



BICYCLE RESERVE UNIT APPLICATION

Name:		Social Security Number:	
Present Address:		Driver's License Number:	
City:		State:	Zip Code:
Home Telephone Number:		Work Telephone Number:	
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E-mail Address:		Cell Phone Number:	
		()	
E-mail Address:		Date of Birth:	

- | Requirements for the position of Bicycle Unit Officer: | |
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| <ul style="list-style-type: none"> Minimum age 25 years Willing to work 60 hours per year Submit to an interview | <ul style="list-style-type: none"> All applicants must pass a background check Must possess a valid MI Drivers License |

Training: Initial training is approx. 40 hours in the following areas. Please check if you have training in any of these areas:	
<input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Radio Communications	<input type="checkbox"/> State Law <input type="checkbox"/> Report Writing <input type="checkbox"/> Firearms

INITIAL COSTS/YEARLY FEES WILL BE EXPLAINED DURING INTERVIEW/ORIENTATION.

Equipment:	You must provide your own uniform (Shirt, pants, jacket, shoes, hat and optional cold weather gear and rainwear). You also provide your own Bicycle. Specifications are outlined in the by-laws of the Bicycle Unit.
Wages:	This is a volunteer position. There is no pay for your services.
Participation:	This includes parades, special events, escort details or providing additional security as directed by the Sheriff or Division Commander.
Yearly Training Requirements:	Approximately 20 hours of refresher training a year. This does not include twice-yearly firearms qualification and F.A.T.S. Training.

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 Bicycle Unit Officer. You must provide a complete physical conducted by your physician at your expense.
Conduct & Bi-laws:	The Macomb County Bicycle Unit 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 Bicycle Unit Program.
Probation:	One year probation. During this time, you are required to successfully complete all training and work assignments.
Background Investigation:	<p>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.</p> <p>1. Do you understand you may be required to carry a weapon? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>2. Do you understand that you will not have police authority except when on duty with a regular police officer? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>3. Have you ever been arrested? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p> <p>4. Have you ever been issued a traffic violation or marine citation? <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
If you answered yes to question 3 or 4 above, please indicate the arresting/citing department, the arrest/violation charge and the disposition of the case:	

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

Address:	Phone Number:	
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City:	State:	Zip Code:

Please list your regular work schedule:

Family History:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	Dependents #
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Please write a short narrative about yourself and your reason for applying to this unit:

REFERENCES:

List three personal references

1	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

2	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
		()

3	Name:	Home Phone:
		()
	Address:	Cell Phone:
		()
	City, State & Zip Code:	Work Phone:
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I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office Bicycle Unit. I authorize the Bicycle Unit 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**