



MACOMB COUNTY SHERIFF CIVIL SERVICE COMMISSION

Commissioners

Robert Stanley, Chairman
Diane McGee, Vice-Chair

Anthony G. Forlini
Macomb County Clerk

Dear Applicant:

Thank you for your interest in employment with the Macomb County Sheriff's Office.

READ THIS LETTER FIRST

This Application Packet includes:

- Application (**Complete Legibly** and **SIGN the last page of the application**)
 - Required Documents Receipt Check List
 - Oath (Sign only in front of the Deputy Clerk)
 - Waiver (Sign only in front of the Deputy Clerk)
 - Pre-Employment Drug Screening Policy (Only needed if hired)
1. When you have filled out your application, **PRINT** the application **single-sided (no staples or folders)**.
 2. Attach **all the required documents** listed on the “**REQUIRED DOCUMENTS & QUALIFICATIONS**” check list on page 2. Your application will **NOT** be accepted, or considered active, without all required documentation.
 3. Submit your signed application in person to the Macomb County Clerk's Office at 120 N. Main Street, Mount Clemens, MI 48043 between the hours of 8:00 a.m. – 12:15 p.m. and 1:45 p.m. – 4:00 p.m., Monday-Friday. Check the website for holiday hours.

Corrections Deputy applicants have to take the LCOPAT (<http://www.misctc.org/standards.html>) and EMPCO (<https://www.empco.net/msctc/reg/>) exams prior to applying. Click on the links to register.

Dispatcher applicants will need to pass the Dispatch exam before you are put on the eligibility list. Requirements are: typing with a minimum 40 wpm and 70% pass rate for the exam.

*****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*****

Macomb County Clerk's Office

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REQUIRED DOCUMENTS & QUALIFICATIONS CHECKLIST

Date: _____ Applicant Name: _____

- Application:** Complete legibly with black ink or type; sign and date.
- (#3) Must be at least 18 years of age and a Michigan Resident: Minimum of one year**
Pursuant P.A. 1966 NO.298 51.360 SEC.10(4).
- (#6) United States Citizen**
- (#20) Selective Service Number (Mandatory):** Male applicants' only (Required ONLY if born after 1960). Call (888) 655-1825 or go online at <http://www.sss.gov> to get your number.
- Letter of Interest (Mandatory):** Include position desired & relevant qualifications.
- Resume (optional)**
- (#11) High School Transcripts or G.E.D. Certificate (Mandatory):** Provide a legible copy of the **OFFICIAL** transcript & must show graduation date. (Diploma is not acceptable.)
- College Transcripts (Mandatory if completed college)** 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.
- (#21) Military Discharge:** Copy of DD214 with Honorable or General under Honorable Discharge.

FOR CORRECTIONS DEPUTY APPLICANTS ONLY:

- MSCTC LCOPAT PAPERWORK (Mandatory):** MUST COMPLETE TEST BEFORE APPLYING.
Visit <http://www.misctc.org/standards.html> to find date and locations of the exam.

PHYSICAL ABILITIES TEST RESULTS: Date: _____
(VALID FOR ONE (1) YEAR)

EMPCO (Mandatory). MUST COMPLETE TEST BEFORE APPLYING.
Visit <https://www.empco.net/msctc/reg/> to register. (We will review your score)

CORRECTIONS DEPUTY WRITTEN TEST: Date: _____
(VALID FOR THREE (3) YEARS)

- Additional documents (attach to your packet and list below)**
- Waiver:** (Mandatory) Must be signed in front of clerk.
- Oath:** (Mandatory) Must be signed in front of clerk.

Additional documents attached (MCOLES license, Police Academy certificate, degrees, etc.):



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APPLICATION

Position(s) applying for:

- Corrections Deputy
 Dispatcher

INSTRUCTIONS

Mark the position you're apply for. Read each question carefully and ANSWER EACH QUESTION ACCURATELY. An applicant may be disqualified from further processing if he/she intentionally makes false statements of material fact, practice or attempt to practice, any deception or fraud in his/her application, examination and/or appointment. ALL ENTRIES MUST BE PROVIDED **LEGIBLY** in **BLACK INK** or **TYPED**. If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size to this application and number answers to correspond with the questions.

PLEASE PRINT

PERSONAL DATA

1. Name _____
As stated on your driver's license (Last) (First) (Middle) (Suffix)

List any Maiden / Alias or Former Names _____

2. Present Address _____
(Street number and name) (Apt. No.) (City) (State) (Zip Code)

3. How many years have you been a resident of the State of Michigan? _____

4. Telephone Numbers (Cell) _____ (Business) _____

(Email Address) _____

5. Are you 18 years of age or older? Yes No

6. Are you a United States citizen? Yes No

7. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes No

8. Social Security Number _____
(Required)

Driver's License Number _____
(Required)

FELONY/MISDEMEANOR CONVICTIONS

9. Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, complete the following:

DATE	OFFENSE	PLACE	DISPOSITION

EDUCATION AND TRAINING

10. List all schools, colleges, and business schools in the order attended:

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
 If no, do you have a High School Equivalent Certificate? Yes No
 If yes, who issued 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. What foreign languages do you speak _____
 Read? _____ Write? _____

EMPLOYMENT

16. What is your present occupation? _____

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

If yes, give details: _____

18. 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: _____

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

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:			

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:			

SELECTIVE SERVICE DATA

20. Are you registered with the Selective Service (**Required for Males born after 1960**)? Yes No
Selective Service Number _____
(Call (888) 655-1825 or go online at <http://www.sss.gov> to obtain your number)

MILITARY SERVICE

21. 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.**
22. Are you now or have you ever been a member of any reserve or National Guard Organization?
 Yes No If yes, give details: _____
23. 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? _____
24. What is the terminal date of your reserve obligation? _____
(Month) (Day) (Year)
25. If you were enrolled in specialist schools while in the Armed Forces, specify the military school, length of time attended, and type of study: _____
26. Have you ever served in a military organization of any foreign government? Yes No
If yes, give details: _____
27. List all commendations and citations awarded you as a member of the Armed Forces: _____

MISCELLANEOUS

28. Can you type? Yes No If yes, give words per minute: _____
29. Can you operate other office machines? Yes No If yes, list: _____
30. Do you have any class of radio operator's license? Yes No If yes, what class? _____
31. Do you currently use illicit drugs? Yes No If yes, give details: _____

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 certify that the answers given herein are true and complete to the best of my knowledge.

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 persons from all liability in responding to inquiries regarding my application.

MEDICAL AND PSYCHOLOGICAL EXAMINATION

I have been informed and understand that my employment 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 and report. Medical exams will include drug screening. 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.

Date

Signature of Applicant



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WAIVER

Complete the form below.

DO NOT SIGN until you're in front of the Deputy Clerk when you submit your application.

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:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER: (INCLUDE AREA CODE)	
SIGNATURE:	
DATE SIGNED:	

Witness Signature: _____
Deputy Clerk's Signature

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CORRECTIONS DEPUTY QUALIFICATIONS:

- Michigan Resident for minimum of one (1) year.
- United States Citizen
- At least 18 years of age
- Possess High School Diploma or GED Certificate.
- Passing Scores on Michigan Sheriff's Coordinating and Training Council (MSCTC)
 - ❖ Physical Ability (LCOPAT - *valid one year*)
 - ❖ EMPCO Corrections Deputy Written Test (*valid three years*).
- Pass a drug screen, physical examination and psychological evaluation (If selected for hire).

DISPATCHER QUALIFICATIONS:

- Michigan Resident for minimum of one (1) year.
- United States Citizen
- At least 18 years of age
- Possess High School Diploma or GED Certificate.
- Pass Dispatcher exam test with a minimum of 40 wpm for typing and 70% for exam.
- Pass a drug screen, physical examination and psychological evaluation (If selected for hire).

INFORMATION BELOW MUST BE SIGNED IN THE PRESENCE OF THE CLERK

- OATH:**
1. I do affirm that the information contained herein is true to the best of my knowledge.
 2. I have read the foregoing job requirements and I certify that I possess the minimum qualifications as outlined for the job(s) for which I have applied.

Applicant's signature

Date

Deputy Clerk's signature

Date

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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. Any candidate who fails the drug screening test (immunoassay) shall be notified by letter, and shall have the right to request a further confirmatory test of the same sample using a gas chromatography/mass spectrometry technique. The request for further testing shall be made within ten (10) days of date the candidate is notified of his/her failure.
5. The cost of all testing shall be paid for by the Civil Service Commission. Any testing in addition to the initial immunoassay test shall only be conducted by the laboratory, which did the initial testing. No new sample may be submitted.
6. Refusal to submit to the drug screening shall disqualify a candidate from appointment by the Sheriff.
7. 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.

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