



MOUNTED RESERVE UNIT APPLICATION

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

- | Requirements for the position of Mounted Division 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. 90 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 winter uniform). You also provide your own Horse. Specifications are outlined in the by-laws of the Mounted Division.
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 Mounted Officer. You must provide a complete physical conducted by your physician at your expense.
Conduct & Bi-laws:	The Macomb County Mounted Division 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 Mounted Division 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:

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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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Horse Details & Rider Experience	Do you presently own a good, quiet, presentable horse that YOU ride?				<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Breed:		Age:		Sex:	<input type="checkbox"/> Male or <input type="checkbox"/> Female
	Color:		How long have you owned this horse?:		# of Years	
	Do you own more than one horse?:		<input type="checkbox"/> Yes or <input type="checkbox"/> No		If yes, how many?:	
	Where do you keep your horse(s)?:					
	Do you own a trailer?:		<input type="checkbox"/> Yes or <input type="checkbox"/> No			
	If yes, what type:		Make:		Age:	
	How long have you owned or been involved with horses?:				# of years	
	How would you rate yourself as a rider (Novice to Skilled)?:					
	If necessary, are you willing to take professional riding instruction?:				<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Did you ever show a horse formally?:		<input type="checkbox"/> Yes or <input type="checkbox"/> No		Primary Class:	
	Have you ever participated in parades or other public events on horseback?:				<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	How often do you presently ride?:					
	Are you active in other horse related groups/projects?:				<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	If yes, please explain:					

Weapon Details & Personal Experience	Do you own a hand gun?:	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Type:		Registered:	<input type="checkbox"/> Yes or <input type="checkbox"/> No	
	Have you had any formal weapons training?:		<input type="checkbox"/> Yes or <input type="checkbox"/> No		If yes, please explain below:		
	Do you presently have a valid concealed weapons permit?:			<input type="checkbox"/> Yes or <input type="checkbox"/> No		Expiration:	
	Have you had any formal law enforcement training?:		<input type="checkbox"/> Yes or <input type="checkbox"/> No		If yes, please explain below:		
	What attributes do you feel your membership would bring to the Mounted Division?:						
	Do you belong to any other social or community service organizations?:						
What is the primary reason that you applied for membership in the Mounted Division?:							

IF the space provided above is not sufficient for complete answers, please furnish additional information on the back of this form.

REFERENCES:

List three personal references

1	Name:	Home Phone:
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	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:
		()

I, the undersigned applicant, do hereby make application for membership in the Macomb County Sheriff's Office Mounted Officer Division. I authorize the Mounted 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 DAVID DANIELS
C/O MACOMB COUNTY SHERIFF'S OFFICE
43565 ELIZABETH ROAD
MT. CLEMENS, MI 48043**