



## AVIATION RESERVE UNIT APPLICATION

<b>Name: (Last, First, MI)</b>		<b>Social Security Number:</b>	
<b>Present Address:</b>		<b>Driver's License Number:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Home Telephone Number:</b>		<b>Work Telephone Number:</b>	
(    )		(    )	
<b>E-mail Address:</b>		<b>Cell Phone Number:</b>	
		(    )	
<b>Wages:</b>		<b>Date of Birth:</b>	
<b>Probation:</b>		<b>Initials</b>	
<b>Background Investigation:</b>		<b>Initials</b>	
<b>1. Have you ever been arrested?</b>		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
<b>2. Have you ever been issued a traffic violation or marine citation?</b>		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
If you answered yes to the above questions, please indicate below the arresting/citing department, the arrest/violation charge and the disposition of the case.			
<b>Explanation:</b>			

<b>Personal Medical Insurance Carrier Name:</b>	<b>Membership Number:</b>

<b>Family History:</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<b>Dependents #</b>
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<b>Emergency Contact Name:</b>	<b>Emergency Contact Number:</b>
	(    )

<b>Employment History (Current or Previous)</b>	
<b>Company Name:</b>	<b>Current/Previous Position:</b>

<b>Address:</b>	<b>Phone Number:</b>
	(    )

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**Please list your regular work schedule:**

**General Questions**

1. In what capacity can you be available for volunteer work in this organization?

2. Do you have any special training that may benefit this organization?

3. Have you ever been involved in an aircraft accident or incident?

**Are you a licensed pilot?**

**Yes** or  **No**

<b>Pilot Certificate Number:</b>	<b>Total Flight Time Hours:</b>
	<b>Hours</b>

Do you own or have access to an aircraft?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you understand that all pilot members of the Macomb County Sheriff Aviation Reserve Unit are required to participate in the Unit sponsored WINGS Proficiency Awards Program?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Have you read and do you understand the Aviation Reserve unit By-Laws?	<input type="checkbox"/> Yes or <input type="checkbox"/> No

**Aircraft Information**

Provide information for each aircraft that you may be using as part of this unit.

Registration #	Manufacturer	Model	Airport where based

**Owner Information**

Please list the name and address of the owner for each aircraft listed.

Registration #	Owner Name:	Address:

A current insurance policy certificate naming each pilot for each approved aircraft showing the minimum liability requirements of this unit will need to be provided to the Board upon acceptance of each pilot applicant into the Aviation Reserve Unit.

Each aircraft intended for use in the Aviation Reserve Unit must be approved by the Board. An inspection by a Board Member of each aircraft's documents and minimum equipment shall be made prior to approval by the Board. This inspection will be made in accordance with Federal Aviation Regulations, Part 91 – subpart C, subpart D and Subpart E.

Experimental aircraft **are** eligible for use in the Unit.

Ultra-light aircraft **are not** eligible for use in the Unit.

**REFERENCES:**

List three personal references

1	<b>Name:</b>	<b>Home Phone:</b>
		( )
	<b>Address:</b>	<b>Cell Phone:</b>
		( )
	<b>City, State &amp; Zip Code:</b>	<b>Work Phone:</b>
		( )

2	<b>Name:</b>	<b>Home Phone:</b>
		( )
	<b>Address:</b>	<b>Cell Phone:</b>
		( )
	<b>City, State &amp; Zip Code:</b>	<b>Work Phone:</b>
		( )

3	<b>Name:</b>	<b>Home Phone:</b>
		( )
	<b>Address:</b>	<b>Cell Phone:</b>
		( )
	<b>City, State &amp; Zip Code:</b>	<b>Work Phone:</b>
		( )

I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office Aviation Officer Division. I authorize the Aviation Division 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.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of membership.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Please Print)

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

**CAPTAIN JEFFREY MCPHERSON  
C/O MACOMB COUNTY SHERIFF'S OFFICE  
43565 ELIZABETH ROAD  
MT. CLEMENS, MI 48043**