police or fire department, or other government agency? Yes No

If yes, give details, position(s) sought, dates and agencies:

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29. Have you ever been an unsuccessful candidate for a law enforcement position because of failure to pass a background check? Yes No

If yes, explain in detail:

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30. List below your complete work history for the past 10 years, **STARTING WITH YOUR PRESENT POSITION AND WORKING BACKWARD**, to your first employment. List any period of unemployment. All your time must be accounted for. Include all part-time employment. Attach another sheet if you have additional work history. Contact information must be completed.

EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
			MO / YR
BEGINNING SALARY:	ENDING SALARY		FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			

EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
			MO / YR
BEGINNING SALARY:	ENDING SALARY		FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			

EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
			MO / YR
BEGINNING SALARY:	ENDING SALARY		FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			

EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
		MO / YR	MO / YR
BEGINNING SALARY:		ENDING SALARY	FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			
EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
		MO / YR	MO / YR
BEGINNING SALARY:		ENDING SALARY	FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			
EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
		MO / YR	MO / YR
BEGINNING SALARY:		ENDING SALARY	FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			
EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
		MO / YR	MO / YR
BEGINNING SALARY:		ENDING SALARY	FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			
EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
		MO / YR	MO / YR
BEGINNING SALARY:		ENDING SALARY	FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			
EMPLOYER'S NAME:		PHONE #:	
ADDRESS:			
		MO / YR	MO / YR
BEGINNING SALARY:		ENDING SALARY	FROM/TO:
TYPE OF WORK:			
REASON FOR LEAVING:			

31. Were you ever discharged or asked to resign from any employment? Yes No

If yes, give details of discharges or forced resignation below:

EMPLOYER	EMPLOYER'S ADDRESS	DATE	REASON DISCHARGED

32. Were you ever subjected to disciplinary action in connection with any employment: Yes No

If yes, explain in detail:

SELECTIVE SERVICE DATA

33. Are you registered with the Selective Service (**Required for Males born after 1960**)? Yes No

Selective Service Number _____

(REQUIRED) Call 888 655-1825 or go online at <http://www.sss.gov> to obtain your number)

MILITARY SERVICE

34. Have you ever served on active duty in the Armed Services of the United States? Yes No

If yes, attach a copy of Discharge (DD214). **MUST BE HONORABLE DISCHARGE OR GENERAL UNDER HONORABLE DISCHARGE.**

35. Are you now or have you ever been a member of any reserve or National Guard Organization? Yes No

If yes, give details: _____

36. Are you required to attend military meetings? Yes No

If yes, check one: Weekly Semi-monthly Monthly Annual

If annual, how long of a period? _____

37. What is the terminal date of your reserve obligation? _____
(Month) (Day) (Year)

38. If you were enrolled in specialist schools while in the Armed Forces, specify the military school, length of time attended, and type of study: _____

39. Have you ever served in a military organization of any foreign government? Yes No

If yes, give details: _____

40. List all commendations and citations awarded you as a member of the Armed Forces:

41. Were you ever court martialed, tried on charges or were you the subject of a summary court, deck court, captain's mast, company punishment or any other disciplinary action? Yes No

If yes, explain in detail, including reason, type of disciplinary action date, charge disposition:

MISCELLANEOUS

42. Can you type? Yes No If yes, give words per minute: _____

43. Can you operate other office machines? Yes No

If yes, list the type of machines: _____

44. Do you have any class of radio operator's license? Yes No

If yes, what class? _____

45. Do you currently use illicit drugs including marijuana? Yes No

If yes, give details: _____

46. Do you have any social media accounts? Yes No

If yes, list your username under the platform below:

FACEBOOK	INSTAGRAM	X	TIKTOK
SNAPCHAT	YOUTUBE	TUMBLR	OTHER: _____

47. How did you learn about the job opening?

- Family Friend Recruiter
 Social Media Website Billboard
 Other _____

REFERENCES

List three (3) references that are not related to you and have known you for more than five years.

NAME	PHONE NUMBER	RELATIONSHIP

APPLICANT'S STATEMENT

I do affirm that the information contained herein is true to the best of my knowledge, and I have read the foregoing job requirements on the cover letter and certify that I possess the minimum qualifications as outlined for the job(s) for which I have applied.

PRE-EMPLOYMENT INVESTIGATION

I hereby authorize the County of Macomb to make such investigation and inquiries of the personal, previous employment, financial history and other related matters they deem necessary for consideration of my application of employment.

RELEASE OF PRIOR PERSONNEL RECORDS

I hereby release employers, schools or people from all liability in responding to inquiries regarding my application.

MEDICAL AND PSYCHOLOGICAL EXAMINATION

I understand if selected for employment, it is contingent upon my ability to perform the essential functions of the position which I have been offered as determined by a medical examination and a psychological evaluation. Medical exams will include a drug screen. This will be scheduled if selected for employment.

FINGERPRINTING

I hereby consent to be fingerprinted and authorize the results of any search of fingerprint records to be released to the Employer.

PROBATIONARY PERIOD

I understand that all appointees must successfully complete a probationary period.

PROVIDING FALSE OR MISLEADING INFORMATION

In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

DISABILITY ACCOMMODATION REQUEST

I understand that Michigan and/or federal law require employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the Employer. I further understand that disabled employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the Employer failed to accommodate the individual with a disability.

PERSONAL APPEARANCE POLICY

In the event of employment, I acknowledge that I am required to comply with the Macomb County Sheriff's Office Grooming Policy. This policy establishes professional appearance standards for all employees and helps to ensure officer safety and a positive public image for the Sheriff's Office. I have reviewed the policy found here in its entirety and understand my responsibilities in upholding its guidelines.

Date

Signature of Applicant

(By signing electronically, you agree to the terms stated herein)



ANTHONY WICKERSHAM
SHERIFF

Elizabeth J. Darga
Undersheriff

Jason G. Abro
Commander

WAIVER

Complete the form below.

TO WHOM IT MAY CONCERN:

I hereby authorize the release of confidential information to any member of the Macomb County Sheriff's Office to be used in conjunction with my application for employment with the Macomb County Sheriff's Office. This will serve to waive any, and all rights that I might have under the 1974 Privacy Act, 5 USC 552 A and any claim I might have had under Michigan law on the basis of invasion of privacy. A copy of this document may be relied upon as if it were an original.

PRINT NAME:	
ADDRESS:	
PHONE NUMBER: (INCLUDE AREA CODE)	
SIGNATURE:	
DATE SIGNED:	

Must sign in front of a witness, or a clerk.
(If signing electronically, you agree to the terms above)

Witness Signature: _____

Witness (Print name): _____
Date

Michigan Commission on Law Enforcement Standards

927 Centennial Way, PO Box 30633, Lansing, MI 48909
517-636-7864

WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

Sections A & B to be completed by all applicants (non-licensed, currently licensed, or previously licensed law enforcement officers)

Section A - Type or print only: (To be completed by the applicant of a hiring law enforcement agency, law enforcement academy or RPTE program)

Last Name:	First Name:	Middle Name:	Suffix (Jr, Sr, III):	
Social Security No.*:	Date of Birth:	Phone No.:	Gender [†] :	Race [‡] :
Residence Address (Street, City, State, Zip):			Highest Degree:	
Driver's License No.:	Issuing State:	E-Mail:		

Section B – Authorization for release of information:

I hereby authorize any individual, agency or organization to furnish to the Michigan Commission on Law Enforcement Standards, the **MACOMB COUNTY SHERIFF'S OFFICE**¹, their representatives and/or agents (including, but not limited to, academies or contractors) any and all information pertaining to my background and ability to comply with the standards for selection, employment, training and licensing as a law enforcement officer. Such information includes, but is not necessarily limited to: employment, criminal, academic, military, and personal histories; academic, attendance, and driving records; and medical records (includes medical/psychological, including diagnosis and prognosis, if any).

I hereby authorize any individual, agency or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards and the **MACOMB COUNTY SHERIFF'S OFFICE**¹.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency or organization for the legitimate purposes of fulfilling the Commission's statutory and administrative objectives.

I hereby release any individual, agency or organization, including its officers, employees and related personnel, both individually and collectively, from any, and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization shall continue in effect until revoked by me in writing. A photo static copy of this Authorization shall have the same force as the original.

Applicant's Signature:	Today's Date:
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*****Section C to be completed by current or previously licensed law enforcement officers only*****

Section C – Former Michigan employing law enforcement agency authorization:

I hereby authorize any and all of my former employing Michigan law enforcement agencies to provide the **MACOMB COUNTY SHERIFF'S OFFICE**¹, with a copy of the record regarding the reason or reasons for, and circumstances surrounding, my separation of service created by any former employing law enforcement agency or agencies. ***(Under 2017 PA 128, MCL§28.561, et seq. a hiring law enforcement agency shall not hire a law enforcement officer unless the hiring law enforcement agency receives the record regarding the reason or reasons for, and circumstances surrounding, a separation of service from each prior employing law enforcement agency.)***

Applicant's Signature:	Today's Date:
AUTHORITY: 1965 PA 203, 2017 PA 128 COMPLIANCE: Voluntary PENALTY: No License Activation/Employment/Academy Enrollment	* This information is confidential. Confidential information is protected by the Federal Privacy Act.
‡ This information is for the purposes of EEO reporting only.	

Military Personnel Records Center

9700 Page Boulevard
St. Louis, MO 63132

To Whom It May Concern:

I, _____, authorize the National Personnel Records Center or other custodian of military records to release the information requested and/or photocopies from my military personnel record to:

Signature

Date

Military Serial Number

Social Security Number

RETURN TO:

Macomb County Sheriff's Office
43565 Elizabeth Rd
Mt. Clemens, MI 48043

(Completed by the detective)

ATTENTION: _____
(Print)

EMAIL: _____

FAX NUMBER: _____

Clerk's Initials: _____

Date Received: _____

CORRECTIONS DEPUTY / DISPATCHER APPLICATION CHECKLIST

- Application:** Complete legibly with black ink, or type, sign and date the last page.
- (#33) Selective Service Number: (REQUIRED ONLY IF MALE AND BORN AFTER 1960).** Call (888) 655-1825 or go online at <http://www.sss.gov> to obtain your number.
- Letter of Interest (REQUIRED):** Include position desired & relevant qualifications.
- Resume (optional)**
- (#11-REQUIRED) High School Transcript or G.E.D. Certificate:** Provide a legible copy of the **OFFICIAL** transcript & must show graduation date. **(Diploma is not acceptable.)**
- College Transcripts (REQUIRED ONLY if you have a degree)** of highest level of degree completed from an accredited college as determined by the United States Department of Education (<http://www.ed.gov>). Provide a legible copy of the **official** transcript.
- (#34) Military Discharge:** Copy of DD214 with Honorable or General under Honorable discharge.
- MSCTC LCOPAT FORM – For Corrections Deputy (Mandatory – Attach form):** (Valid (1) YEAR) Visit <http://www.misctc.org/standards.html> to find dates and locations of the exam.
Date Passed: _____
- EMPCO-CORRECTIONS WRITTEN (Mandatory).** Visit (<https://www.empco.net/>) to register. **(Select Macomb County Sheriff for Agency)** (VALID FOR THREE (3) YEARS)
Date: _____ Score: _____ (Passing is 70% or more)
- LCOTS # (current Corrections Deputy): _____
(If you have taken the lcopat and empco before, your LCOTS number is sufficient)
- Copy of your Michigan driver's license** (If submitting in person, a copy can be made for you)
- Additional documents (Include copies and list below)**

Waivers: (Signature Required)

- Macomb County Sheriff Civil Service Commission
- Michigan Commission on Law Enforcement Standards (Sign if you have law enforcement experience)
- Military (Sign if you served)

Additional documents attached (certificate, degrees, etc.):

DISPATCH TEST DATE: _____



Macomb County Clerk Civil Service Commission

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One Team, Great Service

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Pre-Employment Drug Screening Policy

The County of Macomb has a vital interest in maintaining a safe, healthful, and efficient working environment for its employees and to the public it serves. Being under the influence of a drug on the job may pose serious safety and health risks not only to the user but also to all those who work with the user and members of the public. The use of illegal, or legal, drugs in the workplace may also pose unacceptable risks for safe, healthful, and efficient operations.

The County recognizes that its own health and future are dependent upon the physical and psychological health of its employees and members of the public. Accordingly, it is the right and obligation of the county to maintain pre-employment drug screening practices which are designed to prevent hiring individuals in the Sheriff's Office who use illegal drugs, or individuals whose use of legal drugs, indicate a potential for impaired or unsafe job performance.

With these objectives in mind, the Macomb County Civil Service Commission has established the following Pre-Employment Drug Screening Policy:

1. All candidates for positions as new hires in the Sheriff's Office shall be given notice if selected for hire, that he/she will have to submit to a drug screening test as part of the pre-employment physical examination and that he/she will be considered for hire only after they successfully pass the drug screening test(s).
2. The initial drug screening shall be done by analyzing a urine sample using the immunoassay technique or analyzing a hair sample. As part of the drug-screening test, the candidate shall provide information concerning all drugs or medications used within the previous thirty (30) days.
3. The urine or hair samples of candidates shall be obtained during the pre-employment physical examination and shall be sent to an independent drug-testing laboratory.
4. Refusal to submit to the drug screening shall disqualify a candidate from appointment by the Sheriff.
5. Any candidate who fails the drug screening test (immunoassay) shall be disqualified and notified by letter.
6. The Commission, Sheriff, and their staff, and all medical personnel shall keep the results of said drug screening confidential. The results of said drug screening might be released to the candidates upon submission of a formal request for it. The Commission may release the results of the testing if required by court order if the candidate should contest the results of the drug screening.