

MACE RESERVE UNIT APPLICATION

Name:				Socia	Security I	Number:
Present Address:				Driver ¹	s License	Number:
City:				State:		Zip Code:
Home Telepho	ne Number: Wor	k Teleph	one Number:		Cell Phone	Number:
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,	E-mail Address:			,	Date of	Birth:
Requirements f	or the position of MAC	E Rese	erve Officer	r:		
Minimum age 25 years						
Willing to wo	rk 40 hours per year	•	Must posse	ess a valid M	I Drivers	License
Submit to an	• •		•			
Training/Experi	ence: Please detail co	mpute	r experienc	e:		
Wages:	This is a volunteer position. There is no pay for your services.					
Participation:	All unit members are required to perform a minimum of 40 hours of service per year. Includes special events, internet safety presentations and supervised online undercover investigations.					
Yearly Training Requirements:	Applicant must attend a minimum of eight (8) meetings during a calendar year to maintain their status as a reserve.					

Membership Meetings:	Regular membership meeting attendance is required.					
Physical Requirements:	Weight must be proportionate to height. Physical condition must be adequate to perform the function of a MACE Enforcement Unit Officer. Including but not limited to: climbing stairs and walking distances up to (1) mile.					
Conduct & Bi-laws:	The Macomb County MACE Reserve Officer Program is governed by it's own by-laws and the Operations Manual of the Macomb County Sheriff's Office. You must comply with such regulations. Failure to do so will result in punitive action up to and including dismissal from the MACE Reserve Program.					
Probation:	One year probation. During this time, you are required to successfully complete all training and work assignments.					
Background Investigation:	A background investigation will be conducted with the acceptance of this application. You will be required to submit signed waivers so that references may be contacted. 1. Have you ever been arrested?					
If you answered yes to the disposition of the dispo		ve, please indicate t	he arresting/citing de	partment, the arr	est/violation charge and	
	Emp	loyment History	(Current or Previo			
Company Name:				Current	evious Position:	
	Address	:		Phone	e Number:	
	0:1		()	7:- 0 - 1	
	City:			State:	Zip Code:	
Please list your reg	jular work schedu	ile:				
Family History:	☐ Married	☐ Single	☐ Divorced	Dependents #		

Please write a short narrative about yourself and your reason for applying to this unit:					

REFERENCES:

List three personal references

	Name:	Home Phone:					
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_ ا	Address:	Cell	Pho	hone:	1		
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	City, State & Zip Code:	Wor	k P	Phone:			
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	Name:	Hon	ne P	Phone:			
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	Address:	Cell	Pho	hone:			
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	City, State & Zip Code:	Wor	k P	Phone:			
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	Name:	Hon	ne P	Phone:			
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	Address:	Cell	Pho	hone:			
3		()			
	City, State & Zip Code:	Wor	k P	Phone:			
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I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office MACE Reserve Unit Division. I authorize the MACE Officers and the Macomb County Sheriff's Office to make inquiries and to conduct a background investigation on myself. 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.							
	further certify that I can and will upon request substantiate n this application and that all statements are complete and co				f		
	also understand that any false statements or erroneous infor ay be cause for rejection of membership.	matio	n pr	provided in connection with this application	1		
A	oplicant's Signature Witn	ess Sig	nati	ature Dat	е		
Da	ate Witn	ess Na	me	e (Please Print)			

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

CAPTAIN STEVEN BRINEY C/O MACOMB COUNTY SHERIFF'S OFFICE 43565 ELIZABETH ROAD MT. CLEMENS, MI 48043